

**Sing Sing Employees FCU**

2 Church St  
Ossining, NY 10562  
(914) 762-3372

**CONSUMER LOAN APPLICATION**

ACCOUNT NUMBER

DATE

MARRIED APPLICANTS may apply for a separate account. **Check the type of credit account for which you wish to apply.**

- ☐ **Individual Credit** – You must complete the applicant section about yourself and the other section about your spouse if: (1) You live in a community property state (AK, AZ, CA, ID, LA, NM, NV, P.R., TX, WA, WI); (2) your spouse will use the account; or (3) you are relying on your spouse's income as a source of repayment.
- ☐ **Joint Credit** – If you are applying for a joint account or an account that you and another person will use, you must complete the applicant and Spouse Co-Applicant section.

Initial here if you intend to apply for Joint Credit

**Type of Credit Applied For:**

Loan Type (auto, credit card, signature): \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Term (mos) \_\_\_\_\_

Purpose: \_\_\_\_\_

Collateral Offered: \_\_\_\_\_

Payment Method: ☐ Cash ☐ Military Allotment

Payment Frequency: ☐ Monthly ☐ Other \_\_\_\_\_

☐ Payroll Deduction ☐ Automatic Payment

Authorized User Name (credit card only): \_\_\_\_\_

**CREDIT CARD APPLICANTS:** If this application is used to issue a credit card, you understand that your use or allowing the card to be used will constitute your acknowledgment, receipt and agreement to the terms and conditions of the credit card agreement provided to you with the card.

☐ **APPLICANT**

Complete for secured credit or if you live in a community property state.

☐ MARRIED ☐ SEPARATED ☐ UNMARRIED (Single, Divorced, Widowed)

APPLICANT NAME

SOCIAL SECURITY NO.

DRIVER'S LICENSE NO. & STATE

BIRTH DATE

HOME PHONE NO.

NO. OF DEP.

DO YOU:

☐ OWN ☐ RENT

MOTHER'S MAIDEN NAME

E-MAIL ADDRESS

CURRENT STREET ADDRESS

APT. NO.

SINCE

CITY/STATE/ZIP CODE

FORMER STREET ADDRESS (if current less than 2 years)

YEARS THERE

CITY/STATE/ZIP

PERSONAL REFERENCE 1 (Name and Address)

PHONE NO. & RELATIONSHIP

PERSONAL REFERENCE 2 (Name and Address)

PHONE NO. & RELATIONSHIP

☐ **SPOUSE** ☐ **CO-APPLICANT** ☐ **CO-SIGNER**

Complete for secured credit or if you live in a community property state.

☐ MARRIED ☐ SEPARATED ☐ UNMARRIED (Single, Divorced, Widowed)

SPOUSE/CO-APPLICANT NAME

SOCIAL SECURITY NO.

DRIVER'S LICENSE NO. & STATE

BIRTH DATE

HOME PHONE NO.

NO. OF DEP.

DO YOU:

☐ OWN ☐ RENT

MOTHER'S MAIDEN NAME

RELATIONSHIP TO APPLICANT

CURRENT STREET ADDRESS

APT. NO.

SINCE

CITY/STATE/ZIP CODE

FORMER STREET ADDRESS (if current less than 2 years)

YEARS THERE

CITY/STATE/ZIP

PERSONAL REFERENCE 1 (Name and Address)

PHONE NO. & RELATIONSHIP

PERSONAL REFERENCE 2 (Name and Address)

PHONE NO. & RELATIONSHIP

**EMPLOYMENT & INCOME** If you are self-employed, attach a financial statement and your most recent income tax return.

CURRENT EMPLOYER

HIRE DATE

CURRENT ADDRESS

WORK PHONE NO.

POSITION

MONTHLY GROSS INCOME

\$

FORMER EMPLOYER (if current less than 2 years)

CURRENT EMPLOYER

HIRE DATE

CURRENT ADDRESS

WORK PHONE NO.

POSITION

MONTHLY GROSS INCOME

\$

FORMER EMPLOYER (if current less than 2 years)

**OTHER INCOME** You need not list income from alimony, child support or separate maintenance unless you wish it considered for purposes of granting this credit.

SOURCE OF OTHER INCOME

FREQUENCY

MONTHLY INCOME

1.

