

G A F LINDEN EMPLOYEES FEDERAL CREDIT UNION
 1361 ALPS ROAD, BLDG. 1
 WAYNE, NJ 07470
 TEL: (973) 628-3852

APPLICATION FOR CREDIT

LOAN AMOUNT REQUESTED \$	TO BE REPAYED IN (estimated) MONTHS	REQUESTED PERIODIC PAYMENT \$	PURPOSE OF LOAN AND COLLATERAL OFFERED	<input type="checkbox"/> OPEN END <input checked="" type="checkbox"/> CLOSED END
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TYPE OF ACCOUNT WANTED

Married applicants may apply for individual accounts. Indicate below the type of credit wanted.
 INDIVIDUAL CREDIT: Complete Information About You Section. Complete other section if the following applies: You live in a community property state (AK, AZ, CA, ID, LA, NM, NV, P.R., TX, WA, WI) or your spouse will use the account or you are relying on your spouse/Co-Applicant's or guarantor income as a source of repayment.
 JOINT CREDIT: Provide information about both of you. *If you intend to apply for joint credit, you understand that the Credit Union may need to document any non-member as a guarantor/co-signer as explained above.*
 Applicant Initials _____ Co-applicant Initials _____

INFORMATION ABOUT PROTECTION FOR YOUR LOANS

Group Credit Insurance is available on loans made to Credit Union members. Insurance is voluntary and not required to obtain credit. If you would like information about Group Credit Insurance, check below.

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Single Credit Life Insurance	Age _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Joint Credit Life Insurance	Age _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Disability Insurance	Age _____
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The Credit Union will disclose the cost of this Voluntary Insurance to you if you checked Yes. A separate election disclosing the terms and conditions of the Credit Insurance must be signed for the coverage to be effective. If you have attained or are over the ages indicated, you are not eligible for coverage.

INFORMATION ABOUT YOU

Complete for secured credit or if you live in a community property state
 MARRIED SEPARATED UNMARRIED (Single, Divorced, Widowed)

APPLICANT NAME		DATE OF BIRTH	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)		COUNTY	HOW LONG
		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
PREVIOUS ADDRESS(ES) LAST FIVE YEARS			
		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
EMPLOYEE NO.	HOME PHONE () ()	BUSINESS PHONE () ()	EXT.
ACCOUNT NO.	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	
NUMBER OF DEPENDENTS—EXCLUDE SELF ANY LISTED BY CO-APPLICANT			
AGES			

INFORMATION ABOUT YOUR OTHER-APPLICANT OR GUARANTOR/CO-SIGNER

Complete for secured credit or if you live in a community property state
 MARRIED SEPARATED UNMARRIED (Single, Divorced, Widowed)

OTHER-APPLICANT NAME		DATE OF BIRTH	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)		COUNTY	HOW LONG
		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
PREVIOUS ADDRESS(ES) LAST FIVE YEARS			
		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
EMPLOYEE NO.	HOME PHONE () ()	BUSINESS PHONE () ()	EXT.
ACCOUNT NO.	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	
NUMBER OF DEPENDENTS—EXCLUDE SELF ANY LISTED BY CO-APPLICANT			
AGES			

ADDITIONAL INFORMATION ABOUT YOU AND YOUR OTHER-APPLICANT'S EMPLOYMENT AND INCOME

PRESENT EMPLOYER		
EMPLOYER ADDRESS (STREET, CITY, STATE, ZIP)		
JOB TITLE/GRADE	SUPERVISOR	SUPERVISOR PHONE
DATE EMPLOYED	TYPE OF BUSINESS	SELF-EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO
IS MILITARY DUTY STATION TRANSFER EXPECTED WITHIN NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	ETS DATE
*You need not reveal income from alimony, child support, or separate maintenance payments unless you want it considered in evaluating this credit application.		
EMPLOYMENT INCOME \$ _____ PER <input type="checkbox"/> NET <input type="checkbox"/> GROSS	OTHER INCOME* \$ _____ PER	SOURCE OF OTHER INCOME*
PREVIOUS EMPLOYER(S) NAME/ADDRESS	STARTING DATE	ENDING DATE

PRESENT EMPLOYER		
EMPLOYER ADDRESS (STREET, CITY, STATE, ZIP)		
JOB TITLE/GRADE	SUPERVISOR	SUPERVISOR PHONE
DATE EMPLOYED	TYPE OF BUSINESS	SELF-EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO
IS MILITARY DUTY STATION TRANSFER EXPECTED WITHIN NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	ETS DATE
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EMPLOYMENT INCOME \$ _____ PER <input type="checkbox"/> NET <input type="checkbox"/> GROSS	OTHER INCOME* \$ _____ PER	SOURCE OF OTHER INCOME*
PREVIOUS EMPLOYER(S) NAME/ADDRESS	STARTING DATE	ENDING DATE

ASSETS

CURRENT DEPOSITS AT OTHER FINANCIAL INSTITUTIONS		
ACCOUNT NO.	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING	NAME AND ADDRESS OF INSTITUTION
ACCOUNT NO.	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING	NAME AND ADDRESS OF INSTITUTION
ACCOUNT NO.	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING	NAME AND ADDRESS OF INSTITUTION
DESCRIPTION OF CLEAR TITLE ASSETS (CAR, PROPERTY)	VALUE \$	Pledged As Collateral <input type="checkbox"/> YES <input type="checkbox"/> NO
(OTHER ASSETS)	VALUE \$	<input type="checkbox"/> YES <input type="checkbox"/> NO

ASSETS

CURRENT DEPOSITS AT OTHER FINANCIAL INSTITUTIONS		
ACCOUNT NO.	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING	NAME AND ADDRESS OF INSTITUTION
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DESCRIPTION OF CLEAR TITLE ASSETS (CAR, PROPERTY)	VALUE \$	Pledged As Collateral <input type="checkbox"/> YES <input type="checkbox"/> NO
(OTHER ASSETS)	VALUE \$	<input type="checkbox"/> YES <input type="checkbox"/> NO

REFERENCES

NAME AND ADDRESS NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP
	PHONE
NAME AND ADDRESS CLOSE PERSONAL FRIEND—NOT RELATIVE	HOME PHONE

NAME AND ADDRESS NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP
	PHONE
NAME AND ADDRESS CLOSE PERSONAL FRIEND—NOT RELATIVE	HOME PHONE