



NIZARI PROGRESSIVE FEDERAL CREDIT UNION

PERSONAL LINE OF CREDIT APPLICATION

General Requirements:

	<u>Loan Amount</u>	<u>Min Yearly Income</u>	<u>Document with Application</u>	<u>Credit Score</u>	<u>Residency Requirement</u>
<input type="checkbox"/>	\$10,000 – \$49,000	\$40,000 - \$100,000	Last 2 years Tax return & Proof of Current income	650 and above	Green Card or US Citizenship

Terms & Conditions:

- Line of Credit can be renewed every 3 years.
- Minimum payment will be 2% of the outstanding balance or \$200.00 whichever is higher.
- All applicants will be required to sign IRS Form # 4506-T for verification of their tax returns with IRS.
- Member must be in good standing as a borrower/guarantor.
- Application Fee \$25.00 (*refer to application fee disclosure*)



NIZARI
PROGRESSIVE FEDERAL
CREDIT UNION

11770 University Blvd
Sugar Land, Texas 77478
281-921-8500
Fax: 281-921-8550
www.nizaricu.org

Personal Line of Credit Application

PLEASE PRINT

New Acct?	Member #	Raise Limit?	Credit Limit Request	Date:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
Type of Credit				
<input type="checkbox"/> Individual Credit. Married applicants may apply for individual credit. Complete Sections 1, 3, and 5 below. Also complete Section 2 below about your spouse if: (a) your spouse will be permitted to use the Account, (b) you are relying on your spouse's income as a basis for repayment, (c) you reside in a community property state (TX, LA, NM, AZ, NV, WA, WI, ID, AK) or you are relying on property located in a community property state as a basis for repayment of the credit requested, or (d) you are relying on alimony, child support, or separate maintenance payments from a spouse or former spouse as a basis for repayment.				
<input type="checkbox"/> Joint Credit. The Primary Applicant must complete Sections 1, 3, and 5 and the Joint Applicant must complete Section 2 and sign below as Joint Applicant. Both Applicants must complete Section 4. <input type="checkbox"/> Check here if the Joint Applicant is your spouse.				
<input type="checkbox"/> Guarantor. The Primary Applicant must complete Sections 1, 3, and 5. The Guarantor must complete Section 2 and sign below as Guarantor. The Guarantor must also sign a Guaranty Agreement.				
1. Applicant				
Name		Security Password		Social Security #
Street Address		City	State Zip	
		Years There		
Previous Street Address		City	State Zip	Telephone Number
		Years There		Secondary Telephone Number
Marital Status (Complete only if this is an application for joint credit or you reside in a community property state or you are relying on property in a community property state as a basis of repayment) <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (single, divorced, widowed) <input type="checkbox"/> Separated		Date of Birth		E-Mail Address
		Number of Dependents Ages		Driver's License No. State
Employment/Income				
Employer Name and Address		Position	Date of Employment	Salary Supervisor Name If Self-Employed Type of Business
				\$ Per
Previous Employer Name and Address (Complete only if with current employer fewer than five years)		Position	Date of Employment	Salary Supervisor Name If Self-Employed Type of Business
			Date of Termination	\$ Per
Other Income (Alimony, Child Support, or Separate Maintenance Income Need Not be Revealed if You Do Not Wish to Have it Considered) \$ Per Source \$ Per Source \$ Per Source				
References		Name and Address of Nearest Relative Not Living With You		Home Telephone Number Relationship
2. Other Signer				
<input type="checkbox"/> Joint Applicant <input type="checkbox"/> Guarantor				
Name		Security Password		Social Security #
Street Address		City	State Zip	
		Years There		
Previous Street Address		City	State Zip	Telephone Number
		Years There		Secondary Telephone Number

