

Go paperless and apply online at [coast360fcu.com](http://coast360fcu.com).

**Loan Application Checklist:**

- Loan Application     Two (2) latest check stubs for all sources of income. If self employed, copy of tax returns from two (2) previous years.
- Employment Verification

Membership is required upon approval.

## 1 NOTE AND COMPLETE

Applicants may apply for a separate account. Check the appropriate box to indicate Individual Credit or Joint Credit.

- Individual Credit: Complete applicant section.
- Joint Credit: Complete applicant and co-applicant section.

REQUESTED LOAN AMOUNT \$ \_\_\_\_\_ Purpose: \_\_\_\_\_  
(Minimum loan amount \$1000) (Specify)

Repayment Frequency:  Weekly     Bi-Weekly     Monthly     Semi-Monthly

Repayment Type:  Payroll Deduction     Cash     Automatic Payment     Allotment

## STATEMENT OF INTENT

Credit Life Insurance  
 And/Or Disability Insurance  
 Yes     No

Check coverage(s) 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.

## 2 APPLICANT INFORMATION

### APPLICANT

Please print in ink or type.

NAME (First - Middle Initial - Last)

**ID INFORMATION**

ID Type: \_\_\_\_\_ ID No.: \_\_\_\_\_  
 Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

ARE YOU CURRENTLY A MEMBER?

No     Yes, Indicate Coast360 Member No. below:

SOCIAL SECURITY NUMBER

□□□□ - □□ - □□□□

MARRIED     SEPARATED     UNMARRIED (Single- Divorced- Widowed)

DATE OF BIRTH \_\_\_\_\_ HOME PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHYSICAL ADDRESS (Street-City-State-Zip)  
(Not P.O. Box)

OWN     RENT     LIVING WITH OTHERS  
 YEARS AT THIS ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS (Street-City-State-Zip)  
Fill ONLY IF living less than 2 years in current residence

OWN     RENT     LIVING WITH OTHERS  
 YEARS AT THIS ADDRESS: \_\_\_\_\_

### CO-APPLICANT CO-BORROWER    CO-SIGNER

Use "SAA" if information is "Same As Applicant"

NAME (First - Middle Initial - Last)

**ID INFORMATION**

ID Type: \_\_\_\_\_ ID No.: \_\_\_\_\_  
 Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

ARE YOU CURRENTLY A MEMBER?

No     Yes, Indicate Coast360 Member No. below:

SOCIAL SECURITY NUMBER

□□□□ - □□ - □□□□

MARRIED     SEPARATED     UNMARRIED (Single- Divorced- Widowed)

DATE OF BIRTH \_\_\_\_\_ HOME PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHYSICAL ADDRESS (Street-City-State-Zip)  
(Not P.O. Box)

OWN     RENT     LIVING WITH OTHERS  
 YEARS AT THIS ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS (Street-City-State-Zip)  
Fill ONLY IF living less than 2 years in current residence

OWN     RENT     LIVING WITH OTHERS  
 YEARS AT THIS ADDRESS: \_\_\_\_\_

## 3 EMPLOYMENT INFORMATION

NAME OF EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

YEARS OF EMPLOYMENT \_\_\_\_\_ BUSINESS PHONE/EXT. \_\_\_\_\_

(IF EMPLOYED IN CURRENT POSITION LESS THAN TWO YEARS)  
 NAME AND ADDRESS OF PREVIOUS EMPLOYER \_\_\_\_\_

POSITION \_\_\_\_\_  
 YEARS OF EMPLOYMENT \_\_\_\_\_

If currently working less than 2 years, you must provide proof of employment in previous job that is in the same field.  
 IF SELF EMPLOYED, INDICATE TYPE OF BUSINESS

