



**ST. JOSEPH MEDICAL CENTER
FEDERAL CREDIT UNION**
7601 Oaler Drive
Towson, MD 21204
(410) 337-1319
www.sjmcfcu.org

LOANLINER. Application

- HOW TO APPLY**
- Please complete front and back of application
 - Sign on back page
 - Return completed application to credit union
 - An incomplete or unsigned application may delay processing

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 (AK, 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: Each Applicant must **individually** complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.

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

Check below to indicate the type of account(s) and type of credit for which you are applying. Married Applicants may apply for a separate account.

LOANLINER® Account/Loan: Individual Joint Amount Requested \$ _____ Purpose/Collateral: _____
 (Including ATM/Debit Card Access to the Account if Available)

Repayment: Payroll Deduction Cash Military Allotment Automatic Payment

Payment Protection Single Credit Disability Insurance Single Credit Life Insurance Joint Credit Life Insurance Check coverage(s) desired. The credit union will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions must be signed for coverage to become effective.

Applicant	Other: <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Guarantor
NAME (Last - First - Initial) _____	NAME (Last - First - Initial) _____
PASSWORD _____	PASSWORD _____
ACCOUNT NUMBER _____	ACCOUNT NUMBER _____
SOCIAL SECURITY NUMBER _____	SOCIAL SECURITY NUMBER _____
DRIVER'S LICENSE NUMBER / STATE _____	DRIVER'S LICENSE NUMBER / STATE _____
LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self) _____	LIST AGES OF DEPENDENTS NOT LISTED BY APPLICANT (Exclude Self) _____
BIRTH DATE _____ HOME PHONE () _____ BUSINESS PHONE/ EXT. () _____	BIRTH DATE _____ HOME PHONE () _____ BUSINESS PHONE/ EXT. () _____
E-MAIL ADDRESS _____	E-MAIL ADDRESS _____
PRESENT ADDRESS (Street - City - State - Zip) _____	PRESENT ADDRESS (Street - City - State - Zip) _____
<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS _____	<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS _____
PREVIOUS ADDRESS (Street - City - State - Zip) _____	PREVIOUS ADDRESS (Street - City - State - Zip) _____
<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS _____	<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS _____
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)	COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)
Employment/Income	Employment/Income
NAME AND ADDRESS OF EMPLOYER _____	NAME AND ADDRESS OF EMPLOYER _____
TITLE/GRADE _____ START DATE _____ HOURS AT WORK _____	TITLE/GRADE _____ START DATE _____ HOURS AT WORK _____
SUPERVISOR'S NAME _____ IF SELF EMPLOYED, TYPE OF BUSINESS _____	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.	NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.
EMPLOYMENT INCOME _____ OTHER INCOME _____	EMPLOYMENT INCOME _____ OTHER INCOME _____
\$ _____ PER _____ \$ _____ PER _____	\$ _____ PER _____ \$ _____ PER _____
<input type="checkbox"/> NET <input type="checkbox"/> GROSS SOURCE _____	<input type="checkbox"/> NET <input type="checkbox"/> GROSS SOURCE _____
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ ENDING/SEPARATION DATE _____	MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ ENDING/SEPARATION DATE _____
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS _____ STARTING DATE _____	PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS _____ STARTING DATE _____
_____ ENDING DATE _____	_____ ENDING DATE _____

Applicant Reference	RELATIONSHIP	Other Reference	RELATIONSHIP
NAME AND ADDRESS		NAME AND ADDRESS	
OF NEAREST		OF NEAREST	
RELATIVE NOT	HOME PHONE	RELATIVE NOT	HOME PHONE
LIVING WITH YOU		LIVING WITH YOU	

What You Owe	CREDITOR NAME OTHER THAN THIS CREDIT UNION (Attach additional sheet(s) if necessary)	INTEREST RATE	PRESENT BALANCE	MONTHLY PAYMENT	OWED BY	
					Applicant	Other
<input type="checkbox"/> RENT <input type="checkbox"/> FIRST MORTGAGE <small>(Include Tax and Ins.)</small>			\$	\$		
2nd MORTGAGE			\$	\$		
1st AUTO LOAN			\$	\$		
2nd AUTO LOAN			\$	\$		
CHILD-CARE			\$	\$		
CHILD SUPPORT			\$	\$		
CREDIT CARD			\$	\$		
CREDIT CARD			\$	\$		
OTHER			\$	\$		
OTHER			\$	\$		
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED.			TOTALS	\$	\$	

What You Own	LIST LOCATION OF PROPERTY OR FINANCIAL INSTITUTION	MARKET VALUE	PLEGGED AS COLLATERAL FOR ANOTHER LOAN		OWNED BY	
			YES	NO	Applicant	Other
HOME		\$	YES	NO		
AUTO		\$	YES	NO		
SAVINGS		\$	YES	NO		
CHECKING		\$	YES	NO		
OTHER (Describe)		\$	YES	NO		

