**LOAN APPLICATION  Mailing Address: 1313 Liberty Street, Franklin, PA 16323**

**Phone: 814-432-1207 Toll Free: 866-835-2125 Fax: 814-437-3134 Email:** [**galaxyfcu@galaxyfcu.com**](mailto:galaxyfcu@galaxyfcu.com) **Web:** [**www.galaxyfcu.com**](http://www.galaxyfcu.com)

**Nationwide Mortgage Licensing System (NMLS) #786084 – Linda A. Lusher NMLS #787577; Judith K. Tarr NMLS #787586**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **IMPORTANT: Read these directions before completing this application:** | | | | | | | |
| **Check**  **Appropriate**  **Box:** | | |  | If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections A and D. If the requested credit is to be secured, also complete the first part of Section C and all of Section E. | | | |
|  | If you are applying for joint credit with another person, complete Sections A, B, C and D; information in Section B is about the joint applicant. If the requested credit is to be secured, then also complete Section E.  We intend to apply for joint credit: \_     \_(Applicant) \_     \_\_(Co-Applicant) | | | |
|  | If you are applying for individual credit, but relying on income from alimony, child support, or separate maintenance; or the income or assets of another person as the basis of repayment of the credit request, complete Sections A, B, C, & D to the extent possible. Information provided in Section B should be about the person on whose alimony, support, or maintenance payments or income or assets you are relying. If the requested credit is to be secured, then complete Section E. | | | |
| Amount Requested | | | | 1st Payment Date | Purpose of Loan | Loan Term |
| $ | \_     \_ | | | \_     \_ | \_     \_ | \_     \_ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Payment Protection:** |  | Life/Disabllity/Unemp |  | Life/Disability |  | Life |  | Disability |  | None | **Payroll Deduction:** |  | Yes |  | No |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Payments:** |  | Weekly |  | Bi-Weekly |  | Semi-Monthly |  | Monthly |  |  | Other: | \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SECTION A — INFORMATION REGARDING APPLICANT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name (Last, First, Middle): | | | | | | |  | | | | | | | | | | | | | | | | | | | | Birthdate: | | |  | | | | |
| Present Street Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | Years There: | | | |  | | | |
| City: |  | | | | | | | | | State: |  | | | | | | Zip: |  | | | Telephone: | | | | | |  | | | | | | | |
| Social Security No.: | | |  | | | | | | | | | Driver’s Lic. No. | | | | |  | | | | | | Email: |  | | | | | | | | | | |
| Previous Street Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | Years there: | | | |  | | | |
| City: |  | | | | | | | | | State: |  | | | | Zip: |  | | | |  | | | | | | |  | | | |  | | |  |
| Present Employer: | | |  | | | | | | | | | | | | | | | | Years There: | | |  | | | Telephone: | | |  | | | | | | |
| Position or Title: | |  | | | | | | | | | | | | | Name of Supervisor: | | | | |  | | | | | | | | | | | | | |  |
| Employer’s Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Previous Employer: | | | |  | | | | | | | | | | | | | | | Years There: | | |  | | | | |  | | | |  | | |  |
| Previous Employer’s Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Present Gross Salary or Commission: | | | | | | | | $ |  | | | | Per: |  | | | | | | |  | No. Dependents: | | | |  | | | Ages: | | |  | | |

**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. Alimony, child support, separate maintenance received under: Court Order  Written Agreement  Oral Understanding**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Other Income: $ |  | Per: |  | Sources of Other Income: |  |

Is any income listed in this Section likely to be reduced before the credit request is paid off?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Yes (Explain in detail on a separate Sheet.) | | | | |  | |  | No | | | | | |  |
| Have you ever received credit from us? | | | |  | | When: | |  | | | | | | |  |
| Checking Account No.: | | |  | | | Institution & Branch: | | | |  | | | ABA No: | |  |
| Savings Account No: | | |  | | | Institution & Branch: | | | |  | | | ABA No: | |  |
| Name of nearest relative not living with you: | | | | |  | | | | | |  | Telephone: | |  | |
| Relationship: | |  | | | | | Address: | |  | | | | | | |

**SECTION B — INFORMATION REGARDING JOINT APPLICATION OR OTHER PARTY (Use separate sheets if necessary.)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name (Last, First, Middle): | | | | | | |  | | | | | | | | | | | | | | | | | | | | Birthdate: | | |  | | | | |
| Present Street Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | Years There: | | | |  | | | |
| City: |  | | | | | | | | | State: |  | | | | | | Zip: |  | | | Telephone: | | | | | |  | | | | | | | |
| Social Security No.: | | |  | | | | | | | | | Driver’s Lic. No. | | | | |  | | | | | | Email: |  | | | | | | | | | | |
| Previous Street Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | Years there: | | | |  | | | |
| City: |  | | | | | | | | | State: |  | | | | Zip: |  | | | |  | | | | | | |  | | | |  | | |  |
| Present Employer: | | |  | | | | | | | | | | | | | | | | Years There: | | |  | | | Telephone: | | |  | | | | | | |
| Position or Title: | |  | | | | | | | | | | | | | Name of Supervisor: | | | | |  | | | | | | | | | | | | | |  |
| Employer’s Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Previous Employer: | | | |  | | | | | | | | | | | | | | | Years There: | | |  | | | | |  | | | |  | | |  |
| Previous Employer’s Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Present Gross Salary or Commission: | | | | | | | | $ |  | | | | Per: |  | | | | | | |  | No. Dependents: | | | |  | | | Ages: | | |  | | |

