

1293 Freedom Rd.
Cranberry TWP, PA 16066

Pymt Amt: _____ Pymt Freq: _____ First Due Date: ___/___/_____ **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 _____

2 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.

3 APPLICANT **CO-APPLICANT** **SPOUSE**
Referred to as "Other" Use "SAA" if information is "Same as Applicant"

<p>4 APPLICANT INFORMATION</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) _____ LENGTH AT RESIDENCE _____ <input type="checkbox"/> OWN <input type="checkbox"/> RENT</p> <p>PREVIOUS ADDRESS (Street - City - State - Zip) _____ LENGTH AT RESIDENCE _____ <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) LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self) _____</p>	<p>5 CO-APPLICANT/SPOUSE INFORMATION</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) _____ LENGTH AT RESIDENCE _____ <input type="checkbox"/> OWN <input type="checkbox"/> RENT</p> <p>PREVIOUS ADDRESS (Street - City - State - Zip) _____ LENGTH AT RESIDENCE _____ <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) LIST AGES OF DEPENDENTS NOT LISTED BY APPLICANT (Exclude Self) _____</p>
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<p>6 3 EMPLOYMENT INFORMATION</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 WHERE _____ ENDING/SEPARATION DATE _____</p>	<p>7 3 EMPLOYMENT INFORMATION</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 WHERE _____ ENDING/SEPARATION DATE _____</p>
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<p>8 4 INCOME INFORMATION</p> <p>NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.</p> <p>EMPLOYMENT INCOME \$ _____ OTHER INCOME \$ _____ PER _____ PER _____ <input type="checkbox"/> NET <input type="checkbox"/> GROSS SOURCE _____</p>	<p>9 4 INCOME INFORMATION</p> <p>NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.</p> <p>EMPLOYMENT INCOME \$ _____ OTHER INCOME \$ _____ PER _____ PER _____ <input type="checkbox"/> NET <input type="checkbox"/> GROSS SOURCE _____</p>
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<p>10 5 REFERENCES</p> <p>Please include Street, City, State and Zip.</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>	<p>11 5 REFERENCES</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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APPLICANT

OTHER (CO-APPLICANT, SPOUSE)

6A

**ASSETS/
PROPERTY**

Check box for Applicant/Other. List all assets and account number(s)-- Attach other sheets if necessary.

SHARE DRAFT OR CHECKING AMOUNT \$	NAME AND ADDRESS OF DEPOSITORY	SHARE DRAFT OR CHECKING AMOUNT \$	NAME AND ADDRESS OF DEPOSITORY
SAVINGS AMOUNT \$	NAME AND ADDRESS OF DEPOSITORY	SAVINGS AMOUNT \$	NAME AND ADDRESS OF DEPOSITORY
APPLICANT <input type="checkbox"/> OTHER <input type="checkbox"/> HOME*	LIST HOME AND ALL OTHER ITEMS YOU OWN AND LOCATION OF PROPERTY For Example: Auto, Boat, Stocks, Bonds, Cash, Household Goods, Real Estate, etc.	MARKET VALUE \$	PLEGED AS COLLATERAL FOR ANOTHER LOAN YES NO
		\$	YES NO
		\$	YES NO
		\$	YES NO

6B*

This section must be completed for the property which will be given as security, if applicable.

LIST EVERY LIEN AGAINST YOUR HOME

A lien is a legal claim filed against property as security for payment of a debt. Liens include mortgages, deeds of trust, land contracts, judgments and past due taxes.

FIRST MORTGAGE HELD BY	OTHER LIENS (Describe)
PRESENT BALANCE \$	
IS THE PROPERTY DESCRIBED IN THIS SECTION: LISTED AS THE APPLICANT'S ADDRESS IN THE "APPLICANT INFORMATION" SECTION?	YOUR PRINCIPAL DWELLING? <input type="checkbox"/> YES <input type="checkbox"/> NO A PART OWNER OF YOUR HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO

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DEBTS

In addition to Rent/Mortgage 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. Attach other sheets if necessary.

APPLICANT <input type="checkbox"/> OTHER	CREDITOR NAME AND ADDRESS	ACCOUNT NUMBER	ORIGINAL BALANCE	PRESENT BALANCE	MONTHLY PAYMENT	PAST DUE
<input type="checkbox"/> RENT <input type="checkbox"/> MORTGAGE (incl. Tax & Ins.)			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED						
TOTALS			\$	\$	\$	

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FINANCIAL INFORMATION

These questions apply to both Applicant and Other.

IF A "YES" ANSWER IS GIVEN TO A QUESTION, EXPLAIN ON AN ATTACHED SHEET

DO YOU HAVE ANY OUTSTANDING JUDGMENTS? _____

HAVE YOU EVER FILED FOR BANKRUPTCY OR HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13? _____

HAVE YOU HAD PROPERTY FORECLOSED UPON OR GIVEN A DEED IN LIEU OF FORECLOSURE IN THE LAST 7 YEARS? _____

ARE YOU A PARTY IN A LAWSUIT? _____

ARE YOU OTHER THAN A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN? _____

IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS? _____

ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE? _____

FOR WHOM (Name of Others Obligated on Loan): _____ TO WHOM (Name of Creditor): _____

APPLICANT		OTHER	
YES	NO	YES	NO

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SIGNATURES

You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of all your debts and obligations. You authorize the credit union to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. If you request, the credit union will tell you the name and address of any credit bureau from which it received a credit report on

you. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to Federal Credit Unions or State Chartered Credit Unions insured by NCUA.

If there are any important changes, you will notify us in writing immediately. You also agree to notify us of any change in your name, address or employment within a reasonable time thereafter.

X _____ DATE _____ **X** _____ DATE _____

APPLICANT'S SIGNATURE OTHER SIGNATURE

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CREDIT UNION INFORMATION

LOAN OFFICER ADVANCE APPROVED: YES NO COUNTER OFFER WILL BE MADE, IF ACCEPTED, ADVANCE APPROVED

CREDIT COMMITTEE OR OTHER OUTSIDE INFORMATION CONSIDERED: YES NO IF YES, ATTACH ADDITIONAL SHEET AND DESCRIBE

\$ _____ APPROVED LIMIT _____ DEBT RATIO

REFERRED TO/REASON(S) FOR REFERRAL: _____

DESCRIBE COUNTER OFFER: _____

SPECIFIC REASON(S) FOR REJECTION: _____

SIGNATURES: _____ DATE _____ **X** _____ DATE _____

LOAN OFFICER **X** CREDIT COMMITTEE **X**

ECOA NOTICE AND REASON FOR REJECTION SENT OR DELIVERED ON _____ (DATE) BY _____ (INITIALS)