

Virginia Beach Postal Federal Credit Union Loan Application

Please fax the completed application along with required documentation to 757.340.1213. Proof of income is required for all credit applications. Please contact us if you have any questions.

Amount Requested: \$: _____
Payment Frequency: _____

Loan Purpose: _____
Loan Insurance: Yes ___ **No** _____

First Name: _____

Last Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Years at this Address: _____

Do you Own or Rent?: _____

If Other Specify: _____

Daytime Phone: ____ - ____ - _____

Email Address: _____

Employer: _____

Daytime Phone: ____ - ____ - _____

Years at this Employer: _____

Salary per Year: _____

Alimony, child support, and separate maintenance income need not be declared if you do not wish to have it considered for this application.

	<u>Type of Income:</u>	<u>Monthly Amount</u>
Other Income #1	_____	_____
Other Income #2	_____	_____
Other Income #3	_____	_____

	<u>Expenses:</u>	<u>Monthly Payment</u>
Rent/Mortgage	_____	_____
Auto Loans	_____	_____
Credit Cards	_____	_____
Student Loans	_____	_____
Alimony/Child Support:	_____	_____
Cell Phone bill	_____	_____
Other Expenses #1	_____	_____
Other Expenses #2	_____	_____

Please list one reference below. This person must be a relative or other person not living at the same address as the applicant.

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: ____ - ____ - _____

Relationship: _____

Authorization Notice: By submitting this application to the credit union, you certify 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 your debts and obligations. 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. If you request, the credit union will provide you with the name and address of any credit bureau from which it received your credit report. You understand that the credit union will rely on both the representations you make in this application and the contents of any credit report it obtains when deciding whether to grant the credit requested. You agree to immediately notify us of changes to any of the information you have provided in this application. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on applications made to a Federal Credit Unions or State Chartered Credit Unions insured by NCUA.

Authorized Signature: _____ Date: _____