**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. Alimony, child support, separate maintenance received under: Court Order  Written Agreement  Oral Understanding**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Other Income: $ |  | Per: |  | Sources of Other Income: |  |

Is any income listed in this Section likely to be reduced before the credit request is paid off?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Yes (Explain in detail on a separate Sheet.) | | | | |  | |  | No | | | | | |  |
| Have you ever received credit from us? | | | |  | | When: | |  | | | | | | |  |
| Checking Account No.: | | |  | | | Institution & Branch: | | | |  | | | ABA No: | |  |
| Savings Account No: | | |  | | | Institution & Branch: | | | |  | | | ABA No: | |  |
| Name of nearest relative not living with you: | | | | |  | | | | | |  | Telephone: | |  | |
| Relationship: | |  | | | | | Address: | |  | | | | | | |

**(Over)**

**SECTION C — MARITAL STATUS** (Do not complete if this is an application for individual unsecured credit.)

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: | Married | Separated | Unmarried (including single, divorced and widowed) |
| Other Party | Married | Separated | Unmarried (including single, divorced and widowed) |

# SECTION D — ASSET AND DEBT INFORMATION

(If Section B has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant-related information with an “A”. If Section B was not completed only give information about the Applicant in this Section).

ASSETS OWNED (Use separate sheet if necessary).

|  |  |  |  |
| --- | --- | --- | --- |
| **DESCRIPTION OF ASSETS** | **VALUE** | **SUBJECT TO DEBT** | **NAME(S) OF OWNER(S)** |
| CASH | $ |  |  |
| AUTOMOBILES / RECREATIONAL VEHICLES (Make, Model, Year) |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| REAL ESTATE (Location, Date Acquired) |  |  |  |
| OTHER (List) |  |  |  |
| TOTAL ASSETS | $ |  |  |

OUTSTANDING DEBTS (Include charge accounts installment contracts, credit cards, rent, mortgages, etc. Use separate sheet if necessary).

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CREDITOR** | **TYPE OF DEBT OR ACCOUNT NUMBER** | **NAME IN WHICH ACCOUNT IS CARRIED** | **ORIGINAL DEBT** | | **PRESENT BALANCE** | | **MONTHLY PAYMENTS** | **PAST DUE? YES/NO** |
| **LANDLORD OR MORTGAGE HOLDER** | Rent  Own | Or, if no rent or mortgage, explain briefly below: | $ | (Mortgage) | $ | (Mortgage) | $ |  |
| 2. |  |  |  | |  | |  |  |
| 3. |  |  |  | |  | |  |  |
| 4. |  |  |  | |  | |  |  |
| 5. |  |  |  | |  | |  |  |
| 6. |  |  |  | |  | |  |  |
| 7. |  |  |  | |  | |  |  |
| 8. |  |  |  | |  | |  |  |
| **TOTAL DEBTS** |  |  | **$** | | **$** | | **$** |  |
| **All information on this application must be completed. Before approval of this credit application, you must give verification of ALL types of income you have listed.** | | | | | | | | |
| **For example, your last two pay stubs, tax returns for last two years, proof of direct deposit of social security or retirement payments, etc.** | | | | | | | | |
| **Failure to answer all questions or to submit proof of income could cause a delay in the processing of your application.** | | | | | | | | |
| **Are you a co-maker, endorser or**  **No**  **guarantor on any loan or contract?** **Yes - For Whom?**       **To Whom?** | | | | | | | | |
| **Are there any unsatisfied judgments**  **No**  **against you?**  **Yes - Amount?**      **If “Yes”, To Whom Owed?** | | | | | | | | |
| **Have you been declared bankrupt**  **No**  **in the last fourteen (14) years?**  **Yes If “Yes”, Where?** | | | | | | | | |
| **$ AMOUNT AND FREQUENCY OF OTHER OBLIGATIONS: (For example, liability to pay alimony, child support, separate maintenance. Indicate to whom owed. Use separate sheet if necessary. If none, so state.)** | | | | | | | | |

**SECTION E — SECURED CREDIT** (Complete only if credit is to be secured.) Briefly, describe the property to be given as security:

|  |
| --- |
| **PROPERTY DESCRIPTION:** |
| **NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY:** |
| **IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (if any), THE ESTIMATED VALUE OF THE PROPERTY, AMOUNT OF ANNUAL TAXES, AND ANNUAL PROPERTY INSURANCE PREMIUM:** |
|  |

# SIGNATURES

Everything that I have stated in this Application is correct to the best of my knowledge. I understand that you will retain this Application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

**APPLICANT’S SIGNATURE DATE OTHER SIGNATURE (Where Applicable) DATE**

This section is for Credit Union use only:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | I / We approve the loan as submitted. | Date: |  | |  | |
|  |  |  | |  |  |  |
|  | I / We reject the loan as submitted. | Loan Officer: | |  |  |  |
|  |  |  | | | | |
|  | Additional requirements, comments, etc. |  | | | | |
|  |  |  | | | | |

4/2021