

FINANCIAL TRUST FEDERAL CREDIT UNION

3333 Harlem Road
 Cheektowaga, New York 14225
 Telephone (716) 831-3007 Fax (716) 831-0669



Application

1 NOTE AND COMPLETE

NOTICE TO OHIO APPLICANTS: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Individual Credit: Complete **Applicant** section. Complete **Co-Applicant, Spouse**, (referred to as "Other") section: (1) about your spouse if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), or (2) if your spouse will use the Account. Please check box to indicate whom the information is about.

Joint Credit: Each Applicant must **individually** complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.

Amount Requested \$ _____ Purpose: _____

Repayment: Payroll Deduction Cash Automatic Payment Military Allotment _____

STATEMENT OF INTENT

Are you interested in having your loan protected? Yes No

If you answer "yes", then the credit union will disclose the cost of this voluntary payment protection to you. A separate election which discloses the terms and conditions must be signed for protection to be effective.

2 APPLICANT INFORMATION

<p>APPLICANT</p> <p>NAME (Last - First - Initial) _____</p> <p>DRIVER'S LICENSE NUMBER/STATE _____</p> <p>ACCOUNT NUMBER _____ SOCIAL SECURITY NUMBER _____</p> <p>BIRTH DATE _____ HOME PHONE _____ BUSINESS PHONE/EXT. _____</p> <p>PRESENT ADDRESS (Street - City - State - Zip) _____ <input type="checkbox"/> OWN <input type="checkbox"/> RENT</p> <p>PREVIOUS ADDRESS (Street - City - State - Zip) _____ <input type="checkbox"/> OWN <input type="checkbox"/> RENT</p> <p>COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)</p> <p>LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)</p>	<p><input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE</p> <p><i>Referred to as "Other" Use "SAA" if information is "Same as Applicant"</i></p> <p>NAME (Last - First - Initial) _____</p> <p>DRIVER'S LICENSE NUMBER/STATE _____</p> <p>ACCOUNT NUMBER _____ SOCIAL SECURITY NUMBER _____</p> <p>BIRTH DATE _____ HOME PHONE _____ BUSINESS PHONE/EXT. _____</p> <p>PRESENT ADDRESS (Street - City - State - Zip) _____ <input type="checkbox"/> OWN <input type="checkbox"/> RENT</p> <p>PREVIOUS ADDRESS (Street - City - State - Zip) _____ <input type="checkbox"/> OWN <input type="checkbox"/> RENT</p> <p>COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)</p> <p>LIST AGES OF DEPENDENTS NOT LISTED BY APPLICANT (Exclude Self)</p>
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3 EMPLOYMENT INFORMATION

<p>NAME AND ADDRESS OF EMPLOYER _____</p> <p>YOUR TITLE/GRADE _____ SUPERVISOR'S NAME _____</p> <p>START DATE _____ HOURS AT WORK _____ IF SELF EMPLOYED, TYPE OF BUSINESS _____</p> <p>IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS _____</p> <p>STARTING DATE _____ ENDING DATE _____</p> <p>IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>WHERE _____</p> <p>ENDING/SEPARATION DATE _____</p>	<p>NAME AND ADDRESS OF EMPLOYER _____</p> <p>YOUR TITLE/GRADE _____ SUPERVISOR'S NAME _____</p> <p>START DATE _____ HOURS AT WORK _____ IF SELF EMPLOYED, TYPE OF BUSINESS _____</p> <p>IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS _____</p> <p>STARTING DATE _____ ENDING DATE _____</p> <p>IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>WHERE _____</p> <p>ENDING/SEPARATION DATE _____</p>
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MILITARY

4 INCOME INFORMATION

NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

<p>EMPLOYMENT INCOME _____ OTHER INCOME _____</p> <p>\$ _____ \$ _____</p> <p>PER _____ PER _____</p> <p><input type="checkbox"/> NET <input type="checkbox"/> GROSS SOURCE</p>	<p>EMPLOYMENT INCOME _____ OTHER INCOME _____</p> <p>\$ _____ \$ _____</p> <p>PER _____ PER _____</p> <p><input type="checkbox"/> NET <input type="checkbox"/> GROSS SOURCE</p>
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5 REFERENCES

Please include Street, City, State and Zip.

<p>NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____</p> <p>RELATIONSHIP _____ HOME PHONE _____</p> <p>NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE _____</p> <p>HOME PHONE _____</p>	<p>NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____</p> <p>RELATIONSHIP _____ HOME PHONE _____</p> <p>NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE _____</p> <p>HOME PHONE _____</p>
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Home Equity Loan Member Checklist

Please provide the following information and documents

when complete

Employment:

Current Employment Status

Employed Retired Other

Employer/Retired From: _____

Length of Employment: _____

Employment:

Monthly Income Verification (Paystub, W-2, etc...) \$ _____

Debts:

Mortgage Statement \$ _____

Home Equity Loan Payment \$ _____

Homeowners Insurance Premium \$ _____

Copy of Policy

Annual Property Tax \$ _____

Proof of Paid Taxes (If not escrowed in mortgage payment)

Monthly Alimony Payment \$ _____

Monthly Child support Payment \$ _____

Documents:

Copy of Deed

Copy of Survey

Member Signature: _____ Date: _____

Joint Signature: _____ Date: _____