



Business - Application

IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR A LOAN

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person or business that opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, if applicable, and other information that will allow us to identify you.

We may also ask to see	your driver's license or other identif	ying documents.			
	apply for a separate account.	•			
		LOAN REQ	UEST		
Member/Account Number					
, , , , , , , , , , , , , , , , , , , ,	New Renewal/Change	Other:			
Type of Credit: Individual/Busii	noss loint (Co Applicant	must individually compl	ete Co-Applicant Information	on)	
Amount requested:	Terms/Matu		ete Co-Applicant informatio	ori)	
Type: Line of C			Credit Card		
	cial Real Estate Other:		orount ouru		
Purpose of Loan:	_				
		LOAN SEC	URITY		
Collateral Description:					
Value:		ity Interest and State Fil	led:		
Subject Property Addres		A DDI IO ANT/INDIV/IDII	AL INCORMATION		
DUONEGO (NIDI) (IDUAL NAME		APPLICANT/INDIVIDU/		ED 07475	
BUSINESS/INDIVIDUAL NAME			YEAR BUSINESS ESTABLISHI	ED STATE	
DBA NAME(S)					
PRIOR BUSINESS NAME(S)					
CONTACT NAME		TITLE			TELEPHONE
TYPE OF ORGANIZATION: INDIVIDUAL PROPR	IETORSHIP PARTNERSHIP CORPO	DRATION LLC ASS	SOCIATION NON-PROFIT	OTHER:	
IF INDIVIDUAL, PROVIDE THE	FOLLOWING INFORMATION:			<u> </u>	<u> </u>
EMPLOYER NAME:			EMPLOYER TELEPHONE NUMBE	ER	
SSN/TIN NUMBER	DRIVER'S LICENSE NUMBER/STATE	ISSUANCE DATE	EXPIRATION DATE	DATE OF BIRTH	
HOME TELEPHONE	WORK TELEPHONE	CELL PHONE	FAX NUMBER	WEB SITE ADDRESS/EMAIL	
PHYSICAL ADDRESS					
MAILING ADDRESS					
COMPLETE FOR JOINT CRED MARRIED SEPARAT	IT, SECURED CREDIT OR IF YOU LIVE IN A C ED UNMARRIED (Single - Divorced - Wic		TE: ID VERIFICATION:		
WARRIED SEFARAT	ED UNINARRIED (Siligle - Divolced - Wic		ARRIGANT		
A LAMA DOOM ON THE FOLL		GUARANTOR/CO		Inate of Dintil	
	OWING INFORMATION FOR PURPOSES OF S PPLICANT	SERVING AS A (CHECK ONE)	: 55N/TIN NUMBER	DATE OF BIRTH	
NAME			DRIVER'S LICENSE NUMBER/ST	TATE ISSUANCE DATE	EXPIRATION DATE
HOME TELEPHONE	WORK TELEPHONE	CELL PHONE	FAX NUMBER	WEB SITE ADDRESS/EMAIL	
HOWE TELEPHONE	WORK TELEFHONE	CELL PHONE	FAX NOWIDER	WEB SITE ADDRESS/EMAIL	
PHYSICAL ADDRESS					
MAILING ADDRESS					
COMPLETE FOR JOINT CRED	IT, SECURED CREDIT OR IF YOU LIVE IN A C	COMMUNITY PROPERTY STA	TE: ID VERIFICATION:		
MARRIED SEPARAT					
	OWING INFORMATION FOR PURPOSES OF	SERVING AS A (CHECK ONE)	SSN/TIN NUMBER	DATE OF BIRTH	
	PPLICANT		DRIVER'S LICENSE NUMBER/ST	TATE ISSUANCE DATE	EVDIDATION DATE
NAME			DRIVER'S LICENSE NUMBER/ST		EXPIRATION DATE
HOME TELEPHONE	WORK TELEPHONE	CELL PHONE	FAX NUMBER	WEB SITE ADDRESS/EMAIL	
PHYSICAL ADDRESS			<u>I</u>	1	
MAILING ADDRESS					
COMPLETE FOR JOINT CRED	IT, SECURED CREDIT OR IF YOU LIVE IN A C	COMMUNITY PROPERTY STA	TE: ID VERIFICATION:		
MARRIED SEPARAT	·				
or CHECK IF ADDITIONAL	GUARANTOR/CO-APPLICANT INFORMATIO	N ACCOMPANIES THIS APPLI	ICATION.		
					AVD102

