



# 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"><li>• Current Proof of Income</li><li>• Last 1 Years Tax Return</li></ul>
<input type="checkbox"/>	\$15,001 – 25,000	\$30,000	
<input type="checkbox"/>	\$25,001 – 40,000	\$40,000	<ul style="list-style-type: none"><li>• Current Proof of Income</li><li>• Last 2 Years of Tax Returns</li></ul>
<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"/> <b>LOANLINER Account/Loan:</b> <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"/> <b>Credit Card Account:</b> <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	

<b>PAYMENT PROTECTION</b>	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.
---------------------------	---

<b>APPLICANT</b>			
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)			
<b>EMPLOYMENT/INCOME</b>			
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		
<b>REFERENCE</b>	RELATIONSHIP		
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	HOME PHONE		

<b>OTHER</b>	<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)			
<b>EMPLOYMENT/INCOME</b>			
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		
<b>REFERENCE</b>	RELATIONSHIP		
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	HOME PHONE		

WHAT YOU OWE	CREDITOR NAME OTHER THAN THIS CREDIT UNION (Attach additional sheet(s) if necessary)	INTEREST RATE	PRESENT BALANCE	MONTHLY PAYMENT	OWED BY	
					APPLICANT	OTHER
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED:			<b>TOTALS</b>	\$	\$	

WHAT YOU OWN	LIST LOCATION OF PROPERTY OR FINANCIAL INSTITUTION	MARKET VALUE	PLEGGED AS COLLATERAL FOR ANOTHER LOAN		OWNED BY	
			YES	NO	APPLICANT	OTHER
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				

OTHER INFORMATION ABOUT YOU	IF YOU ANSWER "YES" TO ANY QUESTION OTHER THAN #1, EXPLAIN ON AN ATTACHED SHEET	APPLICANT	OTHER
1. ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?			
2. DO YOU CURRENTLY HAVE ANY OUTSTANDING JUDGMENTS OR HAVE YOU EVER FILED FOR BANKRUPTCY, HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13, HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST 7 YEARS, OR BEEN A PARTY IN A LAWSUIT?			
3. IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS?			
4. ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE? FOR WHOM (Name of Others Obligated on Loan): _____ TO WHOM (Name of Creditor): _____			

**STATE LAW NOTICES** **OHIO RESIDENTS ONLY:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

**WISCONSIN RESIDENTS ONLY:** (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union

X \_\_\_\_\_  
SIGNATURE FOR WISCONSIN RESIDENTS ONLY DATE

**SIGNATURES**

1. You 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 what you owe. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, 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 crime to willfully and deliberately provide incomplete or incorrect information in this application.

2. If you are applying for a credit card, you understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures. You grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure your credit card account. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits.

X \_\_\_\_\_ (SEAL)  
APPLICANT'S SIGNATURE DATE

X \_\_\_\_\_ (SEAL)  
OTHER SIGNATURE DATE

FOR CREDIT UNION USE ONLY							
DATE	APPROVED DENIED (Adverse Action Notice Sent)	APPROVED LIMITS:	SIGNATURE	LINE OF CREDIT	OTHER	OTHER	DEBT RATIO/SCORE BEFORE AFTER
			\$	\$	\$	\$	

LOAN OFFICER COMMENTS:  
SIGNATURES:  
X \_\_\_\_\_ X \_\_\_\_\_  
DATE DATE



## 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)	<b>NET WORTH (A - B)</b>
<b>TOTAL ASSETS (A)</b>	<b>TOTAL LIABILITIES (B)</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
<b>TOTAL CASH INCOME (A)</b>	<b>TOTAL Cash Expense (B)</b>
	<b>NET Cash Flow (A-B)</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: \$	<input style="width: 100px; height: 20px;" type="text"/>		<input style="width: 100px; height: 20px;" type="text"/>		<input style="width: 100px; height: 20px;" type="text"/>

### 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.

<span style="font-size: 2em; font-weight: bold;">X</span>	
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 #	<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: \$	<input style="width: 100px; height: 20px;" type="text"/>		<input style="width: 100px; height: 20px;" type="text"/>		<input style="width: 100px; height: 20px;" type="text"/>

### 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.

<span style="font-size: 2em; font-weight: bold;">X</span>	
Guarantor Signature	Date



# NIZARI PROGRESSIVE FEDERAL CREDIT UNION

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

<b>Company Name</b>	<b>NIZARI PROGRESSIVE FEDERAL CREDIT UNION</b>		
<b>Company ID</b>	<b>113093881</b>	REQUEST TYPE <input type="checkbox"/> New <input type="checkbox"/> Update Information	

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 INSTITUTION	NAME ON ACCOUNT
ROUTING NUMBER	ACCOUNT NUMBER
AMOUNT TO BE DEBITED EVERY MONTH	DATE OF DEBIT

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. I (we) understand that COMPANY requires at least 5 days prior notice in order to cancel this authorization.

MEMBER NAME	NIZARI ACCOUNT NUMBER	ACCOUNT SUFFIX
HOME PHONE NUMBER	WORK PHONE NUMBER	CELL PHONE NUMBER

CREDIT TO:    Savings       Checking       Loan

**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
------------------	--------------

**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: \_\_\_\_\_

