

CREDIT UNION

EASTPOINTE COMMUNITY CREDIT UNION
22544 Gratiot Avenue
Eastpointe, Michigan 48021
Tel: (810) 775-3160

For Proper Evaluation,
Please Print or Type
and Complete Both Sides

APPLICATION FOR LOAN
(PERSONAL / SECURED CLOSED END)

Closed End Loan
 Revolving Credit Loan

Date _____
Note No. _____
Check No. _____

Information Regarding Applicant Additional Party
Amount Requested \$ _____ Proceeds of Credit to be Used For _____ Date _____
(LAST — FIRST — INITIAL) SOCIAL SECURITY NUMBER MEMBER ACCOUNT NUMBER

Name _____
 Individual Credit: Applicant's Signature Only
 Guarantor (Name _____)
(Have this person complete a separate loan application)

Joint Credit — Joint Applicant or Co-maker
(person who will be equally liable for repayment) (Name _____)
(Have this person complete a separate loan application)
Relationship to Applicant, If Any: _____

Secured Credit — Collateral (describe)

MARITAL STATUS: Answer this question if this loan is for joint or secured credit, or if you reside in or rely on property located in a Community Property State (AZ, CA, ID, LA, NM, NV, PR, TX, WA, WI)
 Unmarried Married Separated

DEFINITE REPAYMENT PLAN SOURCE SCHEDULE OF REPAYMENT

CREDIT INSURANCE STATEMENT OF INTENT

Do you desire information regarding the following types of Credit Insurance:
(Check One or More) Single Group Credit Life Yes No
Joint Group Credit Life Yes No
Group Credit Accident and Health Yes No
If you checked "yes," voluntary Credit Insurance may be elected by signing a separate form, which discusses the cost of insurance. If you have attained age 65 or over, you are not eligible for Credit Disability Insurance. If you have attained age 71 or over, you are not eligible for Credit Life Insurance.

PERSONAL AND EMPLOYMENT INFORMATION

PRESENT HOME ADDRESS CITY STATE ZIP CODE YEARS THERE
PREVIOUS HOME ADDRESS (IF LESS THAN 3 YEARS AT PRESENT ADDRESS) CITY STATE ZIP CODE YEARS THERE
HOME PHONE BIRTH DATE DRIVER'S LICENSE NUMBER NO. OF DEPENDENTS SALARY PER WEEK MONTH YEAR
 Gross Net \$
PRESENT EMPLOYER CITY STATE ZIP CODE YEARS THERE
POSITION OR TITLE WORK PHONE SUPERVISOR DEPARTMENT
PREVIOUS EMPLOYER (IF EMPLOYED BY ABOVE LESS THAN 2 YEARS) CITY STATE ZIP CODE YEARS THERE

OTHER INCOME (DO NOT LIST ALIMONY, CHILD OR SPOUSAL SUPPORT OR SEPARATE MAINTENANCE PAYMENTS UNLESS YOU WISH THEM CONSIDERED AS A BASIS FOR REPAYMENT OF THE CREDIT REQUESTED. IF LISTED, VERIFICATION MAY BE REQUESTED.)
\$ _____ PER WEEK MONTH YEAR SOURCE OF OTHER INCOME

REFERENCES INFORMATION

INSTITUTION NAME BRANCH ADDRESS ACCOUNT TYPE ACCOUNT NUMBER
Share Draft or Checking Account
Share or Savings Account
TWO RELATIVES NOT RESIDING WITH YOU
RELATIONSHIP NAME AND ADDRESS CITY / STATE AREA CODE AND TELEPHONE NUMBER
RELATIONSHIP NAME AND ADDRESS CITY / STATE AREA CODE AND TELEPHONE NUMBER
PERSONAL REFERENCE NAME AND ADDRESS CITY / STATE AREA CODE AND TELEPHONE NUMBER

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

OBLIGATIONS: List all personal and business debts, installment and other, including lease obligations and student loans, as well as revolving credit with banks and department stores. Include those debts which you have co-signed with your spouse or others. If no debts, list recently paid accounts. Use a separate sheet to list additional debts and check this box if you do. If any of the debts listed below are to be paid off with the proceeds of this loan a (✓) in the column entitled "CHECK (✓) ACCOUNTS TO BE PAID BY THIS LOAN."

