

LOAN APPLICATION

Print this page and mail or fax it along with a current paystub or proof of income to Toledo Metro Federal Credit Union at 419-242-8550.

You will be contacted about the status of your application within the next two business days (Monday through Friday) after this application is received. Thank you for applying with Toledo Metro Federal Credit Union. Membership eligibility required.

Account Number: _____

Name: _____

Social Security Number: ____/____/____

Type of Loan: _____ Car, Personal*, Shared Secured, Boat, Motorcycle, RV., or Tuition

*If Personal loan describe for what purpose: _____

Amount Requested: \$ _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

How Long at Current Residence? (yrs) _____

Circle one: Rent Mortgage

Rent/Mortgage Payment Amount: _____

Home Phone: _____ Work Phone: _____

Employer Name: _____

Employer Address: _____

Current Length of Employment: _____

Gross Monthly Salary: \$ _____

If employed in current position less than 5 years, complete the underlined fields.

Previous Employer: _____

Previous Employer Address: _____

Starting Date: _____ Ending Date: _____

You are not required to disclose income from alimony, child support, or separate maintenance. If you want this income considered with this application, complete the following line.

Payer: _____

Amount: \$ _____ Years: _____

Co-Applicant Information (Leave *Italicized* Text Fields Blank if No Co-Applicant)

Name: _____

Social Security Number: ____/____/____

Birth Date: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Home Phone: _____ *Work Phone:* _____

Employer Name: _____

Employer Address: _____

Current Length of Employment: (yrs) _____

Gross Monthly Salary: \$ _____

If employed in current position less than 5 years, complete **bold text** fields.

Previous Employer: _____

Previous Employer Address: _____

Starting Date: _____ **Ending Date:** _____

You are not required to disclose income from alimony, child support, or separate maintenance. If you want this income considered with this application, complete the following line.

Payer: _____

Amount: \$ _____ Years: _____

Please Supply the Following Information:

Your Home's Value (if applicable): \$ _____

Your Auto Make: _____ Year: _____

Your 2nd Auto Make: _____ Year: _____

Investments you own: _____

Non-TMFCU Savings: \$ _____

Financial Institution: _____

Non-TMFCU Checking: \$ _____

Financial Institution: _____

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.

Single Credit Life: Yes No

Joint Credit Life: Yes No

Credit Disability: Yes No

PLEASE READ THE FOLLOWING CAREFULLY: This statement is submitted to obtain credit and I/We certify that all information herein is true and complete. I/We agree that inquiries may be made to verify information and that the credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I/We agree that at the discretion of the Credit Union, they may, at any time, change the credit line or cash advance limit. If so, they will notify me/us either by mail or through the billing statement. I/We agree to be bound by the terms and conditions of the bank card agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If this is a joint application, the undersigned shall be severally liable for any credit extended from time to time.

Notice: the Ohio laws against discrimination require that all creditors make equally available to all credit worthy customers, and that credit reporting maintain separate credit histories on each individual upon request. The Ohio Rights Commission administers compliance with this law.

Signature of Applicant

Date

Signature of Co-Applicant (if applicable)

Date