



NIZARI PROGRESSIVE FEDERAL CREDIT UNION

PERSONAL LOAN APPLICATION

[Guarantor(s) required]

General Requirements:

	<u>Loan Amount</u>	<u>Min Yearly Income</u>	<u>Required Documents for Verification</u>
<input type="checkbox"/>	\$1,001 – \$15,000	\$20,000	<ul style="list-style-type: none">• Current Proof of Income• Last 1 Years Tax Return
<input type="checkbox"/>	\$15,001 – 25,000	\$30,000	
<input type="checkbox"/>	\$25,001 – 40,000	\$40,000	<ul style="list-style-type: none">• Current Proof of Income• Last 2 Years of Tax Returns
<input type="checkbox"/>	\$40,001 – 49,900	\$50,000	
<input type="checkbox"/>	\$49,901 - 75,000	\$80,000	

Terms & Conditions:

- All borrowers and guarantors must be a Nizari PFCU member, and in good standing as a borrower/guarantor.
- All borrowers and guarantors are required to complete and sign Form 4506-T
- Member must be in good standing as a borrower/guarantor.
- Up to 2 guarantors may be required.
- Maximum repayment term of loan can be up to 72 months.
- Application Fee \$25.00 (*refer to application fee disclosure*)

Married Applicants: May apply for a separate account.

Individual Credit: You must complete the **Applicant** section about yourself and the **Other** section about your spouse if:

1. you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI),
2. your spouse will use the account, or
3. you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the **Other** section to the extent possible about the person on whose payments you are relying.

Joint Credit: Each Applicant must **individually** complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.

Guarantor: Complete the **Other** section if you are a guarantor on an account/loan.

<input type="checkbox"/> LOANLINER Account/Loan: <input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Personal <input type="checkbox"/> Secured <input type="checkbox"/> Signature <input type="checkbox"/> Auto <input type="checkbox"/> Equipment <input type="checkbox"/> Student <i>(Including ATM/Debit Card Access to the Account if Available)</i> <input type="checkbox"/> Credit Card Account: <input type="checkbox"/> Individual <input type="checkbox"/> Joint	Credit Limit Requested \$ _____ If Authorized User, Name: _____
Amount Requested \$ _____ Purpose/Collateral: _____	
Repayment: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Cash <input type="checkbox"/> Military Allotment <input type="checkbox"/> Automatic Payment	

PAYMENT PROTECTION	Are you interested in having your loan protected? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer "yes", the credit union will disclose the cost to protect your loan. The protection is voluntary and does not affect your loan approval. In order for your loan to be covered, you will need to sign a separate application that explains the terms and conditions.
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APPLICANT			
NAME			
ACCOUNT NUMBER			
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE		
AGES OF DEPENDENTS	EMAIL ADDRESS		
BIRTH DATE	HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT		LENGTH AT RESIDENCE
PREVIOUS ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT		LENGTH AT RESIDENCE
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)			
EMPLOYMENT/INCOME			
NAME AND ADDRESS OF EMPLOYER			
TITLE/GRADE	START DATE	HOURS AT WORK	
SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS		
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.			
EMPLOYMENT INCOME \$ _____ Per _____	OTHER INCOME \$ _____ Per _____		
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE		
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE ENDING/SEPARATION DATE		
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS	STARTING DATE		ENDING DATE
REFERENCE	RELATIONSHIP		
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	HOME PHONE		

OTHER	<input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER		
NAME			
ACCOUNT NUMBER			
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE		
AGES OF DEPENDENTS	EMAIL ADDRESS		
BIRTH DATE	HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT		LENGTH AT RESIDENCE
PREVIOUS ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT		LENGTH AT RESIDENCE
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)			
EMPLOYMENT/INCOME			
NAME AND ADDRESS OF EMPLOYER			
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<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE		
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE ENDING/SEPARATION DATE		
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS	STARTING DATE		ENDING DATE
REFERENCE	RELATIONSHIP		
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	HOME PHONE		



PERSONAL FINANCIAL STATEMENT

COMPLETE ONLY IF APPLYING FOR MORE THAN \$25,000.00

SECTION A: ASSETS

SECTION B: LIABILITIES

Cash (1)	Other Debts Payable (1)
Investments in Partnership (2)	Partnership Payable (2)
Real Estate (Homestead) (3)	Mortgage Payable (3)
Real Estate (Other) (3)	Credit Card Debts
OTHER ASSETS	OTHER LIABILITIES
Personal Property	Taxes Payable
Automobiles (Market Value)	Auto Loan Payable
Notes Receivable	Notes Payable
Life Insurance (Cash Value)	NET WORTH (A - B)
TOTAL ASSETS (A)	TOTAL LIABILITIES (B)

SECTION C: CASH INCOME & EXPENSE

Gross Wages or Salaries	Mortgage Payments / Rent
Commissions, Bonuses etc	Principal/Interest Payments
Partnership Income etc	Income Taxes
Partnership Distributions	Partnership Contributions
Interests & Dividends	Other Taxes
Rental Income	Living Expenses & Misc.
Other	Other
TOTAL CASH INCOME (A)	TOTAL Cash Expense (B)
	NET Cash Flow (A-B)

SCHEDULE 1 - CASH

Account Name	Bank Name	Account #	Balance	Security Dep.

SCHEDULE 2 - INVESTMENTS in PARTNERSHIPS

Partnership Name	Gen., Ltd., Other	Percentage	Cost	Market Value

SCHEDULE 3 - REAL ESTATE

Location	Lien Holder	Cost	Balance	Market Value

SCHEDULE 4 - NOTES PAYABLE

Name of Institutions	Collateral	Original Amt	Balance	Maturity Date

The undersigned certifies that the information inserted here is true and correct, to the best of my knowledge.

