

**Norsco Federal Credit Union
CREDIT APPLICATION**

APPLICANT INFORMATION

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent (Please circle)	Monthly payment or rent:	How long?
Previous address:		
City:	State:	ZIP Code:
Owned Rented (Please circle)	Monthly payment or rent:	How long?

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:
Previous employer:		
Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent (Please circle)	Monthly payment or rent:	How long?
Previous address:		
City:	State:	ZIP Code:
Owned Rented (Please circle)	Monthly payment or rent:	How long?
EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:
Previous employer:		
Address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:

APPLICATION INFORMATION CONTINUED

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

CREDIT CARDS USE ADDITIONAL PAPER IF NEEDED

Name	Account no.	Current balance	Monthly payment

Norsco Federal Credit Union
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MORTGAGE COMPANY

Name:	Address:
Account no.:	

AUTO LOANS

Auto loans	Account no.	Balance	Monthly payment

OTHER LOANS, DEBTS, OR OBLIGATIONS

Description	Account no.	Amount

OTHER ASSETS OR SOURCES OF INCOME

Description	Amount per month or value

REASON FOR LOAN: _____

OPTIONAL INSURANCE FOR NEW AND REFINANCED LOANS

There are three types of insurances available to you at an additional cost when you make a loan. They are Credit Disability, Credit Life, and GAP (Guaranteed Asset Protection).

Credit Disability: If you are off on a sick leave, starting with the 31st day, the insurance company will make your monthly payments for you until you return to work. You are responsible for the first month's payment. YOU MUST BE EMPLOYED A MINIMUM OF 25 HOURS PER WEEK IN ORDER TO QUALIFY FOR THE DISABILITY INSURANCE. The maximum monthly benefit payment is \$600.00.

Credit Life: In the event of your death, the loan would be paid in full up to \$30,000.00.

GAP: Additional protection for your auto loan in the event that your auto is in an accident and your traditional insurance does not pay loan in full.

These insurances are optional. For your convenience, the premium for the Credit Disability and Credit Life will be added to your loan on the last day of each month. The GAP coverage premium will be paid at the time of loan approval acceptance.

- _____ Yes, I want Credit Disability and Credit Life Insurance
- _____ Yes, I want GAP insurance for my Auto Loan
- _____ No, I do not want Credit Disability and Credit Life Insurance
- _____ No, I do not want GAP Insurance

I hereby certify that all statements made on this application for credit are true and complete and are being submitted for the sole purpose of obtaining credit.

Signature of applicant	Date
Signature of co-applicant, if for joint account	Date