

**Portsmouth Va. City Employees Federal Credit Union**

P.O. Box 1206, 801 Crawford Street  
 Portsmouth, Virginia 23705-1206  
 (804) 393-8863

**MASTER APPLICATION**

PLEASE PRINT IN INK OR TYPE  
 Closed-end  Open-end

**CHECK TYPE OF CREDIT REQUESTED**

NOTICE TO MARRIED APPLICANTS: You have the right to apply for a separate account in your name.

- Individual Credit:** Complete **Applicant** sections if only the applicant's income is considered for loan approval. Complete **Applicant** and **Co-Applicant/Spouse/Guarantor** sections: (1) if you are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of credit requested; or; (2) if you reside in a Community Property State, or; (3) if you are relying on property located in a Community Property State as a basis for repayment of the credit requested. Community Property States include: AZ, CA, ID, NM, NV, TX, WA, and WI.
- Joint Credit:** Complete **Applicant** and **Co-Applicant/Spouse/Guarantor** sections if your co-applicant will be contractually liable for repayment of the loan.

YOU REQUEST A LOAN OF \$	PURPOSE	SECURITY OFFERED	REPAYMENT <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Cash	<input type="checkbox"/> Automatic Payment
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**INSURANCE INFORMATION**

I desire the insurance coverage(s) checked below. I understand that this is not an application for insurance. This insurance is voluntary and is not a condition for approval of my loan or credit plan. Insurance coverage will become effective after I apply and meet the eligibility requirements of the group policies when my loan is approved.

**To be eligible for Group Credit insurance the following requirements must be met:**

- You and your co-applicant must be under age 70 to apply for life insurance.
  - You must be under age 66 to apply for disability insurance.
  - You must be presently working outside the home for wages or profit for 30 hours or more per week for the past 30 days or more to apply for disability insurance.
  - During the past two years, you and your co-applicant have NOT been advised of or treated for: cancer, heart attack or coronary artery disease, stroke, cirrhosis, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC).
- Single Credit Life  
 Joint Credit Life  
 Credit Disability

I have read and understand the eligibility requirements of the insurance coverages above and would like to apply for the coverages checked. Initial Here X

**APPLICANT INFORMATION**

<b>APPLICANT</b>				<input type="checkbox"/> <b>CO-APPLICANT</b> <input type="checkbox"/> <b>SPOUSE</b> <input type="checkbox"/> <b>GUARANTOR</b>			
LAST NAME	FIRST NAME	MIDDLE INITIAL		LAST NAME	FIRST NAME	MIDDLE INITIAL	
DRIVER'S LICENSE NUMBER AND STATE				DRIVER'S LICENSE NUMBER AND STATE			
ACCOUNT NUMBER		SOCIAL SECURITY NUMBER		ACCOUNT NUMBER		SOCIAL SECURITY NUMBER	
DATE OF BIRTH	HOME PHONE NUMBER ( ) ( ) ( )	BUSINESS PHONE NO./EXT. ( ) ( ) ( )		DATE OF BIRTH	HOME PHONE NUMBER ( ) ( ) ( )	BUSINESS PHONE NO./EXT. ( ) ( ) ( )	
PRESENT ADDRESS (Street, City, State, Zip)				PRESENT ADDRESS (Street, City, State, Zip)			
<input type="checkbox"/> OWN <input type="checkbox"/> RENT				<input type="checkbox"/> OWN <input type="checkbox"/> RENT			
YEARS AT THIS ADDRESS				YEARS AT THIS ADDRESS			
PREVIOUS ADDRESS (Street, City, State, Zip)				PREVIOUS ADDRESS (Street, City, State, Zip)			
<input type="checkbox"/> OWN <input type="checkbox"/> RENT				<input type="checkbox"/> OWN <input type="checkbox"/> RENT			
YEARS AT THIS ADDRESS				YEARS AT THIS ADDRESS			
CHECK ONE IF YOU RESIDE IN OR ARE RELYING ON PROPERTY IN A COMMUNITY PROPERTY STATE, OR IF YOU ARE APPLYING FOR JOINT OR SECURED CREDIT. <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED				CHECK ONE IF YOU RESIDE IN OR ARE RELYING ON PROPERTY IN A COMMUNITY PROPERTY STATE, OR IF YOU ARE APPLYING FOR JOINT OR SECURED CREDIT. <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED			
LIST AGES OF DEPENDENTS NOT LISTED BY CO-APPLICANT (Exclude Self)				LIST AGES OF DEPENDENTS NOT LISTED BY APPLICANT (Exclude Self)			

**EMPLOYMENT INFORMATION**

PRESENT EMPLOYER'S NAME AND ADDRESS				PRESENT EMPLOYER'S NAME AND ADDRESS			
OCCUPATION				OCCUPATION			
SUPERVISOR				SUPERVISOR			
STARTING DATE		IF SELF EMPLOYED, TYPE OF BUSINESS		STARTING DATE		IF SELF EMPLOYED, TYPE OF BUSINESS	
PREVIOUS EMPLOYER'S NAME AND ADDRESS				PREVIOUS EMPLOYER'S NAME AND ADDRESS			
STARTING DATE				STARTING DATE			
ENDING DATE				ENDING DATE			

