



Consumer Loan Application

You may apply on-line at www.MHVFCU.com, bring it to any branch office, or mail to Mid-Hudson Valley FCU, PO Box 1429, Kingston, NY 12402, or fax to 845.336.4456

Amount Requested: \$ _____ Monthly Payment Requested: \$ _____ Term: _____ mos. Purpose: _____

Type of Loan: Fixed Rate Variable Rate Loan Payment Method: Automatic from Savings Automatic from Checking Payment Booklet

Optional Payment Protection (Check protection(s) desired below)
 Life, Disability and Involuntary Unemployment Life and Disability Life Only No Debt Protection
Payment protection is voluntary and not required to obtain credit. The credit union will disclose the cost of this voluntary coverage to you. A separate enrollment form which discloses the terms and conditions must be signed for protection to become effective.

Vehicle Purchase Information: Year _____ Make _____ Model _____ VIN# _____
For new autos, please attach dealer invoice. For used autos, please attach purchase agreement.

APPLICANT - Please tell us about yourself

Last Name _____ First Name _____ Middle Initial _____ Social Security No. _____ Date of Birth _____ Mothers Maiden Name _____

Member No. _____ Home Phone (____) _____ Cell Phone (____) _____ Business Phone (____) _____ E-mail Address _____

Address (Street, City, State, Zip) _____ County _____

Length at Current Address _____ Own _____ Rent _____ Live with Relatives? _____
ys mos. \$ \$ \$

Present Employer _____ Address (If self-employed, send last year's tax return, including attachments) _____ Position _____ Years There _____ Gross Monthly Salary \$ _____

Previous Employer / Address (if less than two years at your previous employer) _____ Other Monthly Income* \$ _____ Source (Rental, Child Support, etc.) _____ *Alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered a basis for repaying this obligation. Proof of income and salary may be required.

Nearest Living Relative (not living with you) _____ Relationship _____ Address (Street, City, State, Zip) _____ Phone (____) _____

CO-APPLICANT - Please tell us about your Co-Applicant

Last Name _____ First Name _____ Middle Initial _____ Social Security No. _____ Date of Birth _____ Mothers Maiden Name _____

Member No. _____ Home Phone (____) _____ Cell Phone (____) _____ Business Phone (____) _____ E-mail Address _____

Address (Street, City, State, Zip) _____ County _____

Length at Current Address _____ Own _____ Rent _____ Live with Relatives? _____
ys mos. \$ \$ \$

Present Employer _____ Address (If self-employed, send last year's tax return, including attachments) _____ Position _____ Years There _____ Gross Monthly Salary \$ _____

Previous Employer / Address (if less than two years at your previous employer) _____ Other Monthly Income* \$ _____ Source (Rental, Child Support, etc.) _____ *Alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered a basis for repaying this obligation. Proof of income and salary may be required.

Nearest Living Relative (not living with you) _____ Relationship _____ Address (Street, City, State, Zip) _____ Phone (____) _____

This section must be completed only if you are applying for a Home Improvement Loan. Information for Government Monitoring Purposes
The following information is requested by the federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations the lender is required to note race and national origin and sex on the basis of visual observation or surname. If you do not wish to furnish this information, please check the appropriate box.

APPLICANT I do not wish to furnish this information. **CO-APPLICANT** I do not wish to furnish this information.
Sex Male Female **Ethnicity** Hispanic / Latino Not Hispanic / Latino **Sex** Male Female **Ethnicity** Hispanic / Latino Not Hispanic / Latino
Race American Indian or Alaskan Native Asian Black or African American **Race** American Indian or Alaskan Native Asian Black or African American
 White Native Hawaiian or other Pacific Islander White Native Hawaiian or other Pacific Islander
Marital Status Married Separated Unmarried (includes Single, Divorced & Widowed) **Marital Status** Married Separated Unmarried (includes Single, Divorced & Widowed)

Preapproved loans are valid for a period not to exceed forty-five (45) days from the date of approval. A preapproved loan guarantees the term of the loan and the maximum amount to be financed as indicated on the loan application. The interest rate on the loan will be the prevailing credit union rate at the time of loan disbursements.

I/we understand that knowingly making a false statement or willfully overvaluing any land, property or security for the purpose of influencing the action of a federal credit union is a CRIME in violation of Section 1014, Title 18, United States Code. I/we desire this loan and advances made hereunder for provident and productive purposes.

In considering this application, the loan officer may request and use a report from outside reporting agencies. We may also ask a reporting agency or agencies for other such reports in connection with renewal and continuation of the credit for which you are applying. If you request it, we will tell you whether or not we asked for such a report and give you the name and address of the agency. I/we acknowledge notice of this disclosure under Article 25 of the New York State General Business Law.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

If this is a joint application, by initialing each applicant certifies their intent to apply for joint credit. Applicant: _____ Co-Applicant: _____

OFFICE USE ONLY:				
Date	Approved By		Declined by	
Form of Identification (Applicant)	I.D. Issued By	I.D. Number	Expiration Date	MSR Initial
Form of Identification (Co-Applicant)	I.D. Issued By	I.D. Number	Expiration Date	MSR Initial
Special Terms/Comments				