Signed X _____ Date _____ A/C # _____

GUARANTOR'S PROFILE – MUST ALSO COMPLETE THE IRS FORM 4506-T (ATTACHED)

APPLYING FOR \$		BORROWER ACCOUNT #	GUARANTOR ACCOUNT #
BORROWER'S NAME	LAST NAME	FIRST NAME	MIDDLE NAME
GUARANTOR'S NAME	LAST NAME	FIRST NAME	MIDDLE NAME

SON / DAUGHTER OF

LEGAL STATUS U.S. G.C. W.P. L-1 E-2 H-1 S.S.

SOCIAL SECURITY #	DOB	Driver's License #
SPOUSE	SOCIAL SECURITY #	<input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED

STREET ADDRESS

CITY	STATE	ZIP CODE
HOME PH	WORK PH	CELL PH

EMPLOYMENT

NAME OF EMPLOYER

STREET ADDRESS

CITY	STATE	ZIP CODE
POSITION	START DATE	HOURS AT WORK

SUPERVISOR NAME	IF SELF EMPLOYED, TYPE OF BUSINESS			
NAME OF BUSINESS	TYPE OF BUSINESS	OWNERSHIP (0% TO 100%) OR POSITION	MONTHLY INCOME	HOW LONG

1.			\$	
2.			\$	
3.			\$	

ADJUSTED GROSS INCOME ON LAST 2 YEARS TAX RETURNS

YEAR:	AMOUNT: \$	ASSETS	-	LIABILITIES	=	CURRENT NET WORTH
YEAR:	AMOUNT: \$					

SIGNATURE

You promise that everything you have stated in this profile is correct to the best of your knowledge. If there are any important changes you will notify us in writing immediately. You authorize Nizari Progressive Federal Credit Union to obtain credit reports in correlation with this application for credit and for any update, increase renewal, extension or collection of the credit received.

I fully understand that in case the borrower fails to make his or her payments, I will be responsible for 100% of the loan amount and Nizari Progressive Federal Credit Union may also debit my account up to the full amount of the outstanding loan.

X	
Guarantor Signature	Date

GUARANTOR'S PROFILE – MUST ALSO COMPLETE THE IRS FORM 4506-T (ATTACHED)

APPLYING FOR \$		BORROWER ACCOUNT #	GUARANTOR ACCOUNT #
BORROWER'S NAME	LAST NAME	FIRST NAME	MIDDLE NAME
GUARANTOR'S NAME	LAST NAME	FIRST NAME	MIDDLE NAME

SON / DAUGHTER OF

LEGAL STATUS U.S. G.C. W.P. L-1 E-2 H-1 S.S.

SOCIAL SECURITY # DOB Driver's License #

SPOUSE SOCIAL SECURITY # SINGLE SEPARATED

STREET ADDRESS

CITY STATE ZIP CODE

HOME PH WORK PH CELL PH

EMPLOYMENT

NAME OF EMPLOYER

STREET ADDRESS

CITY STATE ZIP CODE

POSITION START DATE HOURS AT WORK

SUPERVISOR NAME IF SELF EMPLOYED, TYPE OF BUSINESS

NAME OF BUSINESS	TYPE OF BUSINESS	OWNERSHIP (0% TO 100%) OR POSITION	MONTHLY INCOME	HOW LONG
1.			\$	
2.			\$	
3.			\$	

ADJUSTED GROSS INCOME ON LAST 2 YEARS TAX RETURNS

YEAR:	AMOUNT: \$	ASSETS	-	LIABILITIES	=	CURRENT NET WORTH
YEAR:	AMOUNT: \$					

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I fully understand that in case the borrower fails to make his or her payments, I will be responsible for 100% of the loan amount and Nizari Progressive Federal Credit Union may also debit my account up to the full amount of the outstanding loan.

X	
Guarantor Signature	Date



NIZARI
PROGRESSIVE FEDERAL
CREDIT UNION

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name	NIZARI PROGRESSIVE FEDERAL CREDIT UNION
Company ID	113093881

I hereby authorize **NIZARI PROGRESSIVE FEDERAL CREDIT UNION**, hereinafter called, COMPANY, to initiate debit entries to my Checking Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

DEPOSITORY NAME		
CITY	STATE	ZIP CODE
ROUTING NUMBER	ACCOUNT NUMBER	

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

MEMBER NAME		NIZARI ACCOUNT NUMBER	
HOME PHONE NUMBER	WORK PHONE NUMBER	CELL PHONE NUMBER	
AMOUNT TO BE DEBITED EVERY MONTH \$	DATE OF DEBIT:	<input type="checkbox"/> Loan <input type="checkbox"/> Savings	

NOTE: ALL WRITEN DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

I have completed this form fully and certify that I am the authorized to furnish all the information requested. I hereby also approve that all information provided is accurate.

MEMBER SIGNATURE	TODAY'S DATE
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PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM



Application Fee

Application Fee of \$25.00 will be required with all Personal loans, Signature loans, Personal Line of Credit and Equipment Loans

Loan Application Fee of \$25.00 under following conditions:

- a. If a member provides a signed loan application and the loan is ineligible for the loan
- b. If a member provides a signed loan application and thereafter withdraws the loan before or after approval / counter offer
- c. If a member provides a signed application and does not provide any further documentation to complete the loan process within 60 days, the loan will be considered withdrawn

If the loans is approved AND disbursed within 60 days the borrower will be refunded the \$25.00 application fee.

I agree to the above terms and conditions

Account Number: _____

Applicant's Name: _____

Applicant's Signature: _____

Date: _____

