

Loan Application

SUNKIST EMPLOYEES FCU

27770 N. Entertainment Drive

Valencia, CA 91355

Please print clearly in ink or type. This application must be filled out completely before it is submitted to the credit union.

(661) 290-8702 Fax# (661) 290-8703

CREDIT REQUEST	
This Account is to be an: <input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account (Spouse/RDP/Co-Applicant)	
ACCOUNT NO.	
We intend to apply for joint credit: X _____ X _____ Borrower Co-Borrower	
PURPOSE OF LOAN:	
AMOUNT REQUESTED: \$	
IMPORTANT: READ THIS SECTION CAREFULLY BEFORE CHECKING THE APPROPRIATE BOX(ES) THIS APPLICATION MAY BE USED TO APPLY FOR ANY OF THE FOLLOWING: <input type="checkbox"/> AUTO LOAN <input type="checkbox"/> LINE OF CREDIT <input type="checkbox"/> OVERDRAFT <input type="checkbox"/> OTHER	
NOTICE: If you have a spouse or registered domestic partner ("RDP")*, you must complete CO-APPLICANT section about your spouse or RDP if: (a) You live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI); or (b) The property used to secure the loan is located in a community property state; or (c) Your spouse or RDP will use the Account. Your spouse or RDP should not sign this application unless he/she wishes to be obligated on this Loan as a Co-Borrower. If you have a spouse/RDP, you may still apply for individual credit. * Refers to RDP's in a state with RDP laws that provide for community property rights that mirror those of a spouse.	
CREDIT INSURANCE – STATEMENT OF INTENT - Check coverages desired. The credit union will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions must be signed for coverage to become effective. <input type="checkbox"/> Single Credit Life Ins. <input type="checkbox"/> Joint Credit Life Ins. <input type="checkbox"/> Single Life & Credit Disability Ins. <input type="checkbox"/> I do not want Credit Ins.	

BORROWER INFORMATION			
FIRST NAME	INITIAL	LAST NAME (JR./SR.)	DATE OF BIRTH
SOCIAL SECURITY NO.	DRIVERS LICENSE NO. & ST.	HOME PHONE	
CELL PHONE	E-MAIL		
PRESENT ADDRESS	APT. NO.	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	
CITY	STATE	ZIP	HOW LONG?
PREVIOUS ADDRESS	APT. NO.	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	
CITY	STATE	ZIP	HOW LONG?

EMPLOYMENT INFORMATION			
EMPLOYER	FROM		
ADDRESS			
PHONE	YOUR TITLE	SUPERVISOR'S NAME	<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME

INCOME INFORMATION	
Note: Alimony, child support, or separate maintenance income need not be included if you choose not to have it considered as a basis for repaying this obligation.	
GROSS MONTHLY INCOME FROM EMPLOYMENT	\$
OTHER	\$
OTHER	\$
Is any of this income to be reduced or interrupted before credit request is paid off? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain for how long and amount involved on separate sheet.	

CO-BORROWER <input type="checkbox"/> Spouse/RDP <input type="checkbox"/> Other			
FIRST NAME	INITIAL	LAST NAME (JR./SR.)	DATE OF BIRTH
SOCIAL SECURITY NO.	DRIVERS LICENSE NO. & ST.	HOME PHONE	
CELL PHONE	E-MAIL		
PRESENT ADDRESS	APT. NO.	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	
CITY	STATE	ZIP	HOW LONG?
PREVIOUS ADDRESS	APT. NO.	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	
CITY	STATE	ZIP	HOW LONG?

CO-BORROWER			
EMPLOYER	FROM		
ADDRESS			
PHONE	YOUR TITLE	SUPERVISOR'S NAME	<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME

CO-BORROWER	
Note: Alimony, child support, or separate maintenance income need not be included if you choose not to have it considered as a basis for repaying this obligation.	
GROSS MONTHLY INCOME FROM EMPLOYMENT	\$
OTHER	\$
OTHER	\$
Is any of this income to be reduced or interrupted before credit request is paid off? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain for how long and amount involved on separate sheet.	

REFERENCES List the names, addresses and phone numbers of 2 relatives not living with you, and 1 other reference who has known you for 2 years or more.			
Name	Address	Phone	Relationship

DEBTS			
Creditor Name & Address	Acct. No.	Balance Due	Mo. Payment
<input type="checkbox"/> MONTHLY RENT OR <input type="checkbox"/> MORTGAGE			
2ND MORTGAGOR			
List all debts and obligations including installment accounts, debts to other financial institutions, department stores, credit cards, support payments, medical bills, etc. Attach a separate sheet, if necessary.			
Creditor Name & Address	Acct. No.	Balance Due	Mo. Payment

SIGNATURES
Under penalty of perjury, I certify that (i) all information given on this application is true and complete and is given for the purpose of requesting a loan; and (ii) that, other than those I have stated on this application, I have no other outstanding indebtedness, either as a maker, co-maker, or guarantor. I authorize any person, association, or corporation to furnish on request of this credit union, information concerning me or my affairs. I authorize the credit union to contact and inquire of my references and my employer(s) present, past and future; and to obtain consumer credit reports about me. I also authorize the credit union to furnish information concerning my account to credit reporting agencies. I understand that you may report information about my account to credit bureaus. Late payments, missed payments, or other defaults on my account may be reflected in my credit report.
The credit union may retain this application, whether or not credit is granted.

X _____
Signature of Borrower Date

X _____
Signature of Co-Borrower (including spouse applying for credit) Date

BORROWERS PLEASE NOTE: Federal law says that whoever knowingly and willfully makes a false statement, or overvalues any land, property or security, for the purpose of influencing a credit union, in connection with a loan is subject to a fine of up to \$5,000, or imprisonment for up to two years, or both

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT UNDER THE USA PATRIOT ACT OF 2001

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 for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see a form of identification with your photograph or other identifying documents.