

### Santo Christo FCU Loan Application

Please print this form, fill it out and fax to

**508-673-6403**

| General Information:                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Will you be applying for Individual or Joint Credit: <input type="checkbox"/> Joint <input type="checkbox"/> Individual                                                                                                                                                                                                                                                                                                                                   |                                                                                                            |
| If applying for joint credit, please sign below to verify that you intend to apply for joint credit                                                                                                                                                                                                                                                                                                                                                       |                                                                                                            |
| Applicant:                                                                                                                                                                                                                                                                                                                                                                                                                                                | Co-Applicant:                                                                                              |
| Marital Status: Complete marital status if this loan is for:<br>a. Joint or secured credit, or<br>b. You reside in or rely on property located in a Community Property State. (AZ, CA, ID, LA, NM, NV, TX, WA, WI)<br><input type="checkbox"/> Unmarried<br><input type="checkbox"/> Married<br><input type="checkbox"/> Separated<br><input type="checkbox"/> This loan is not for joint or secured credit and I do not live in the states listed above. |                                                                                                            |
| Type of Loan Requested:                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                            |
| Loan Amount Requested:                                                                                                                                                                                                                                                                                                                                                                                                                                    | Loan Term Requested:                                                                                       |
| Primary Applicant:                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                            |
| Last Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                | Member Number:                                                                                             |
| First Name:                                                                                                                                                                                                                                                                                                                                                                                                                                               | Middle Name:                                                                                               |
| Social Security Number (TIN):                                                                                                                                                                                                                                                                                                                                                                                                                             | Date of Birth:                                                                                             |
| Number of Dependents:                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ages of Dependents:                                                                                        |
| Home Phone Number:                                                                                                                                                                                                                                                                                                                                                                                                                                        | Work Phone Number:                                                                                         |
| Other Phone Number:                                                                                                                                                                                                                                                                                                                                                                                                                                       | Email Address:                                                                                             |
| Drivers License #:                                                                                                                                                                                                                                                                                                                                                                                                                                        | Drivers License State:                                                                                     |
| <i>Home Address</i>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                            |
| Address 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |
| Address 2:                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                     | State, Zip:                                                                                                |
| Time at Current Residence:                                                                                                                                                                                                                                                                                                                                                                                                                                | Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other: |
| Monthly Payment:                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                            |
| <i>Previous Address</i>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                            |
| Address 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |
| Address 2:                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                     | State, Zip:                                                                                                |
| Time at Previous Residence:                                                                                                                                                                                                                                                                                                                                                                                                                               | Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other: |
| <i>Present Employer</i>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                            |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Phone Number:                                                                                              |
| Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):                                                                                                                                                                                                                                                  |                                                                                                            |
| Job Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                | Job Start Date:                                                                                            |
| Gross Salary:                                                                                                                                                                                                                                                                                                                                                                                                                                             | per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour             |
| Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.                                                                                                                                                                                                                                                                                             |                                                                                                            |
| Other Income:                                                                                                                                                                                                                                                                                                                                                                                                                                             | per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour             |
| Other Income Source:                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                            |
| <i>Previous Employer</i>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                            |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Phone Number:                                                                                              |
| Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):                                                                                                                                                                                                                                                  |                                                                                                            |
| Job Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                | Job Start Date:                                                                                            |
| Job End Date:                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                            |
| Gross Salary:                                                                                                                                                                                                                                                                                                                                                                                                                                             | per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour             |
| Co-Applicant:                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                            |
| Last Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                | Member Number:                                                                                             |

