

Loan Special Starts NOVEMBER 1ST **
 ends December 15TH



Holiday Loan Special

#1. CIRCLE the AMOUNT and TERM/PAYMENT you are applying for

\$1,500.00			OR	\$2,500.00		
Term	Apr	Mo. Pmt		Term	Apr	Mo. Pmt
12 mo	8.30%	\$132.00		12 mo	8.30%	\$218.00
9 mo	7.90%	\$173.00		9 mo	7.90%	\$288.00
6 mo	6.40%	\$256.00		6 mo	6.40%	\$425.00

#2. Fill out Section A - Section B and Section C COMPLETELY

#3. SIGN and DATE

#4. SUBMIT with MOST RECENT PAYSTUB to one of the following:

- a. In Person at: 14445 Olive View Dr. Bldg O-1, Sylmar
- b. By Mail to: P.O. Box 923071, Sylmar, CA 91392
- c. Scan and email to: Ana.B@i-LoveMyCreditUnion.com

DISABILITY YES NO Are you interested in having your loan protected?
SINGLE LIFE YES NO If you answer "yes", the credit union will disclose the cost to protect your loan. The protection is voluntary and does not affect your loan approval. In order for your loan to be covered, you will need to sign a separate application that explains the terms and conditions.
JOINT LIFE YES NO

APPLICANT	OTHER
Section A	
NAME _____	
BIRTH DATE _____	ACCOUNT NUMBER _____
SOCIAL SECURITY NUMBER _____	DRIVER'S LICENSE NUMBER/STATE _____
AGES OF DEPENDENTS _____	
EMAIL ADDRESS _____	
HOME PHONE _____	CELL PHONE _____
WORK PHONE _____	
PRESENT ADDRESS (Street - City - State - Zip) _____	AMOUNT OF RENT/MORTGAGE \$ _____
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)	
Section B	
EMPLOYMENT/INCOME	
NAME AND ADDRESS OF EMPLOYER _____	
TITLE/GRADE _____	START DATE _____
HOURS AT WORK _____	
SUPERVISOR'S NAME _____	IF SELF EMPLOYED, TYPE OF BUSINESS _____
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU CHOOSE TO HAVE IT CONSIDERED.	
EMPLOYMENT INCOME \$ _____ Per _____	OTHER INCOME \$ _____ Per _____
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE _____
Section C	
REFERENCE _____	RELATIONSHIP _____
NAME _____	HOME PHONE _____
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, increase, renewal, extension or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make a decision. If 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 credit union and willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.

* PLEASE SIGN
