TO BE COMPLETED BY	Acct #
CREDIT UNION	Note #
Share Balance	
Loan Balance #1	
Loan Balance #2	
Loan Balance #2	

FRANKLIN REGIONAL SCHOOLS FEDERAL CREDIT UNION

4068 Bushy Run Rd., Jeannette PA 15644 Voice: 724-523-9448 Toll Free: 877-523-9448

Fax: 724-523-2601

STANDARD LOAN APPLICATION

Check One:Individual Credit Application OR	Joint Credit Application.			
NAME(s) ADDRESS_ Social Security Number(s) I/We desire this loan for the following purpose(s):	Home Phone (
3 I/We desire this loan for the following purpose(s):	nome i nome ()			
Number of dependents (exclude yourself):	Are you liable for alimony, child support, or			
separate maintenance payments? [] No [] yes \$	/ IVIONTN.			
5. Current position: Date emp	oloyed at Franklin Regional:			
5. Current position: Date emp 6. Date of Birth:/ _/ _Work phone: Days Alimony, child support, or separate maintenance income need not be revealed if y	s of work missed in the last 3 months?			
Alimony, child support, or separate maintenance income need not be revealed if y Monthly Salary (gross): other persona	lincome: /month from			
7. Monthly Salary (gross): \$ other persona 8. Currently [] rent, [] own (value\$) Pent/Mortgage payment: \$			
Number of years at current residence: yea	re			
Have you any Judgments, Garnishments, or Legal				
o. Thave you arry budginerits, Garristinierits, or Legar	If yes, attach explanation.			
10 Have you ever been through Bankruntcy? [] No				
10. Have you ever been through Bankruptcy? [] No [] yes. What year? Attach explanation. 11. Are you a co-maker or guarantor on any other loans? [] No [] yes. If yes, attach list.				
12. Do you wish to purchase "credit disability" insurance? [] Yes [] no				
Do you wish to purchase "credit disability "fishing to purchase "credit life" insurance? [] Yes [] no				
20 Journal to purchase crount inc incural				
13. I/We hereby apply for a loan of \$	Plus payoff another loan? [] No [] ves			
For a period of months to be repaid in n				
I prefer the first payment to fall due on				
14. I/We hereby offer as collateral (check one) [] Sha	ares \$			
[] Auto MakeYear	VIN:			
[] Other (describe)				
Owner(s) of collateral				
15. Are you relying on income from another person to	help repay (all or part of) this loan? [] No [] yes.			
If yes: Co-Applicant Name	s)? \$ Attach verification.			
LIST YOUR REGULAR PAYMENTS ON THE BACK OF THIS SHEET THIS L	. INDICATE ANY THAT WILL BE PAID WITH THE PROCEEDS OF			
I/We hereby authorize the above named credit union to				
not limited to the services of any credit bureau. I/We h				
complete and submitted for the purpose of obtaining c	redit. I/We have no debts other than those listed on			
the back of this page. Signed:	Date:			
Co-Applicant Signed:	Date:			
Co-Applicant Signed:DO NOT WRITE BI On, 20, I/We approved a loan in	ELOW THIS LINE			
On, 20, I/We approved a loan in	the amount and on the conditions requested by the			
above applicant. Cr Comm/Loan Officer: On, 20, I/We refused a loan in the				
On, 20, I/We refused a loan in the	e amount and on the conditions requested by the			
above applicant for the following reason(s):				
Credit Committee/Loan Officer:				

TO WHOM OWED	ADDRESS	ORIGINAL AMOUNT	CURRENT BALANCE DUE	MONTHLY PAYMENT