



*Olive View*  
FEDERAL CREDIT UNION

# 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**

<b>PAYMENT PROTECTION</b> Are you interested in having your loan protected? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If you answer "YES", the credit union will disclose the cost to protect your loan. The protection is voluntary and does not affect your loan approval. In order for your loan to be covered, you will need to sign a separate application that explains the terms and conditions. **If adding insurance, payments are subject to change.**					
<b>APPLICANT</b>			<b>OTHER</b> <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE		
NAME (Last - First - Initial)			NAME (Last - First - Initial)		
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER		ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	
BIRTH 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)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT Amount Paid: \$  LENGTH AT RESIDENCE:	PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT Amount Paid: \$  LENGTH AT RESIDENCE:
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)			COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)		
<b>EMPLOYMENT / INCOME</b>			<b>EMPLOYMENT / INCOME</b>		
EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME START DATE:			EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME START DATE:		
NAME AND ADDRESS OF EMPLOYER		TITLE / GRADE	NAME AND ADDRESS OF EMPLOYER		TITLE / GRADE
EMPLOYMENT INCOME PER	OTHER MONTHLY INCOME	SOURCE	EMPLOYMENT INCOME PER	OTHER MONTHLY INCOME	SOURCE
\$	\$		\$	\$	
<b>REFERENCE</b>			<b>REFERENCE</b>		
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		
RELATIONSHIP			RELATIONSHIP		
HOME PHONE			HOME PHONE		

**SIGNATURES**

By signing or otherwise authenticating below: You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of what you owe. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a crime to willfully and deliberately provide incomplete or incorrect information in this application.

Applicant's Signature	Date
X	(Seal)

Applicant's Signature	Date
X	(Seal)