

Application

Buffalo Fire Department Federal Credit Union
971 Kenmore Avenue
Buffalo, NY 14217-2996

Credit Union Use Only

Applicant Account No.	Insecured Credit Limit
Loan Amount / Initial Advance	Term (if applicable)

Type of Credit Account Requested

Personal Loan Line of Credit Overdraft Protection Other (Describe): _____

Purpose of Loan _____ Security, if any _____

Individual
 Joint

Information About You

Full Name	Birth Date	Social Security No.	Driver's License No.
Street Address	<input type="checkbox"/> Own <input type="checkbox"/> Live with Parents <input type="checkbox"/> Rent <input type="checkbox"/> Other	Years at this Address	
City	State	Zip Code	Telephone No.
Number of Dependents (excluding self)	Ages of Dependents		

If you have lived at the above address less than two (2) years, where did you live before?

Street Address	<input type="checkbox"/> Own <input type="checkbox"/> Live with Parents <input type="checkbox"/> Rent <input type="checkbox"/> Other	Years at this Address
City	State	Zip Code

Marital Status [Do not complete if you are applying for individual, unsecured credit]

Married Separated Other (including single, divorced, or widowed)

Information About Your Employer

Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Address	Years with this Employer
City	State	Zip Code	Telephone No.
Position/Title	Department	Name of Supervisor	Payroll No.

If you have worked for your present employer less than two years, where did you work before?

Previous Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Address	Years with this Employer
City	State	Zip Code	Telephone No.
Position/Title	Department	Name of Supervisor	Payroll No.

Information About Your Income

Wages/Salary Gross Take Home* Hours Worked Per Week **Payroll Frequency**
\$ _____ Per _____ * If take home pay is disclosed include all payroll deductions. Monthly Semi-Monthly
 Weekly Bi-Weekly

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 any obligations incurred under the credit union's loan programs.

Other Income: \$ _____ Per _____ Source: _____
\$ _____ Per _____ Source: _____

Alimony, child support, or separate maintenance is being received under: court order written agreement oral understanding

Is any income listed in this **entire section** likely to be reduced in the next two years? Yes No

If Yes, explain:

References

Nearest Relative Not Living with You (Name & Relationship)	Street Address	City	State	Zip Code	Telephone No.
Personal Friend (not a Relative)	Street Address	City	State	Zip Code	Telephone No.

Information About Your Debts (List all debts, including credit union loans.)

Loan or Debt	Applicant	Co-Applicant	Creditor	Account Number	Original Amount / Credit Limit	Current Balance	Monthly Payment

Are you a co-maker, or guarantor on any debt obligation not listed above? Yes No If "Yes", provide debtor's name, current loan balance, and other details (including name and address of any creditors):

Are there any unsatisfied judgements, garnishments, or lawsuits pending against you? Yes No If "Yes", provide dollar amount and details:

Have you declared bankruptcy in the last 10 years? Yes No If "Yes", provide date and place of filing:

Have you ever been granted credit in another name? Yes No If "Yes", what was that name and where was the credit granted:

Are you presently liable for any alimony, child support, or separate maintenance payments? Yes No If "Yes", what is the amount and frequency of those payments:

Have you been denied credit in the last six months? Yes No

Group Credit Insurance

Group Credit Insurance is voluntary and not a requirement of your loan.

To be eligible for Group Credit Life and/or Disability Insurance, you must be less than 70 years old. If your loan has a fixed repayment period, it must mature before your 70th birthday. Additionally, to be eligible for Credit Disability Insurance, you must be actively at work and gainfully employed at least 20 hours per week. As part of the enrollment process, you must satisfactorily complete a Statement of Insurability.

Assuming your application for credit is approved and you are eligible for insurance, the credit union will disclose its cost to you. You will be asked to sign the appropriate request for coverage form.

Indicate which credit insurance option(s) you desire:

Joint Credit Life Insurance Single Credit Life Insurance Single Credit Disability Insurance No credit insurance

Payroll Deduction and Automatic Transfer Privileges

In many instances, loan obligations can be repaid through voluntary payroll deduction made available to the credit union by your employer or by the automatic transfer of funds from a share account. The credit union will tell you if your loan can be repaid in these manners. Assuming it can be, check the appropriate box below.

I want voluntary payroll deduction I authorize automatic transfer of my loan payment(s). I do not want payroll deduction or automatic transfer.

Representations & Authorizations

You represent everything stated in this application is correct to the best of your knowledge. You further represent you have provided a complete listing of all your debts and obligations.

You authorize the credit union to investigate your credit record, verify your employment and income information, and answer questions regarding your credit history. You also authorize the credit union to obtain credit reports in connection with this application and for any update, renewal or extension of the credit received. If you request it, the credit union will tell you the name and address of any credit bureau from which it received a credit report on you.

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 the National Credit Union Administration.

X _____
 Applicant's Signature Date Witness (if requested by Credit Union) Date

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Loan Officer

Approved Counter-Offer to be made. Application approved if Applicant accepts all conditions set forth below.
 Denied Referred to Credit Committee

 Loan Officer Signature Date

Explanation of counter-offer conditions, referral to Credit Committee, or reason for denial:

ECOA Notice and reason for denial sent or delivered by: _____
 Credit Union Representative Date