|                                                                                                                                                                                                                                                               |                 |                                                                                                            |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------|-----------------|
| First Name:                                                                                                                                                                                                                                                   |                 | Middle Name:                                                                                               |                 |
| Social Security Number (TIN):                                                                                                                                                                                                                                 |                 | Date of Birth:                                                                                             |                 |
| Number of Dependents:                                                                                                                                                                                                                                         |                 | Ages of Dependents:                                                                                        |                 |
| Home Phone Number:                                                                                                                                                                                                                                            |                 | Work Phone Number:                                                                                         |                 |
| Other Phone Number:                                                                                                                                                                                                                                           |                 | Email Address:                                                                                             |                 |
| Drivers License #:                                                                                                                                                                                                                                            |                 | Drivers License State:                                                                                     |                 |
| <i>Home Address</i>                                                                                                                                                                                                                                           |                 |                                                                                                            |                 |
| Address 1:                                                                                                                                                                                                                                                    |                 |                                                                                                            |                 |
| Address 2:                                                                                                                                                                                                                                                    |                 |                                                                                                            |                 |
| City:                                                                                                                                                                                                                                                         |                 | State, Zip:                                                                                                |                 |
| Time at Current Residence:                                                                                                                                                                                                                                    |                 | Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other: |                 |
| Monthly Payment:                                                                                                                                                                                                                                              |                 |                                                                                                            |                 |
| <i>Previous Address</i>                                                                                                                                                                                                                                       |                 |                                                                                                            |                 |
| Address 1:                                                                                                                                                                                                                                                    |                 |                                                                                                            |                 |
| Address 2:                                                                                                                                                                                                                                                    |                 |                                                                                                            |                 |
| City:                                                                                                                                                                                                                                                         |                 | State, Zip:                                                                                                |                 |
| Time at Previous Residence:                                                                                                                                                                                                                                   |                 | Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other: |                 |
| <i>Present Employer</i>                                                                                                                                                                                                                                       |                 |                                                                                                            |                 |
| Name:                                                                                                                                                                                                                                                         |                 | Phone Number:                                                                                              |                 |
| Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):                                                      |                 |                                                                                                            |                 |
| Job Title:                                                                                                                                                                                                                                                    |                 | Job Start Date:                                                                                            |                 |
| Gross Salary:                                                                                                                                                                                                                                                 |                 | per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour             |                 |
| Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.                                                                                                 |                 |                                                                                                            |                 |
| Other Income:                                                                                                                                                                                                                                                 |                 | per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour             |                 |
| Other Income Source:                                                                                                                                                                                                                                          |                 |                                                                                                            |                 |
| <i>Previous Employer</i>                                                                                                                                                                                                                                      |                 |                                                                                                            |                 |
| Name:                                                                                                                                                                                                                                                         |                 | Phone Number:                                                                                              |                 |
| Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):                                                      |                 |                                                                                                            |                 |
| Job Title:                                                                                                                                                                                                                                                    |                 | Job Start Date:                                                                                            |                 |
| Job End Date:                                                                                                                                                                                                                                                 |                 |                                                                                                            |                 |
| Gross Salary:                                                                                                                                                                                                                                                 |                 | per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour             |                 |
| <b>References</b>                                                                                                                                                                                                                                             |                 |                                                                                                            |                 |
| <i>Nearest Relative Not Living With You</i>                                                                                                                                                                                                                   |                 |                                                                                                            |                 |
| Last Name:                                                                                                                                                                                                                                                    |                 | First Name:                                                                                                |                 |
| Relationship:                                                                                                                                                                                                                                                 |                 | Phone Number:                                                                                              |                 |
| Address 1:                                                                                                                                                                                                                                                    |                 |                                                                                                            |                 |
| Address 2:                                                                                                                                                                                                                                                    |                 |                                                                                                            |                 |
| City:                                                                                                                                                                                                                                                         |                 | State, Zip:                                                                                                |                 |
| <b>Debts/Monthly Payments:</b>                                                                                                                                                                                                                                |                 |                                                                                                            |                 |
| List all other debts (for example, auto loans, credit cards, second mortgage, home assoc. dues, alimony, child support, child care, medical, utilities, auto insurance, IRS liabilities, etc.) Please use a separate line for each credit card and auto loan. |                 |                                                                                                            |                 |
| Debt                                                                                                                                                                                                                                                          | Monthly Payment | Debt                                                                                                       | Monthly Payment |
|                                                                                                                                                                                                                                                               |                 |                                                                                                            |                 |
|                                                                                                                                                                                                                                                               |                 |                                                                                                            |                 |
|                                                                                                                                                                                                                                                               |                 |                                                                                                            |                 |
| <b>Additional Information</b>                                                                                                                                                                                                                                 |                 |                                                                                                            |                 |
| How would you prefer to be contacted?                                                                                                                                                                                                                         |                 |                                                                                                            |                 |
| <input type="checkbox"/> Home Phone                                                                                                                                                                                                                           |                 |                                                                                                            |                 |
| <input type="checkbox"/> Work Phone                                                                                                                                                                                                                           |                 |                                                                                                            |                 |

|                                                                                                                                                                                                                                                                                                                                                |       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| <input type="checkbox"/> Other Phone                                                                                                                                                                                                                                                                                                           |       |
| <input type="checkbox"/> Email Address                                                                                                                                                                                                                                                                                                         |       |
| <input type="checkbox"/> Other:                                                                                                                                                                                                                                                                                                                |       |
| Special Instructions/Comments:                                                                                                                                                                                                                                                                                                                 |       |
| Signatures                                                                                                                                                                                                                                                                                                                                     |       |
| Income verification is required; other information may be required.                                                                                                                                                                                                                                                                            |       |
| I certify that statements on this application are true and complete. I authorize any person, association, firm or corporation to furnish, on request of this Financial Institution, information concerning me or my affairs.(Sec. 1014, Title 18, U.S. Code makes it a Federal Crime to knowingly make a false statement on this application.) |       |
| Primary Signature:                                                                                                                                                                                                                                                                                                                             | Date: |
| Joint Owner Signature:                                                                                                                                                                                                                                                                                                                         | Date: |
| Print this page                                                                                                                                                                                                                                                                                                                                |       |