

Consumer Loan Application



Purpose:	Amount:
Collateral Description:	Member/Account #:

Applicant (Please Print in Ink)

Member's Full Name				Marital Status Married Unmarried Single	Date of Birth	Social Security No.	
Current Address		City	State	Zip Code	How Many Years Resident	Home Phone	
Mother's Maiden Name		Email Address		Driver's License No.		Cell Phone	
Current Employer		Business Address		City		State	Zip Code
Business Phone	Job Title	Type of Business	Gross Monthly Salary \$	Length of Time Employed	Work Email Address		
Previous Employer <small>(If less than 1 year)</small>	Previous Business Address		City	State	Zip Code	Own or Rent Home	Monthly Payment \$
Name of Nearest Relative <small>(not living with you)</small>	Relative's Address		City		State	Zip Code	Phone
Name of Nearest Relative <small>(not living with you)</small>	Relative's Address		City		State	Zip Code	Phone

Co-Borrower Spouse

Member's Full Name		Home Phone		Cell Phone		Date of Birth	Social Security No.
Current Address		City	State	Zip Code	Monthly Rent \$	Driver's License #	Email Address
Current Employer	Business Address		City	State	Zip Code	Occupation & Length	Monthly Income \$
Name of Nearest Relative <small>(not living with you)</small>		Relative's Address		City		State	Zip Code
						Phone	

Signature(s) "I", "me" and "my" hereafter includes all applicants signing below. "You", "your" and "yours" mean POLAM Federal Credit Union. I certify that I am eighteen years or older and that the information contained in this application is current and accurate. I will notify you in writing immediately if there is any change in my financial condition. I understand that it is violation of Section 1014, Title 18 U.S. Code to make a false statement for the purpose of influencing the action of a federally insured credit union. The applicable credit union Loan Agreement is not binding upon me or you until my loan is approved. By using or authorizing others to use my account, I will be bound by the terms and conditions of the applicable Loan Agreement. If I wish optional Credit Life and/or Credit Disability Insurance on an eligible loan, then I must complete, sign and return to you a "CreditLife Insurance and Credit Disability Insurance Cost Disclosure and Authorization" form. Under California law, or other applicable state law, my address in Department of Motor Vehicles (DMV) records may be confidential. I authorize you and/or your affiliates to obtain such address and other information therein from the DMV as permitted by law. I authorize you to 1) gather any credit or employment information you deem necessary and appropriate, from time to time, 2) retain this application whether or not credit is granted and 3) give information concerning your credit experience with me to others as appropriate, from time to time. You agree to tell me if I ask whether a credit report has been requested by you. If you receive a credit report, you agree to give me the name and address of the credit reporting agency that furnished it. My application for an unsecured loan account may, if approved, include a PLOC and/or VISA Card and I request the same. For a VISA Account, I request a card in my name. If I wish to designate an authorized user(s), I shall contact the credit union for an additional card(s). The credit union may, as my agent and attorney in fact, disburse loan proceeds to my credit union account(s) or to third parties. All loans subject to credit approval.

APPLICATION NOT VALID WITHOUT PROPER SIGNATURE(S) Digital Signatures NOT Accepted.

X Signature	Date
X Signature of Co-Applicant	Date

PLEASE INCLUDE PROOF OF INCOME (PAY-STUB OR TAX RETURN) WITH YOUR APPLICATION