

South Bend Firefighters Federal Credit Union

For Information or Assistance, Call 574-287-6161

I am applying for: Open end Line of Credit or Closed End Fixed Rate (Circle One)
MUST BE PRIMARY RESIDENCE *NO RENTALS*

DATE		SOCIAL SECURITY NUMBER		ACCT #
NAME			Any names under which credit has been received	
BIRTH DATE	HOME PHONE	CELL PHONE	WORK PHONE	
PRESENT ADDRESS (Street, City, State-Zip)		Yrs There	Mortgage Payment	
First Mortgage with?			Balance	
HOME OWNERS INSURANCE CO		INSURANCE PHONE NUMBER		
		How much do you pay a year homeowners Dollar Amt \$		

How much did you pay for last year property taxes?
Dollar Amt \$

If you will please FILL OUT

PLEASE CHECK ONE

Marital Status

Married Unmarried Separated No of Dependents

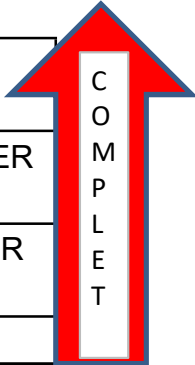
How much are you looking to Borrow

Name and Address of Nearest Relative	Purpose for loan, Payoff Debt , Remodeling Home, Other?
Relationship	
Phone	

Email Address **Spouse email**

NAME & ADDRESS OF PRESENT EMPLOYER

TITLE/GRADE	LENGTH OF EMPLOYMENT	WORK NUMBER
YEARLY GROSS INCOME	OTHER INCOME	GROSS INCOME OTHER
PREVIOUS EMPLOYER (IF LESS THAN 1 YEAR)		



SPOUSE/CO-APPLICANT

NAME		Any names under which credit has been received	
SOCIAL SECURITY NUMBER		PRESENT ADDRESS	
BIRTH DATE	HOME PHONE	CELL PHONE	WORK PHONE
NAME & ADDRESS OF PRESENT EMPLOYER			
TITLE/GRADE	LENGTH OF EMPLOYMENT		WORK NUMBER
YEARLY GROSS INCOME	NAME OF OTHER INCOME	GROSS INCOME OTHER	
PREVIOUS EMPLOYER (IF LESS THAN 1 YEAR)			

Is this property your borrowing on your primary residence Yes No
 Do you have any other liens on house Yes No
 Other than spouse anyone else a part owner of your home Yes No

DEBTS

**** In Addition to rent or mortgage list all other debts - (Example Second Mortgage, Credit Cards, Child Support, Medical Bills, Etc.)**

CREDITOR NAME	PRESENT BALANCE	MONTHLY PAYMENT

PLEASE INITIAL _____ OTHER INITIAL _____

OTHER ASSETS

AUTOMOBILE (Year,Make,Model)	Value	Balance

Savings	** reminder if payoff before 24 months you will have to reimburse Firefighters for 3rd party fees disclosed on the Closing Disclosure that will be given to you before loan closing for itemization of the 3rd party fees
Checking	
Other(Describe)	
Other(Describe)	

NAME & ADDRESS OF NEAREST RELATIVE - NOT LIVING WITH YOU	
PHONE NUMBER	RELATIONSHIP

X _____
Applicants Signature

X _____
Other Signature

LOAN OFFICER SIGNATURE _____
THANK YOU FOR GIVING US A CHANCE TO SERVE YOU!!