Other Information About You	IF YOU ANSWER "YES" TO ANY QUESTION OTHER THAN #1, EXPLAIN ON AN ATTACHED SHEET	APPLICANT	OTHER
		YES NO	YES NO
1. ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?			
2. DO YOU CURRENTLY HAVE ANY OUTSTANDING JUDGMENTS OR HAVE YOU EVER FILED FOR BANKRUPTCY, HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13, HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST 7 YEARS, OR BEEN A PARTY IN A LAWSUIT?			
3. IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS?			
4. ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE? FOR WHOM (Name of Others Obligated on Loan):	TO WHOM (Name of Creditor):		

State Law Notices **OHIO RESIDENTS ONLY:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

WISCONSIN RESIDENTS ONLY: (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

<div style="text-align: center; font-size: 2em; font-weight: bold;">X</div>	<div style="text-align: center; font-size: 0.8em;">SIGNATURE FOR WISCONSIN RESIDENTS ONLY</div> <div style="text-align: right; font-size: 0.8em;">DATE</div>
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Signatures

You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of what you owe. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.

<div style="text-align: center; font-size: 2em; font-weight: bold;">X</div> <div style="text-align: center; font-size: 0.8em;">(SEAL)</div>	<div style="text-align: center; font-size: 2em; font-weight: bold;">X</div> <div style="text-align: center; font-size: 0.8em;">(SEAL)</div>
APPLICANT'S SIGNATURE	DATE
OTHER SIGNATURE	DATE

For Credit Union Use Only						
DATE	APPROVED	APPROVED SIGNATURE	LINE OF CREDIT	OTHER	OTHER	DEBT RATIO/SCORE BEFORE AFTER
	DENIED (Adverse Action Notice Sent)	LIMITS:	\$	\$	\$	\$
LOAN OFFICER COMMENTS:						
SIGNATURES:						
X			X			
			DATE			DATE

St. Joseph Medical Center MD Federal Credit Union
7601 Osler Drive
Towson, MD 21204-7582
(410)337-1319 Fax (410)337-1303

Notice Regarding Credit Bureau Reporting:

We may report to credit bureaus information about your accounts. Late payments, missed payments or other defaults on your account may be reflected in your credit report.

****Loan Application Instructions****

There is a \$5 loan application fee. Effective 6/1/09 the new fee will be \$7

In order to process your loan application quickly, please follow the instructions outlined below.

- ⇒ Complete ALL lines of the application. Complete only the left side if you are applying for individual credit. Information for co-applicant, spouse, or co-maker is written on the right side.
- ⇒ A recent pay stub along with a signed Disciplinary Action Letter must be submitted with your application. Co-applicant and co-maker must also submit recent pay stubs and a signed Disciplinary Action Letter.
- ⇒ All lines in SECTIONS 1 through SECTION 9 must be completed fully or your loan may not be processed.
- ⇒ If you have any questions, please contact Natalie Romano at extension 3964.

SECTION 1: List the amount and the reason for the loan. Depending upon your credit rating, up to 10% of what you borrow may be required in your share account. These frozen funds may be held in the account for the life of the loan.

SECTION 2: If you have lived at your home for less than 2 years, list your prior address.

SECTION 3: If you are not employed by SJMC, the full address of your employer is required

SECTION 4: Personal references are required on every application

SECTION 5: List your gross income (before taxes), any additional income you wish to be considered for your loan must be verified. Please submit written proof with the application.

SECTION 6: List in detail all of your assets. These include homes, automobile, recreational vehicles, household goods, cash stocks, bonds, etc.

SECTION 7: List all debts that have balances. Make certain you show current monthly payments as well as balances. Account numbers are helpful in matching debts to your credit bureau.

SECTION 8: Answer all questions.

SECTION 9: Sign and date the loan application. Unsigned applications are not processed.

Thank you for choosing your Credit Union for your loan.

**BORROWERS AGREEMENT TO PROVIDE
AUTOMOBILE INSURANCE
(PLEASE READ CAREFULLY)**

In consideration for the granting of the loan applied for this date, I agree to provide and maintain in force for the term of such loan, and any extensions or renewals thereof, an insurance policy including Comprehensive and Collision Coverage, with loan payable to **St. Joseph Medical Center Md. FCU**

It is understood that the original insurance policy is to be delivered to the Credit Union within 30 days of the loan.

Insurance Company:

Insurance Agent:

Insurance Phone:

Policy Number:

Date

Borrower's Signature

Date

Co-Owner's / Co-Borrower's Signature

St. Joseph Medical Center Md. Federal Credit Union

7601 Osler Drive
Towson, MD 21204-7582
(410) 337-1319
Facsimile (410) 337-1303

For TDD access, please call (410) 337-1671

Today's Date: _____

I have applied for a loan with my Credit Union. I, _____
Your Name
authorize the Credit Union to verify my employment information with my employer listed
below. (Check one of the employers listed below.)

_____ St. Joseph Medical Center _____
Name of Your Department

_____ Sodexo Marriott Services

_____ Environmental Services/R.N.L.I./Medidyne

_____ Other: _____
Name of Employer

_____ Position held

Date of Hire: _____ (6 months minimum employment required)

Check one of the following:

_____ I have not received any disciplinary action against me in the last three months.

_____ I have received disciplinary action against me in the last three months.*

*If you have received any disciplinary action please give dates, reasons, and
corrective action taken (attach a separate sheet if necessary)

Signature of Applicant

For Credit Union office use only.