

Accounts Federally insured to \$100,000 by NCUA an agency of the US Government



Main Office
 2209 W. State Street
 New Castle, Pa 16101
 Phone: 724-652-8393
 Fax: 724-652-8855

Branch Office
 1400 Wilmington Rd
 New Castle, Pa 16101
 Phone: 724-656-3595
 Fax: 724-656-0379



First Choice
 Federal Credit Union

www.firstchoicefcu.com

A. Loan Information

Type of Loan

- Personal
- Share Secured
- New Auto
- Used Auto
- Board Special



Account Number _____
 Amount Requested _____
 Term _____
 Old Loan Balance, if any _____
 Yr, Make, & Model of Auto _____
 Loan Purpose _____

- Consolidated Loan Yes No
 Credit Disability Insurance Yes No
 Credit Life Insurance Yes No

PROOF OF INCOME: Shall be most recent payroll stub. If retired - proof of social security or pension required. If self-employed - most recent income tax statement required.

B. Applicant Information

Name _____ Date of Birth ____/____/____
 Address _____ Years at Address _____
 City _____ State _____ Zip _____
 Social Security Number _____ Home Phone (____) _____ - _____
 Employer _____ Work Phone (____) _____ - _____
 Position _____ Time There _____ Cell Phone (____) _____ - _____
 Other Monthly Income _____ Source of Income _____
 Total Monthly Wage \$ _____ Annual Bi-Weekly Weekly Gross Net
 Own Rent Monthly Payment _____ Balance of Mortgage _____
 Landlord or Mortgage Holder Name _____ Phone (____) _____ - _____
 Name of nearest relative not living with you _____ Relationship _____
 Address _____
 Dependents (excludes self) _____ Ages _____

C. Credit Information

Please list all credit and installment loans you now hold. Please use another sheet of paper if necessary.

Applicant _____	Applicant _____
Credit Reference _____	Credit Reference _____
Balance _____	Balance _____
Mo. Payment _____	Mo. Payment _____
Applicant _____	Applicant _____
Credit Reference _____	Credit Reference _____
Balance _____	Balance _____
Mo. Payment _____	Mo. Payment _____
Applicant _____	Applicant _____
Credit Reference _____	Credit Reference _____
Balance _____	Balance _____
Mo. Payment _____	Mo. Payment _____

You do not have to include income from alimony, child support, or separate maintenance if you don't want us to consider that income.

D. Miscellaneous Information

Are there any other persons obligated on any of the above loans? Yes No
 Which ones and who? _____
 Are you a co-maker, co-signer, or guarantor on any loan? Yes No
 For whom? _____ To whom? _____
 Have you been declared bankrupt in the last 14 years? Yes No

E. Signatures

I authorize you to investigate my credit record, to check statements I've made, to report your credit experience with me and to keep the application. ALL INFORMATION SET FORTH IN THIS APPLICATION IS DECLARED TO BE A TRUE REPRESENTATION OF THE FACTS FOR THE PURPOSE OF OBTAINING THE CREDIT REQUESTED AND ANY WILLFUL MISREPRESENTATION ON THIS APPLICATION COULD RESULT IN CRIMINAL ACTION.



Applicant's Signature _____ Date ____/____/____
 Co-applicant's Signature _____ Date ____/____/____