

Thank you for your interest in obtaining a loan at Episcopal Community Federal Credit Union. Please remember that in order to process your application promptly and efficiently, we will need:

1. Membership in the Credit Union.
2. The application filled out completely.
3. Complete address and phone number of all references.
4. Signatures of the Borrower and/or Co-Borrower.
5. A copy of two recent paycheck stubs.
6. If self employed, a copy of your last two years tax return and a financial statement including cash flow.
7. If using Social Security, SSI, or Welfare income to qualify include a copy of your most recent check stub. If the funds are directly deposited, please provide a copy of your most recent bank statement.
8. If using child support payments as income, please include a copy of your court documentation.
9. If using rental or lease payments as income, please include a copy of your rental or lease agreement.
10. Minimum balance in your Share/Savings Account \$25.00
11. If using spousal income to qualify, proof of that income must be included.
12. If you are purchasing a new or used auto, kindly include the original purchase order in the loan package. Used automobiles not purchased through a dealer should be brought to the Credit Union for inspection. There is a non-refundable loan processing fee for each loan application of _____.

AGREEMENT

"You" and "Your" mean each and all of the applicants signing on the reverse.

1. You certify the accuracy of the information given in this application and you will notify the Credit Union in writing immediately if there is any change in your financial condition. It is a violation of Section 1014, Title 18, U.S. Code, to make a false statement or overvalue security for the purpose of influencing the action of any federally insured Credit Union.
2. You authorize the Credit Union to gather whatever credit and employment information it considers appropriate from time to time (you understand that this will assist, for example, in determining your eligibility for renewal of credit and additional extensions of credit). You authorize the Credit Union to give information concerning your credit experience with us to others. You understand and agree that the Credit Union may retain this application and any other credit information that Credit Union may receive and that you waive your right to confidentiality of your records with the California Department of Motor Vehicles (DMV) and authorize the Credit Union to obtain such information from the DMV.
3. You agree that by using or authorizing another individual to use the Account, you will be bound by the terms and conditions of the Episcopal Community Federal Credit Union Agreement entitled: Closed-End Note and Disclosure Statement.
4. The Credit Union may report information about your loan account to credit bureaus. Late payments, missed payments, or other defaults on your loan account may be reflected in your credit report.

ADDRESS:

840 Echo Park Ave. • Los Angeles, CA 90026
P.O. Box 513873 • Los Angeles, CA 90051
(213) 482-2040 Ext. 254 • ecfcu@earthlink.net

DAYS OF OPERATION:

Monday - Friday • 10:00 a.m. - 4:00 p.m.

Except holidays

Web: www.ecfcula.org

LOAN APPLICATION



**A Cooperatively
Owned Financial
Institution Serving
the Needs of the
Diocese of Los Angeles**

SEE REVERSE FOR INSTRUCTIONS BEFORE COMPLETING APPLICATION

Applicant having borrowing privilege may, if married, apply for an individual account
THIS ACCOUNT WILL BE A: *(FOR JOINT CREDIT YOU MUST INITIAL BELOW)
 Individual Joint With Spouse* Joint With Someone Else*

PAYMENT METHOD: (choose one)
 AUTOMATIC TRANSFER CASH PAY
 TRANSFER FROM:..... Savings or Checking

I REQUEST A LOAN FOR:

	AMOUNT	SELECT TERM
<input type="checkbox"/> SIGNATURE LOAN	\$	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48
<input type="checkbox"/> VEHICLE LOAN*	\$	<input type="checkbox"/> 60 <input type="checkbox"/> 72
<input type="checkbox"/> RECREATIONAL VEHICLE*	\$	<input type="checkbox"/> Other _____
<input type="checkbox"/> SHARE SECURED	\$	Used Auto max 48 months Share Secured max 48 months

BY ACCOUNT NO. _____

* New Used Preapproval Purchase Refinance Add - On
 Purpose/Reason _____
 Collateral Description _____

SECTION A - APPLICANT

PERSONAL INFORMATION

CREDIT UNION ACCOUNT NO.	SOCIAL SECURITY NO.	E-MAIL
MARITAL STATUS: CHECK ONE if you reside in or are relying on property in a community property state (CA) or if you are applying for a secured credit or joint account <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED		
FIRST NAME	INITIAL	LAST NAME (JR./SR.)
CURRENT STREET ADDRESS	APT. NO.	YEARS AT THIS ADDRESS
CITY	STATE	ZIP
DATE OF BIRTH	HOME PHONE	CELL: ()
PERSONAL REFERENCE NAME	PHONE	()

EMPLOYMENT INCOME

PRESENT EMPLOYER	GROSS MONTHLY SALARY
WORK PHONE ()	\$
POSITION/TYPE OF WORK	NO. OF YEARS IN THIS LINE OF WORK
	START DATE

HOUSING EXPENSE

Mortgage or Rent _____ Mortgage Holder or Landlord

SIGNATURES Your signature below indicates your acceptance with the terms and conditions of the agreement on the reverse.
 _____ Date _____
 _____ Date _____
 Spouse/Co-Applicant Signature (if applicable) _____ Date _____

I WOULD LIKE TO PAY MY LOAN PAYMENT ON THE _____ OF EACH MONTH.

OPTIONAL INSURANCE

NOTE: INSURANCE OPTIONS ARE NOT REQUIRED TO OBTAIN CREDIT UNDER THIS PLAN AND WILL BE INCLUDED ONLY IF REQUESTED BY THE APPLICANT. CHECK FOR REQUESTED COVERAGE. DISCLOSURES WILL BE FURNISHED PRIOR TO FUNDING.

- OTHER INSURANCE OPTIONS:**
- GAP (GUARANTEED AUTO PROTECTION)
 - CHECK FOR ADDITIONAL INFORMATION / QUOTE
 - I DO NOT REQUEST GAP INSURANCE
 - MBI (MECHANICAL BREAKDOWN INSURANCE)
 - CHECK FOR ADDITIONAL INFORMATION / QUOTE
 - I DO NOT REQUEST MBI INSURANCE

SECTION B - SPOUSE/CO-APPLICANT

PERSONAL INFORMATION

CREDIT UNION ACCOUNT NO.	SOCIAL SECURITY NO.	E-MAIL
MARITAL STATUS: CHECK ONE if you reside in or are relying on property in a community property state (CA) or if you are applying for a secured credit or joint account <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED		
FIRST NAME	INITIAL	LAST NAME (JR./SR.)
CURRENT STREET ADDRESS	APT. NO.	YEARS AT THIS ADDRESS
CITY	STATE	ZIP
DATE OF BIRTH	HOME PHONE	NO. OF DEPENDENTS (Not including yourself)
PERSONAL REFERENCE NAME	PHONE	()

EMPLOYMENT INCOME

PRESENT EMPLOYER	GROSS MONTHLY SALARY
WORK PHONE ()	\$
POSITION/TYPE OF WORK	NO. OF YEARS IN THIS LINE OF WORK
	START DATE

HOUSING EXPENSE

Mortgage Account No. _____ Fair Market Value \$ _____ Monthly Payment/Rent \$ _____

We intended to apply for joint credit if indicated above.
 _____ Date _____
 APPLICANT INITIALS _____ CO-APPLICANT INITIALS _____