

Gardiner Federal Credit Union Loan Application

TYPE AND AMOUNT OF CREDIT YOU'RE REQUESTING			
Amount Of Credit Requested	Type Of Loan		
Is this your first loan from us?	Approximate Time to Repay		
	Repayment Method		
PAYMENT PROTECTION COVERAGE			
Check coverage(s) desired. We will disclose the cost of this Payment Protection Insurance Credit Disability and Credit Life - to you. A separate enrollment form which discloses the terms and conditions must be signed for coverage to become effective.			
Do you want your loan protected for you and your family if you become disabled?	Do you want your loan protected for you and your family in the event of your death?		
TELL US ABOUT YOURSELF			
Name	E-Mail Address		
CU Account #	Social Security #	DOB	
Address			
City	State	Zip	Home Phone
Years There	Work Phone		
Do You Own Or Rent?	Monthly Rent/Mortgage Payment \$		
Please indicate your marital status if you are applying for Joint Credit, secured credit or if you live in a community property state:			
INCOME			
Present Employer	How Long?		
Income \$	Method		
Other Income: (notice: Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.)			
Source	Amount \$		
	Method		

Continue to Co-applicant Form

Local (207) 582-2676
 Fax (207) 582-7163
 Toll-Free 1-800-464-2425

24 HR. AUDIO RESPONSE
 1-800-757-8068
 info@gardinerfcu.org



Gardiner Federal Credit Union
RR5 Box 105
8 Brunswick Road
Gardiner Maine, 04345

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CO-APPLICANT INFORMATION

Name		E-Mail Address	
CU Account #	Social Security #	Birth Date	
Address		Home Phone	
City	State	Zip	Work Phone
Years There			
Do You Own Or Rent?		Monthly Rent/Mortgage Payment \$	

Please indicate your marital status if you are applying for Joint Credit, secured credit or if you live in a community property state:

CO-APPLICANT INCOME

Present Employer	How Long?
Income \$	Method

Other Income:
(notice: Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.)

Source		Amount \$
	Method	

Applicant Signature _____

CO-Applicant Signature _____

By submitting this application, you agree that everything stated in this application is true and correct to the best of your knowledge. The Credit Union or its agent is authorized to investigate your credit worthiness, employment history, and to obtain a credit report and to answer questions about their credit history with you. You understand that any false or misleading statements in your application may cause any loan to be in default. You agree that this application shall be the Credit Union's property whether or not this Credit Application is approved. You agree to fully insure any collateral offered against loss and damage. You may obtain this insurance through any insurance company of your choice, unless the Credit Union, for good cause, refuses to accept it.

NOTICE: Consumer Reports (credit reports) may be obtained in connection with this application. If you request, 1) You will be informed whether or not consumer reports were obtained; 2) If reports were obtained, you will be informed of the names and addresses of the consumer reporting agencies (credit bureaus) that furnished the reports.

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