Marital Status (Complete only if this is an application for joint credit or you reside in a community property state or you are relying on property in a community property state as a basis of repayment) <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (single, divorced, widowed) <input type="checkbox"/> Separated		Date of Birth	E-Mail Address		
		Number of Dependents	Ages	Driver's License No.	State
Employment/Income		Employer Name and Address			
Position	Date of Employment	Salary	Supervisor Name	If Self-Employed Type of Business	
		\$ Per			
Previous Employer Name and Address (Complete only if with current employer fewer than five years)	Position	Date of Employment	Salary	Supervisor Name	If Self-Employed Type of Business
		Date of Termination	\$ Per		
Other Income (Alimony, Child Support, or Separate Maintenance Income Need Not be Revealed if You Do Not Wish to Have it Considered)					
\$	Per	Source			
\$	Per	Source			
\$	Per	Source			
References	Name and Address of Nearest Relative Not Living With You		Home Telephone Number		Relationship
3. Applicant Additional Information					
Applicant Assets (list property you own)		Location of Property	Market Value	Is this property serving as security for another obligation?	
<input type="checkbox"/> Jointly Owned			\$		
<input type="checkbox"/> Jointly Owned			\$		
<input type="checkbox"/> Jointly Owned			\$		
<input type="checkbox"/> Jointly Owned			\$		
<input type="checkbox"/> Jointly Owned			\$		
<input type="checkbox"/> Jointly Owned			\$		
<input type="checkbox"/> Jointly Owned			\$		
<input type="checkbox"/> Jointly Owned			\$		
Applicant Debt List All Debts		Creditor	Loan Balance	Monthly Payment	
			\$	\$ per	
			\$	\$ per	
			\$	\$ per	
			\$	\$ per	
			\$	\$ per	
Are there any outstanding judgments, garnishments, or legal proceedings against you? Have you ever filed for bankruptcy relief or had property repossessed?					
				[] Yes	[] No
Do you anticipate any significant decreases in your income in the next three years?					
				[] Yes	[] No
Are you a maker, indorser, or guarantor on any other debt you have not told us about?					
				[] Yes	[] No
Are you required to make alimony, child support, or separate maintenance payments to someone else?					
If yes, what is the payment amount? \$_____ per _____.				[] Yes	[] No
4. Joint Credit					
_____ If this is an Application for Joint Credit, both Applicants must initial here to indicate their intent to apply for joint credit.					
5. Signatures and Authorizations					
By signing below, you represent that all of the information you have provided in this Application and any additional information provided in connection with this Application is accurate and complete. You understand that we are relying on this information in our decision to extend credit, and you promise to notify us promptly if any information you have provided materially changes. It is a federal crime punishable by fine and/or imprisonment to knowingly make a false statement in a loan application to a federal credit union. You understand that, if approved, the Account will be governed by and subject to the Personal Line of Credit Agreement and any amendments thereto. In connection with this Application and, if approved, maintenance of your Account, you authorize Nizari Progressive Federal Credit Union and its agents and assigns to investigate your credit history and background by obtaining your credit reports. You also authorize the credit union to answer questions about its credit experience with you. You expressly agree that the credit union and its agents and assigns may contact you about your Account using any contact information you have provided, including any cell phone number you have provided, even if you incur charges under your cell phone plan. You expressly consent to the use of any automatic telephone dialing equipment and/or artificial or prerecorded voices when we contact you. You understand that the terms of the Personal Line of Credit Agreement are subject to change.					
X Primary Applicant		Date	X Joint Applicant		Date
X Guarantor		Date	X Other Signer		Date



NIZARI
PROGRESSIVE FEDERAL
CREDIT UNION

PERSONAL FINANCIAL STATEMENT

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

SECTION A: ASSETS

Cash	(1)
Investments in Partnership	(2)
Real Estate (Homestead)	(3)
Real Estate (Other)	(3)
OTHER ASSETS	
Personal Property	
Automobiles (Market Value)	
Notes Receivable	
Life Insurance (Cash Value)	
TOTAL ASSETS	(A)

SECTION B: LIABILITIES

Other Debts Payable	(1)
Partnership Payable	(2)
Mortgage Payable	(3)
Credit Card Debts	
OTHER LIABILITIES	
Taxes Payable	
Auto Loan Payable	
Notes Payable	
NET WORTH (A - B)	
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 # _____



NIZARI PROGRESSIVE FEDERAL CREDIT UNION

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name	NIZARI PROGRESSIVE FEDERAL CREDIT UNION		
Company ID	113093881	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 WRITTEN 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: _____