\$

SOURCE OF OTHER INCOME

FREQUENCY

MONTHLY INCOME

1.

\$

**ASSETS & DEPOSITS** Please check the appropriate box below. INDICATE: **A** - Applicant **OR** **C** - Spouse/Co-Applicant

CHECK ONE			FINANCIAL INSTITUTION NAME	CURRENT BALANCE	CHECK ONE			FINANCIAL INSTITUTION NAME	CURRENT BALANCE		
A	C	TYPE			A	C	TYPE				
				\$				\$			
				\$				\$			
AUTO #1 MAKE			MODEL	YEAR	VALUE	AUTO #2 MAKE			MODEL	YEAR	VALUE
					\$						\$
REAL ESTATE TYPE					VALUE	OTHER ASSETS					VALUE
					\$						\$

## CREDIT INFORMATION

Be sure to list all open accounts with or without a balance. Attach separate sheet if necessary.

**A - APPLICANT    C - SPOUSE/CO-APPLICANT    D - DEBTS TO BE PAID OFF IF LOAN IS GRANTED**

[illegible]

**OPTIONAL CREDIT INSURANCE** – The Credit Union will disclose the cost of voluntary insurance to you. A separate insurance election that discloses the terms and conditions must be signed for coverage to become effective.

**You are interested in:** ☐ Single Credit Life Insurance ☐ Joint Credit Life Insurance ☐ Single Credit Disability Insurance ☐ Joint Credit Disability Insurance

**SIGNATURES** – Are you currently on active military duty? ☐ Yes ☐ No

You promise that the information stated in this Total Loan Consumer Loan Application is true and correct to the best of your knowledge. The Credit Union or its agent is authorized to investigate your credit worthiness, employment history, and to obtain a credit report and to answer questions about its credit history with you. The Credit Union may also obtain credit reports to update, increase, extend or renew credit with you. False or misleading statements in your application may cause any loan to be in default. You agree that this application shall be the Credit Union's property whether or not this application is approved. You will notify the Credit Union in writing immediately of any changes in your name, address or employment. You understand that it is a crime to willfully and deliberately provide incomplete or incorrect information to obtain credit. If you request, you will be provided the name and address of any credit bureau from which we received a credit report. **As security for any loan to you or on your behalf, you grant the Credit Union a Security Interest in all individual and joint share or other accounts you have with the Credit Union now and in the future. When you are in default you authorize the Credit Union to take that money and apply it to what you owe. Shares and deposits that would have an adverse tax consequence if pledged as security are not subject to this Security Interest.** To help the government fight the funding of Terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license and other identifying information.

<b>X</b>		<b>X</b>	
Applicant	Date	Spouse/Co-Applicant/ Co-Signer	Date

**Credit Union Use Only**

Loan Approved ☐ Yes ☐ No, reason \_\_\_\_\_

Debt Ratio/Score: Before \_\_\_\_\_ After \_\_\_\_\_

☐ ECOA Notice and reason for Rejection sent or delivered on \_\_\_\_\_

Comments:

Loan Officer Signature

Date \_\_\_\_\_

**X**



# SING SING EMPLOYEES FEDERAL CREDIT UNION

2 Church Street  
Ossining, NY 10562  
Phone: (914) 762-3372  
Fax: (914) 762-5612

Office Hours:  
Monday - Thursday  
9:30 AM – 4:30 PM  
Friday 9:00 AM – 12:30 PM

## ATTENDANCE AND TARDY SHEET

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Social Security #: XXX - XX - \_\_\_\_\_

I hereby authorize the Personnel Dept. and/or Timekeeping Dept. to release the following information to the SING SING EMPLOYEES FEDERAL CREDIT UNION

Name of Facility: \_\_\_\_\_

Signature: \_\_\_\_\_

### DO NOT WRITE BELOW THIS LINE

How long has the employee been employed? \_\_\_\_\_

Is the employee on probation? \_\_\_\_\_

Does the employee have a permanent hold? \_\_\_\_\_

Is the employee currently on leave status? \_\_\_\_\_

Is the employee currently on workers compensation leave? \_\_\_\_\_

Please list employee accruals below:

_____	_____	_____	_____
Vacation	Personal	Holiday	Sick

Has the employee been monitored by the Time Abuse Control Unit in the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_

This form was completed by: \_\_\_\_\_

Date: \_\_\_\_\_