



Niagara's Choice Federal Credit Union

3619 Packard Road
 Niagara Falls, NY 14303
 Fax: 716-284-4123
 Phone: 716-284-4110
 www.niagaraschoice.org

3571 Niagara Falls Blvd.
 N.Tonawanda, NY 14120
 Fax: 716-693-5183
 Phone: 716-693-5140

Loan Application

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 (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: If you are applying with another person, complete the Applicant and Other sections.

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

Member Number _____
Loan Amount _____
Loan Purpose _____
Loan Term _____
Payments _____

Vehicle Loans Only _____
VIN # _____
Make _____
Model _____
Year _____

No **Single Credit Disability**
No **Single Credit Life**
No **Joint Credit Life**

APPLICANT		
NAME		
MOTHER'S MAIDEN NAME		
SOCIAL SECURITY NUMBER	ACCOUNT NUMBER	
AGES OF DEPENDENTS	DRIVER'S LISCENSE NUMBER/STATE	
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT
PRESENT ADDRESS		
PREVIOUS ADDRESS	LENGTH AT RESIDENCE YRS	
	LENGTH AT RESIDENCE YRS	
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE		
MARITAL STAUS		
EMPLOYMENT/INCOME	\$	PER
NAME ADN 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		
OTHER INCOME		
\$	PER	SOURCE
\$	PER	SOURCE
\$	PER	SOURCE
\$	PER	SOURCE
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING THE NEXT YEAR		
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	

CO-MAKER/CO SIGNER		
NAME		
MOTHER'S MAIDEN NAME		
SOCIAL SECURITY NUMBER	ACCOUNT NUMBER	
AGES OF DEPENDENTS	DRIVER'S LISCENSE NUMBER/STATE	
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT
PRESENT ADDRESS		
PREVIOUS ADDRESS	LENGTH AT RESIDENCE YRS	
	LENGTH AT RESIDENCE YRS	
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE		
MARITAL STAUS		
EMPLOYMENT/INCOME	\$	PER
NAME ADN ADDRESS OF EMPLOYER		
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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	

