CHECK ONE Signature Share Secured New Auto Used Auto Education Pre-Approval [New/Used Auto]

LOAN APPLICATION CONSOL EMPLOYEES CREDIT UNION 1000 CONSOL ENERGY DR CANONSBURG, PA 15317 PHONE: (724) 485-4850 FAX: (724) 485-4805



INSTRUCTIONS: Co	omplete form in full, [OO NOT LEAVE A	NY AREAS	BLANK or	the applicati	ion will be	e <u>returned</u> to yo	u. Mai	I application to the	Credit Union.	
TERM	Check	Check Payment Protection Plan: ☐ Single Life				□ Disability □ Both □ None				□ Coupons	
(in Months)	Check	Check if applying for: ☐ Individual Cr				Credit			□ ACH	Over the Counter	
AMOUNT of LOAN PURPOSE OF LOAN											
\$											
APPLICANT [Must attach 2 recent pay stubs or copy of W2]						JOINT BORROWER/CO-MAKER [Must attach 2 recent pay stubs or copy of W2]					
MEMBER#	SS#	Birthdate	e /	1	MEMBER#		SS# -	-	Birthdate	. / /	
Name: No. # of Dependents					Name: No. # of Dependents						
Present Address (Street) No.Yrs.					Present Address (Street) No.Yrs.						
City State Zip					City State Zip						
Home Phone # Drivers License #					Home Phone # Drivers License #						
Previous Address (If present is less than 3 years)					Previous Address (If present is less than 3 years)						
Employers Name/Dept. & Address Position:					Employers Name/Dept. & Address Position:						
Emp. Phone# Pay Frequency: Weekly Bi-Weekly Monthly Years Employed					Emp. Phone# Pay Frequency:						
Gross \$ Net \$ Other Income \$ [Explain on separate sheet & Must attach proof] Previous Employer (if current is less than 3yrs) List Yrs.					Gross \$ Net \$ Other Income \$ [Explain on separate sheet & Must attach proof] Previous Employer (if current is less than 3yrs) List Yrs.						
Is any income listed likely to be reduced during the term of the loan? Î Yes No					Is any income listed likely to be reduced during the term of the loan? Yes No						
HOMEOWNERS (Please Complete) Purchase Price \$					HOMEOWNERS (Please Complete) Purchase Price \$ Bal. Owed \$ Estimated Value \$						
Bal. Owed \$ Estimated Value \$ Bank (Name) Acct.Type: Savings/Checking					Bank (Name) Estimated Value \$ Acct.Type: Savings/Checking						
Automobile(s) Year Bal.Owed \$ Make Model					Automobile(s) Year Bal.Owed \$ Make Model						
Nearest Relative/not living with applicant (Name/address/phone)					Nearest Relative/not living with applicant (Name/address/phone)						
Any Judgments, etc. against applicant? Yes No Attach explanation sheet Has Applicant ever filed Bankruptcy? Yes No Date					Any Judgments, etc. against applicant? ☐ Yes ☐ No Attach explanation sheet Has Applicant ever filed Bankruptcy? ☐ Yes ☐ No Date						
* Note: Alimony, child				not be re							
List ALL Debts: i.e., C	arloans Bank Lo				N, OUTST <i>A</i>			ts (A	ttach Additional Sh	eet if necessary)	
Name of Creditors (ATT	· · · · · · · · · · · · · · · · · · ·		[X] If Paying	Inter	est Value	e of Assets	Past Due Amts.		Balance Owed	Monthly Pymts.	
Mortgage or Rent (Name	e/Address/Phone # of Lar	ndlord)	off with Loan	Ra	le						
2. Auto Payment (List Bank	x)										
3											
4.											
5.											
6.											
7.											
Do You Pay Child Support? ☐ Yes ☐ No List Mo. Pymt. Is Applicant and/or Co-Maker obligated on any other loans? List:											
To the best of my knowledge, I have no other debts. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment, plus ask any questions regarding my credit experience with you.											
Signature *I understand that I am	not pre-approved for th	is loan. All applica	Date ations are su	bject to cred	Signature dit approval ac	cording to	the Credit Union I	ending	Date policies.	e	
G:/Shared/Forms/LOAN APPLICATION.doc						(BELOW) FOR OFFICE USE ONLY Revised 9/12/08					
SHARE BALANCE	LOAN TYPE				N PAYMENT LOAN DATE LOA				DAN STATUS	NOTE #	