**INCOME INFORMATION - ATTACH CURRENT PAYSTUB**

<b>OTHER INCOME NOTICE:</b> Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.				<b>OTHER INCOME NOTICE:</b> Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.			
EMPLOYMENT INCOME <input type="checkbox"/> NET <input type="checkbox"/> GROSS		OTHER INCOME <input type="checkbox"/> NET <input type="checkbox"/> GROSS		EMPLOYMENT INCOME <input type="checkbox"/> NET <input type="checkbox"/> GROSS		OTHER INCOME <input type="checkbox"/> NET <input type="checkbox"/> GROSS	
\$ PER	\$	\$	\$	\$ PER	\$	\$	\$
SOURCE		PHONE NUMBER ( ) ( ) ( )		SOURCE		PHONE NUMBER ( ) ( ) ( )	
ADDRESS		NO. OF YEARS		ADDRESS		NO. OF YEARS	

**REFERENCES**

NAME AND ADDRESS OF RELATIVE/FRIEND NOT RELATED TO YOU		RELATIONSHIP		NAME AND ADDRESS OF RELATIVE/FRIEND NOT RELATED TO YOU		RELATIONSHIP	
PHONE NUMBER ( ) ( ) ( )				PHONE NUMBER ( ) ( ) ( )			

APPLICATION CONTINUED ON REVERSE SIDE

**ASSETS (List all assets of Applicant and Co-Applicant/Spouse/Guarantor, if applicable)**

APPLICANT		CO-APPLICANT/SPOUSE/GUARANTOR	
CHECKING ACCOUNT NO.	NAME AND ADDRESS OF BANK OR FINANCIAL INSTITUTION	CHECKING ACCOUNT NO.	NAME AND ADDRESS OF BANK OR FINANCIAL INSTITUTION
SAVINGS ACCOUNT NO.	NAME AND ADDRESS OF BANK OR FINANCIAL INSTITUTION	SAVINGS ACCOUNT NO.	NAME AND ADDRESS OF BANK OR FINANCIAL INSTITUTION

APPLICANT CO-APPLICANT	DESCRIPTION (I.E., AUTO, STOCKS, REAL ESTATE, ETC.)	MARKET VALUE	SUBJECT TO DEBT?
	REAL ESTATE (LOCATION, DATE ACQUIRED)	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	AUTOMOBILES (MAKE, MODEL, YEAR)	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	OTHER	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO

**DEBTS (List all debts, including medical bills & taxes of Applicant and Co-Applicant/Spouse/Guarantor, if applicable - Attach another sheet if necessary)**

APPLICANT CO-APPLICANT	NAME AND ADDRESS OF CREDITOR	ACCOUNT NUMBER	PRESENT BALANCE	MONTHLY PAYMENT	PAST DUE
<input type="checkbox"/> RENT <input type="checkbox"/> MORTGAGE			\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	LIST ALIMONY, CHILD SUPPORT OR CHILD CARE PAID MONTHLY		\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
LIST OTHER NAMES UNDER WHICH YOU HAVE RECEIVED CREDIT			<b>TOTALS</b>	\$	\$

**FINANCIAL INFORMATION (These questions apply to both Applicant and Co-Applicant/Spouse/Guarantor)**

IF A "YES" ANSWER IS GIVEN TO A QUESTION, EXPLAIN ON AN ATTACHED SHEET.	APPLICANT		CO-APPLICANT	
	YES	NO	YES	NO
DO YOU HAVE ANY OUTSTANDING JUDGEMENTS?				
HAVE YOU EVER FILED FOR BANKRUPTCY OR HAD DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13?				
HAVE YOU HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST SEVEN YEARS?				
ARE YOU A PARTY IN A LAW SUIT?				
ARE YOU OTHER THAN A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?				
IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT THREE YEARS?				
ARE YOU A CO-MAKER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE? BALANCE \$: MONTHLY PAYMENT \$:				
FOR WHOM (NAME OF OTHERS OBLIGATED ON THE LOAN) TO WHOM (NAME OF CREDITOR)				

**LOAN APPLICATION SIGNATURES - PLEASE READ BEFORE SIGNING**

All the information in this application is true. I understand that section 1014 Title 18 U.S. Code makes it a federal crime to knowingly make a false statement on this application. You have my permission to check it, including my employment and credit history. You may retain this application even if not approved. I understand that you may receive information from others about my credit and you may answer questions and requests from others seeking credit or experience information about me or my accounts with you. If this application is approved, I agree to honor the provisions of the credit or loan agreement and security agreement covering my account or loan. (If this application is for two of us, this statement applies to both of us.)

SIGNATURE OF APPLICANT <b>X</b>	DATE	OTHER SIGNATURE (WHERE APPLICABLE) <b>X</b>	DATE
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**FOR CREDIT UNION USE ONLY**

DATE	APPROVED LIMITS \$	SIGNATURE \$	LINE OF CREDIT \$	OTHER \$	OTHER \$	DEBT RATIO \$
<input type="checkbox"/> LOAN OFFICER	ADVANCE APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> COUNTER OFFER WILL BE MADE, IF ACCEPTED, ADVANCE APPROVED				
<input type="checkbox"/> CREDIT COMMITTEE	<input type="checkbox"/> OUTSIDE INFORMATION CONSIDERED <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ATTACH ADDITIONAL SHEET AND DESCRIBE				
REFERRED TO/REASON(S) FOR REFERRAL						
DESCRIBE COUNTER OFFER						
SPECIFIC REASON(S) FOR REJECTION						
SIGNATURES <input type="checkbox"/> LOAN OFFICER <input type="checkbox"/> CREDIT COMMITTEE			COLLATERAL HELD			
<b>X</b>			<b>X</b>			
<input type="checkbox"/> ECOA NOTICE AND REASON FOR REJECTION SENT OR DELIVERED ON						
BY						