NAME OF EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

YEARS OF EMPLOYMENT \_\_\_\_\_ BUSINESS PHONE/EXT. \_\_\_\_\_

(IF EMPLOYED IN CURRENT POSITION LESS THAN TWO YEARS)  
 NAME AND ADDRESS OF PREVIOUS EMPLOYER \_\_\_\_\_

POSITION \_\_\_\_\_  
 YEARS OF EMPLOYMENT \_\_\_\_\_

If currently working less than 2 years, you must provide proof of employment in previous job that is in the same field.  
 IF SELF EMPLOYED, INDICATE TYPE OF BUSINESS

## 4 REFERENCES

NAME AND VILLAGE OF RELATIVE NOT LIVING WITH YOU \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

NAME AND VILLAGE OF NON-RELATIVE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

NAME AND VILLAGE OF RELATIVE NOT LIVING WITH YOU \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

NAME AND VILLAGE OF NON-RELATIVE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**APPLICANT**

**CO-APPLICANT**

**5 INCOME INFORMATION**

NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

GROSS INCOME \$ PER OTHER INCOME \$ PER SOURCE

GROSS INCOME \$ PER OTHER INCOME \$ PER SOURCE

**6 ASSETS**

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

SHARE DRAFT OR CHECKING AMOUNT \$ NAME AND ADDRESS OF DEPOSITORY SAVINGS AMOUNT \$ NAME AND ADDRESS OF DEPOSITORY

SHARE DRAFT OR CHECKING AMOUNT \$ NAME AND ADDRESS OF DEPOSITORY SAVINGS AMOUNT \$ NAME AND ADDRESS OF DEPOSITORY

APPLICANT	CO-APPLICANT	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	PLEGDED AS COLLATERAL FOR ANOTHER LOAN		
	HOME		\$	YES		NO
			\$	YES		NO
			\$	YES		NO

**7 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, etc.) Please use a separate line for each credit card and auto loan. Attach other sheets if necessary.

APPLICANT/CO-APPLICANT	LIABILITIES FOR CONSOLIDATION	CREDITOR NAME AND ADDRESS	ACCOUNT NUMBER	ORIGINAL BALANCE	PRESENT BALANCE	MONTHLY PAYMENT
	<input type="checkbox"/> RENT <input type="checkbox"/> MORTGAGE <small>(Include Tax &amp; Ins.)</small>			\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED						
<b>TOTALS</b>				\$	\$	\$

**8 FINANCIAL INFORMATION**

These questions apply to both Applicant and Co-applicant.

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

HAVE YOU HAD ANY OUTSTANDING JUDGEMENTS?  
 HAVE YOU EVER FILED FOR BANKRUPTCY OR HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13?  
 HAVE YOU HAD PROPERTY FORECLOSED UPON OR REPOSSESSED 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 CO-BORROWER ON ANY LOAN NOT LISTED ABOVE?  
 FOR WHOM (Name of Others Obligated on Loan): TO WHOM (Name of Creditor):

APPLICANT		CO-APPLICANT	
YES	NO	YES	NO

**9 SIGNATURES**

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. You also 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. Upon request, the credit union may provide you with the name and address of any credit bureau from which it obtained your credit report. You understand that it is a Federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to the Federal Credit Union or a state chartered credit union insured by NCUA.

**X** APPLICANT'S SIGNATURE DATE

**X** CO-APPLICANT'S SIGNATURE DATE

**10 CREDIT UNION INFORMATION**

For Credit Union use only.

DATE APPROVED LIMITS \$ SIGNATURE \$ AUTO LOAN DEBT RATIO

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

OUTSIDE INFORMATION CONSIDERED:  YES  NO IF YES, ATTACH ADDITIONAL SHEET AND DESCRIBE

DESCRIBE COUNTER OFFER:

SPECIFIC REASON(S) FOR DENIAL

**SIGNATURES:**

LOAN OFFICER **X** DATE **X** DATE

ECOA NOTICE AND REASONS FOR DENIAL SENT OR DELIVERED ON (DATE) BY (INITIALS)