| NAME OF CREDITOR | ADDRESS AND CITY | PURPOSE OR ACCOUNT # | STATE "CURRENT" OR "DELINQUENT" | PRESENT BALANCE | MONTHLY PAYMENT | CHECK (✓) ACCOUNTS TO BE PAID BY THIS LOAN |
|---|-----------------------------|----------------------|---------------------------------|---------------------------|-----------------|--|
| HOME MORTGAGE OR LANDLORD RENTING OWN | HOLDER OF MORTGAGE | | Show Amts. Delinq. | \$ | \$ | |
| SECOND MORTGAGE HOLDER | | | | \$ | \$ | |
| CREDIT UNION | | | | \$ | \$ | |
| CREDIT CARD | | CARD NUMBER | | \$ | \$ | |
| CREDIT CARD | | CARD NUMBER | | \$ | \$ | |
| OTHER DEBTS | | | | \$ | \$ | |
| OTHER DEBTS | | | | \$ | \$ | |
| OTHER DEBTS | | | | \$ | \$ | |
| ALIMONY CHILD SUPPORT | | | | \$ | \$ | |
| AUTOMOBILES | MAKE MODEL YEAR LIEN HOLDER | | | \$ | \$ | |
| | MAKE MODEL YEAR LIEN HOLDER | | | \$ | \$ | |
| YOU HEREBY STATE, AFFIRM, REPRESENT AND WARRANT THAT YOUR TOTAL INDEBTEDNESS ON THIS DATE DOES NOT EXCEED | | | | TOTAL MONTHLY OBLIGATIONS | \$ | |

Are there any other persons obligated on any of the above loans? No Yes
 Which ones and who? _____
 Are you a co-maker, co-signer or guarantor on any loan? No Yes
 For whom? _____ To whom? _____
 Have you ever filed a petition in bankruptcy or a Chapter 13 petition? No Yes If so, provide details on a separate sheet of paper.

PLEASE READ BEFORE SIGNING

All the information in this application is true and complete. You understand that 18 U.S.C. § 1014 makes it a federal crime to knowingly make any false statement on this application. The Credit Union has your permission to check this application and may retain this application even if the loan is not approved. You authorize the Credit Union to obtain information from others about your credit and to answer questions and requests from others seeking credit or experience information about you or your accounts with us.

APPLICANT'S SIGNATURE

X _____

TO BE COMPLETED BY LOAN OFFICER

Seller _____
 Salesman _____ Ph. No. _____
 Year & Make _____
 Model _____ Body Style _____
 I.D. No. _____
 AT 5 Spd. PB Tilt Wheel
 Std AC VT AM/FM Stereo
 4 Spd PS AM/FM AM/FM Tape
 Power Door Locks Power Seats Cruise Cont.
 New Used Demo Power Windows Rental
 Mileage _____ Purchase Price \$ _____
 Average Retail \$ _____ Loan Value \$ _____

COLLATERAL INSURANCE INFORMATION

Ins. Agent _____ Phone _____
 Policy No. _____ Exp. Date _____
 Ins. Co. _____
 Member agrees to keep at least \$ _____ deductible collision and \$ _____ deductible comprehensive insurance in force on the following vehicles until this loan is paid off:
 1st Vehicle _____ 2nd Vehicle _____
 Member will provide proof of insurance
 Member does not need to provide proof of insurance. However, if account becomes delinquent, proof of insurance will be required.
 No insurance is required on this loan.
 Member may obtain insurance from an agent and company of member's choice.
 Member's Signature _____
 Loan Officer's Initials _____

FOR CREDIT UNION USE ONLY — DO NOT FILL IN BELOW THIS LINE

Repayment Record Prompt Fair Poor Comment by treasurer or credit department _____

LOAN OFFICER ACTION

Loan officer:
 I approve the loan as submitted. Special conditions of approval if any _____
 Loan referred to CC. Reason _____
 LO signature _____ Date _____

CREDIT COMMITTEE ACTION

APPROVED (subject to special conditions set forth below):

 Credit Committee: _____

 ECOA notice and Reason for Rejection sent or delivered on _____

DISAPPROVED (for the following reason):

 The following counteroffer will be made to the applicant and if accepted, we approve the loan. Describe:

 Outside information considered No Yes Describe _____
 Credit Manager: _____