

## First Step Loan Special!

## -APPLICATION-

E-MAIL: OLIVEVIEW@I-LOVEMYCREDITUNION.COM

PHONE: 818-367-1057 FAX: 818-364-3467 PO BOX 923071 SYLMAR, CA 91392

PAYMENT PROTECTION	Are you	interested	in having your loan prote	ected?   YES   NO			
If you answer "YES", the cred loan to be covered, you will n	lit union will d eed to sign a	lisclose the o	cost to protect your loan. The plication that explains the te	e protection is voluntary and rms and conditions. **If addir	does not affeong insurance,	t your loan ap payments are	proval. In order for your subject to change.**
APPLICANT				OTHER CO-APPLICANT SPOUSE			
NAME (Last - First - Initial)				NAME (Last - First - Initial)			
ACCOUNT NUMBER SOCIAL SECURITY NUI		CURITY NUMBE	ER	ACCOUNT NUMBER	SOCIAL SECURITY NUMBER		ER
BIRTH DATE:	TH DATE: EMAIL ADDRESS		BIRTH DATE:		EMAIL ADDRESS		
HOME PHONE	CELL PHONE		BUSINESS PHONE / EXT.	HOME PHONE	CELL PHONE		BUSINESS PHONE / EXT.
DRIVER'S LICENSE NUMBER / STATE				DRIVER'S LICENSE NUMBER / STATE			
PRESENT ADDRESS (Street - City - State - Zip)			OWN RENT	PRESENT ADDRESS (Street - City - State - Zip)  OWN PRENT Amount Paid: \$  LENGTH AT RESIDENCE:			
			LENGTH AT RESIDENCE:				LENGTH AT RESIDENCE:
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:				COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:			
MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed)				MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed)			
EMPLOYMENT / INCOME				EMPLOYMENT / INCOME			
				LIVIPLOTIVILINT / INCOI	VIL.		
EMPLOYMENT STATUS   FULI	LTIME P	ART TIME S	TART DATE:	EMPLOYMENT STATUS   FU		PART TIME S	TART DATE:
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