SOURCES OF INCOME

Important Notice to Individuals

ALIMONY-CHILD SUPPORT: The inclusion of alimony, separate maintenance, or child support as income is voluntary and need not be revealed if you do not

wish to have it con	side	red in evaluating this ap	plication.	anticriarioc, or	энна заррог аз н	1001110 1	o voluntary and i	1000 1101 00 1	CVCaic	•
		GROSS ANNUAL INCOME		APPLICANT	GUARANTOR CO-APPLICAN	OR T #1	GUARANTOR OR CO-APPLICANT #2	TOTAL		SPOUSE (IF APPLICABLE)
NET SALES		GROOD AIRTOAL INCOME		Al I LIOAITI	OO AI I LIOAN		OO ALL LIOART WE	TOTAL		(II AI I LIOADLE)
BASE SALARY										
OVERTIME										
BONUS AND/OR CO		SSIONS								
DIVIDENDS/INTERES										
ITEMIZED OTHER:	/I⊏					_		l 		
1.										
2.										
3.										
4.										
5. TOTAL ANNUAL INC	COM					-				
			FI	NANCIAL INF	ORMATION					
Please include cop	ies (of the following checked	items as attachments	s to this applica	tion:					
Federal Tax Re	etur			Balance SI	neet for Current Y	ear for:	Borro	wer Gua	arantoı	r/Co-Applicant(s)
Current Yea	r	Other:			atement for Curre					r/Co-Applicant(s)
Borrower		Guarantor/Co-Applica	ant(s)	Other:			Borro	wer Gua	arantoı	r/Co-Applicant(s)
Financial Services	s Ac	counts Information:								
Checking					Loan(s)					
Borrower		Guarantor/Co-Applica	nt(s) Number A	Attached	Borrow	er	Guarantor/Co-A	pplicant(s)	Ν	lumber Attached
Bonower		Guaramon Go 7 Applica								
Savings					Other:					
Borrower		Guarantor/Co-Applica	nt(s) Number A	uttached	· · · · · · · · · · · · · · · · · · ·					lumber Attached
Bonowor		Guaranton Go 7 Applica	Tit(0)Titallibel /	ttaorica	BOITOW	⇒ı	Guaranton/Co-A	pplicarit(s) _	'\	iumber Attached
Check if additio	nal	account information acc	ompanies this applica	tion.						
STATE LAW NOT		S OHIO RESIDEN	ITS ONLY: The C	Ohio laws V	VISCONSIN RES	IDENT	S ONLY: Please	sign if you a	are no t	applying for this
		against discrimir	ation require that al	l creditors	VISCONSIN RES account or loan we be incurred in the	ith youi interest	r spouse. The cr	edit being ap or family of th	oplied t he und	for, if granted, will ersigned.
make credit equal	ıy a . ma	vailable to all creditwo intain separate credit h	rtny customers, and istories on each indiv				or are mamage	oa		5.5.g5 G.
request. The Ohio	Civ	il Rights Commission a	dministers complianc	e with this	V					
law.					A SIGNATURE FOR	- WILCOOK	ISIN RESIDENTS ON	I.V.		DATE
				SIGNATU	RES					
You promise that e	ver	rthing you have stated it and that the above in a reary important chat horize the Credit Uniplication for credit and for the credit received information in this apparagree that requested blete and correct and the credit Union with the credit Union with the credit Union with which it received a cally provide incomplete	n this application is co	orrect to the Th	ne person(s) sign	ing the	application is/ar	e indeed aut	horize	d to act on behal
best of your knowl	edg	e and that the above in	formation is a comple	te listing of of	the borrower. E	orrowe	r, co-applicant(s), and guar	antor(s	s), as appropriate
limmediately. You	aut	horize the Credit Uni	on to obtain credit	reports in ar	polication inform	ation I	by requesting	credit bure	au re	ports, accessing
connection with this	s ap	plication for credit and f	or any update, increas	se, renewal, in	formation about	borrowe	er, co-applicant(s	s), and guar	antor(s	s), as appropriate
Union will rely on	the	information in this app	lication and your cred	dit report to Be	prrower further g	grants t	to credit union	the right to	shạre	this information
make its decision. Ithis application is d	You Imoc	agree that requested blete and correct and the	documentation that a at it's incorporated as	ccompanies wi part of this le	ththird parties a nding including s	s reaso sharing	onable in the n this information	iormal cours ⊢with a thir	e of o	doing commercia , for purposes o
application. If you	regu	est, the Credit Union w	ill tell you the name a	ind address ur	derwriting the lo	an. Bor	rower agrees to	pay any fee	s chai	rged by the cred
willfully and delibe	erate	ely provide incomplete	or incorrect informa	tion in this ap	plication is appro	ved or	denied. You pro	mise that the	credi	t you are applying
application.				fó	r is for a busine Iderstand that eith	ss purp	oose. By signing	g below or b	y usir knowle	ng your card, you
<u></u>				ar	agreement to the	ne term	s of the credit ca	rd agreemen	t and	disclosures.
				1						
					∥∨					
By:			(SEAL)	E	By:			(5	SEAL)	
BORROWER	۲	CO-APPLICANT GUARA	NTOR DATE	_	BORROWER	CO-	APPLICANT GL	JARANTOR		DATE
f					ī-					
_{Dv} X			(SEAL)	 	 X			16	SEAL)	
Бу.					7 -		ADDI IOANIT OI		JLAL)	DATE
BORROWER	C	O-APPLICANT GUARAN	ITOR DATE		BORROWER	((0-	APPLICANT GL	JARANTOR		DATE
			E/	OD CDEDIT III	IION USE ONLY					
VERIFICATION COMPLE	1OIT=	IDATE	BY	JK CKEDII OI	IION USE ONLI					
		. 57.112	2.							
GOVERNMENT LIST(S)	CHE	CKED: TREASURY CIP LIS	T OFAC OTHE	R:						
LIST VERIFICATION CO	MPLE	ETION DATE	BY							
DATE	T	APPROVED	APPROVED SIGNATURE LIMITS:	LINE	OF CREDIT	CREDIT	CARD OTI	HER	ОТ	HER
⊢		DENIED	LIMITO.							
LOAN OFFICER COMM	_	(Adverse Action Notice Sent)					<u> </u>			
LOAN OFFICER COMMI	LINIC	,								
SIGNATURES:)						
				<u></u>	<u> </u>					DATE

