



# Ukrainian Selfreliance of Western PA FCU

700 Washington Ave., Suite 100, Carnegie, PA 15106

Phone: (412) 481-1865

Amount Requested: \_\_\_\_\_ Purpose: \_\_\_\_\_ Acct#: \_\_\_\_\_

## Loan Application

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

I can be reached at \_\_\_\_\_

This is my (circle one): Cell # Home#

\_\_\_\_\_

Years at this address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Own/Rent: \_\_\_\_\_ OR Monthly Rental Cost: \_\_\_\_\_

Monthly Mortgage: \_\_\_\_\_

Utilities Included: \_\_\_\_\_

### INCOME DATA: (attach income verification for all income to be considered)

Employer: \_\_\_\_\_

Years of Service: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_

Gross Income: \_\_\_\_\_

Other Income: Source: \_\_\_\_\_

Gross Income: \_\_\_\_\_

### COVERAGE SELECTION

#### Debt Protection

Please Select Only One

No Protection

Life Plus

Life Plus, and Disability

Life Plus, and Disability, and Involuntary Unemployment

It is a federal crime to willfully provide incomplete and/or incorrect information on any loan application presented to a federal credit union.

By my signature,

I certify that all information stated in this application is correct to the best of my knowledge authorize the credit union to obtain reports in connection with this application understand that agreeing to payments taken out through payroll deduction or ACH increased the amount I was able to borrow, and I agree to honor the repayments terms agreed to for the life of the loan.

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_