

MIDWAY FEDERAL CREDIT UNION

P.O. Box 232
Berryville, VA 22611

540-686-7637
FAX 540-686-7389

To Our Members

MFCU staff will do their best to give a one (1) or two (2) day turn around after a completed loan application when all supporting documentation is received. The Loan Officer will contact you when your loan is approved and ready for pickup.

A complete loan application consists of the following:

All Loans:

- Completed loan application with everything filled in.
- Two current pay stubs for everyone listed on the loan.
- Proof of additional income, if required to qualify for the loan.
- Proof of payment for any collections, if applicable
- Fax all original paperwork to MFCU at 540-686-7389, mail to MFCU, P.O. Box 232, Berryville, VA , 22611 or email to midway@midwayfcu.org.

Car Loans

- Dealer sheet with VIN number, all options on vehicle, list price, and value of the trade-in.
- Payoff information and account number on trade-in if currently financed with another financial institution.
- Name, address and telephone number of the current financial institution.

Debt Consolidation Loans:

- Copies of current bills showing balance due, which will be paid by this loan.

The Board of Directors thank you for choosing MFCU for your savings and loan needs. By following the above request, we hope to continue speedy service on all your financial needs.

*Sincerely,
MFCU Board of Directors*

Midway Federal Credit Union Loan Application
Please print this form, fill it out and fax to: 540-686-7389

General Information:Will you be applying for Individual or Joint Credit: Joint Individual

If applying for joint credit, please sign below to verify that you intend to apply for joint credit.

Applicant: _____ Co-Applicant: _____

Complete marital status if this loan is for:

a. Joint or secured credit, or

b. You reside in or rely on property located in a Community Property State. (AZ, CA, ID, LA, NM, NV, TX, WA, WI)

 Unmarried Married Separated This loan is not for joint or secured credit and I do not live in the states listed above.Type of Loan Requested: Signature Open End Secured | Loan Amount Requested: \$ _____Loan Term Requested: _____ months, to be repaid Bi-weekly MonthlyI prefer the first payment to fall due on _____ (Payment by payroll deduction is due 28th)Combine this loan with balance outstanding yes no | Repayment: Payroll Deduction Cash/Check

This loan is for the following purpose:

Voluntary Payment Protection: Single Joint Credit Disability insurance | Single Joint Credit Life Insurance The Credit Union will disclose the cost of this voluntary insurance to you.

Collateral Offered for Secured Loan: Shares \$ _____ Other _____

Vehicle: Make _____ Model _____ Year _____ Mileage _____ Extras _____

Insurance Company (Name and phone number) _____

Primary Applicant:

Last Name: _____ Member Number: _____

First Name: _____ Middle Name: _____

Social Security Number (TIN): _____ Date of Birth: _____

Number of Dependents: _____ Ages of Dependents: _____

Home Phone Number: _____ Work Phone Number: _____

Other Phone Number: _____ Email Address: _____

Drivers License #: _____ Drivers License State: _____

Home Address

Address 1: _____

City: _____ State, Zip: _____

Time at Current Residence: _____ Residence Type: Rent Own Other:

Monthly Payment: _____

Previous Address:

Address 1: _____

City: _____ State, Zip: _____

Time at Previous Residence: _____ Residence Type: Rent Own Other:**Present Employer**

Name: _____ Phone Number: _____

Employment Status: Full Time Part Time Temp Retired Other (please specify): _____

Job Title: _____ Job Start Date: _____

Gross Salary: _____ Per Year Month Hour

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Other Income: _____ Per Year Month Hour

Other Income Source: _____

Previous Employer

Name: _____ Phone Number: _____

Employment Status: Full Time Part Time Temp Retired Other (please specify): _____

Job Title: _____ Job Start Date: _____

Job End Date: _____

Gross Salary: _____ Per Year Month Hour**Co-Applicant**

Last Name: _____ Member Number: _____

First Name: _____ Middle Name: _____

Social Security Number (TIN):		Date of Birth:	
Number of Dependents:		Ages of Dependents:	
Home Phone Number:		Work Phone Number:	
Other Phone Number:		Email Address:	
Drivers License #:		Drivers License State:	
Home Address			
Address 1:		Address 2:	
City:		State, Zip:	
Time at Current Residence:		Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:	
Monthly Payment:			
<i>Previous Address:</i>			
Address 1:		Address 2:	
City:		State, Zip:	
Time at Previous Residence:		Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:	
<i>Present Employer</i>			
Name:		Phone Number:	
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):			
Job Title:		Job Start Date:	
Gross Salary:		Per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour	
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.			
Other Income:		Per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour	
Other Income Source:			
<i>Previous Employer</i>			
Name:		Phone Number:	
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):			
Job Title:		Job Start Date:	
Job End Date:			
Gross Salary:		Per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour	
<i>References</i>			
Nearest Relative Not Living With You			
Last Name:		First Name:	
Relationship:		Phone Number:	
Address 1:		Address 2:	
City:		State, Zip:	
Share Draft or Checking Account Number	Amount	Name & Address of Depository	
Savings Account Number	Amount	Name & Address of Depository	

Debts					
In addition to Rent/Mortgage, list all debts (for example: auto loans, credit cards, second mortgage, alimony, child support ECT. Attach other sheets if necessary).					
What You Owe	Creditor Name	Account	Original	Present	Monthly

	and Address	Number	Balance	Balance	Payment
<input type="checkbox"/> Rent					
<input type="checkbox"/> First Mortgage					
2 nd Mortgage					
1 st Auto Loan					
2 nd Auto Loan					
Child Care					
Child Support					
Credit Card					
Credit Card					
Other					

List any other names under which your credit references and credit history can be checked _____.

If a *Yes* answer is given to a question, explain on an attached sheet.

Have you any outstanding judgments? Yes No

Have you ever filed for bankruptcy or had a debt adjustment plan confirmed under chapter 13? Yes No

Have you had property foreclosed upon or repossessed in the last 7 years? Yes No

Are you a party in a lawsuit? Yes No

Are you other than a US citizen or permanent resident alien? Yes No

Is your income likely to decline in the next two years? Yes No

Are you a co-maker, co-signer or guarantor on any loan not listed above? Yes No

For whom (Name of other obligated on loan): To whom (name of creditor): Amount:

Signatures

Income verification is required; other information may be required.

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, renewal or extension 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 federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.

X _____ X _____

Applicant's Signature

Co-Applicant's Signature

THIS SECTION FOR CREDIT UNION USE ONLY

Share Balance _____
 Loan Balances _____
 Secured _____
 Signature _____
 Open End _____
 Real Estate _____
 Total _____

Approved Limits
 Signature _____
 Open End _____

Debt Ratio: _____

NEW LOAN PAYMENT IF APPROVED

CREDIT COMMITTEE SIGNATURES
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____

Date of Membership _____ Evaluation Date: _____

Approved Rejected

Reason for Rejection _____

Remarks _____