Personal Financial Statement

CONFIDENTIAL



Please complete a separate form for each individual owning 20% or more of the business

* *		_			
Name of owner:		Soc	cial Security Number:		
Primary Residence Address:	:				_
Own or Rent?	If owned join	ntly what is the	name of the individual?		
Years at Residence	Home/Ce	ell#	email		
ASSETS		Total	LIABILITIES		Total
Cash on hand and in banks	(schedule D)		Notes Payable to CFCU	(schedule D)	
Marketable Securities	(schedule A)		Notes Payable to other banks	(schedule D)	
Other Securities	(schedule A)		Installment loans *please list	(schedule D)	
Amount owed to me by Relatives & Friends	(schedule D)				
Amount owed to me By others	(schedule D)				
Real Estate Owned	(schedule B)		Amount owed to relatives or fri	iends	
Mortgage owed to me	(schedule D)		Life Insurance Loans	(schedule C)	
Cash Value Life Ins.	(schedule C)		Accounts Payable		
Face Value: \$			Unpaid Taxes and Interest		
Automobiles			Mortgages	(schedule D)	
			1		
			Other Liabilities		
Personal Property			1		
Net Worth of Business			1		
Other Assets (please itemize	below)		1		
List the name of any joint a	· · ·		Total Liabilities		
			Net Worth (Assets – Liabilities	4)	
TOTAL ASSETS			TOTAL (Liabilities + Net Wor		
SOURCE	E OF INCOME	E_	BUSINESS	INFORMATI	ION
Income from alimony, maintenance		ot be reported if you			
Employer			II		
Job Title			Owner:		
Start Date			Length of time in business:		, o
Salary	\$)	Are you a partner or officer in a		?
Bonus and Commissions	\$		Other Business Name:	-	<u></u>
Dividends and interest	\$		Owner:		
Real Estate (please attach sep and expense statement)	parate income		Co-Owner:		
Other income (describe)			Percentage of ownership:		
Other Owners Income source	e: \$		List other Business entitie	s you have own	ership in:
TOTAL ANNUAL INCOM	ЛЕ ©		1		

Schedule A – Marketable and Other Securities

No. of shares / Face Value Bonds	Description	Title in Name of	Market Value	If pledged as collateral list where

Schedule B – Real Estate Owned

Address/Description	% of Ownership	Names on Title	Mortgage Holder	Date Purchased	Purchase Cost	Balance	Yearly Rents	Payment Amount
Primary residence								

Schedule C – Life Insurance (list any insurance coverage through employer)

Face Amount	Insurance Co.	Туре	Cash Value	Loans	Monthly Loan Payment Amount (if any)	Beneficiary

Schedule D – Notes, Installment Loans, Credit References, Deposit Accounts

Name of Institution	Original Date	Original Balance	Current Balance	Terms	Rate	Type of Account	Payment Amount
						Savings	
						Checking	

For the purpose of obtaining and maintaining credit from CFCU Community Credit Union ("CFCU") from time to time through reliance on the above financial statement and supporting Schedules, the undersigned warrants that the representations made in this statement are true and accurately show the condition of the undersigned as of the below date. The undersigned agrees to promptly notify CFCU in writing of any change in financial condition shown by this statement which would affect the responsibility of the undersigned. This includes but is not limited to changes that result in the impairment of assets or increases in liabilities, the insolvency of the undersigned, commitment of an act of bankruptcy by the undersigned or recovery of judgment against the undersigned, or any other material change in the financial condition of the undersigned. Also in the absence of such notice the undersigned expressly agrees that CFCU in granting or continuing such credit may continue to rely on this statement as true and accurate and of the same force and effect as if given at the time additional credit is given or existing credit continued. If such notice be given by CFCU, or if such change occurs and such notice be not given or if any warranties made herein are at anytime broken or unfilled, then all obligations of the undersigned held by CFCU shall immediately become due and payable, without demand or notice, and may be charged against any credit balance of the undersigned with CFCU.

I/We authoriz	e CFCU to obtain such credit information as you may require and to a	answer questions about your credit experience with mo
Signature:_		_ Date:
Signature:		Date:
_		

Rent Roll

Please make additional copies if more space is needed

Unit Location

CONFIDENTIAL



As of:							
ber of	Tenant Name	Monthly Rent	Type of Lease	Lease Expiration Date			

For the purpose of obtaining and maintaining credit from CFCU Community Credit Union ("CFCU") from time to time through reliance on the above rental/lease information, the undersigned warrants that the representations made on this form are true and accurate as of the below date.

Signature:	Date:
Signature:	Date:

Num Bedr