



**PASADENA  
FEDERAL CREDIT UNION**  
P.O. Box 7132  
Pasadena, CA 91109-7132  
626.799.0882 • FAX 626.799.5114  
www.pfcu.org

# LOAN APPLICATION

PRINT OR TYPE ALL INFORMATION

ACCOUNT NUMBER - APPLICANT	ACCOUNT NUMBER - CO-APPLICANT	DATE
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**NOTICE: Married Applicants may apply for a separate account. Check the appropriate box below to indicate the type of credit for which You are applying.**  
**If You live in a community property state, are You:**  Married  Separated  Unmarried (Includes Single, Divorced and Widowed)  
 **Individual Credit:** Complete Applicant sections. Complete other sections as follows: (1) Information about Your spouse if You live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI) or Puerto Rico or Your spouse will use the Account; and (2) If You are relying on alimony, spousal support, child support or separate/spousal maintenance as a basis for repayment of the credit applied for, provide information about the party making those payments.  
 **Joint Credit:** Provide information about both of You by completing Applicant and Spouse/Co-Applicant sections.  
 Definitions: Whenever used in this application, the words "You" and "Your" refer to the applicant(s), and the words "We", "Us", and "Our" refer to Lender.

<b>Type of Credit Applied For:</b> <input type="checkbox"/> Signature Loan: Amount Requested \$ _____ <input type="checkbox"/> Overdraft/Line of Credit: Limit Requested \$ _____ <input type="checkbox"/> VISA*: Limit Desired \$ _____	<b>*Please refer to the Important Credit Card Disclosure located on page 2 for rate, fee and cost information.</b> <input type="checkbox"/> New Vehicle <input type="checkbox"/> Used Vehicle \$ _____ \$ _____ Purpose _____ Year/Make/Model _____
Method of Payment: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Monthly Coupons <input type="checkbox"/> Automatic Transfer From ACCOUNT NUMBER _____	

## APPLICANT

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.	SINCE (MO./YR.)
CITY	STATE	ZIP
<input type="checkbox"/> RENT <input type="checkbox"/> BUYING	MONTHLY AMOUNT	HOME TELEPHONE NUMBER
<input type="checkbox"/> OWN <input type="checkbox"/> OTHER	( )	( )
NAME AND TELEPHONE NUMBER OF NEAREST RELATIVE NOT LIVING WITH YOU		
NAME AND TELEPHONE NUMBER OF NEAREST REFERENCE NOT LIVING WITH YOU		

## SPOUSE/CO-APPLICANT

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.	SINCE (MO./YR.)
CITY	STATE	ZIP
<input type="checkbox"/> RENT <input type="checkbox"/> BUYING	MONTHLY AMOUNT	HOME TELEPHONE NUMBER
<input type="checkbox"/> OWN <input type="checkbox"/> OTHER	( )	( )
NAME AND TELEPHONE NUMBER OF NEAREST RELATIVE NOT LIVING WITH YOU		
NAME AND TELEPHONE NUMBER OF NEAREST RELATIVE NOT LIVING WITH YOU		

## EMPLOYMENT AND INCOME

You need not list income from alimony, child support or separate maintenance payments unless You want it considered in evaluating this credit application.

CURRENT EMPLOYER	HIRE DATE	MONTH/YEAR
ADDRESS		
CITY	STATE	ZIP
TELEPHONE NUMBER	( )	
POSITION	MONTHLY SALARY	
FORMER EMPLOYER - Name/Address/Telephone	YEARS	
OTHER INCOME TYPE	MONTHLY AMT.	TOTAL MO. INCOME
NAME/ADDRESS/TELEPHONE OF OTHER INCOME SOURCE	\$	\$

CURRENT EMPLOYER	HIRE DATE	MONTH/YEAR
ADDRESS		
CITY	STATE	ZIP
TELEPHONE NUMBER	( )	
POSITION	MONTHLY SALARY	
FORMER EMPLOYER - Name/Address/Telephone	YEARS	
OTHER INCOME TYPE	MONTHLY AMT.	TOTAL MO. INCOME
NAME/ADDRESS/TELEPHONE OF OTHER INCOME SOURCE	\$	\$

## CREDIT INFORMATION

TYPE OF LOAN	ACCOUNT NUMBER	NAME AND ADDRESS OF CREDITOR	PRESENT BALANCE	MONTHLY PAYMENTS
2ND MORTGAGE				
AUTO	MAKE YEAR MODEL LIC#	I.D.		

<b>Please answer the following questions.</b> <b>If a yes answer is given, explain on attached sheet.</b>	<b>A</b>		<b>C</b>		<input checked="" type="checkbox"/> Please check: A - Applicant C - Spouse/co-Applicant <input checked="" type="checkbox"/>	<b>A</b>		<b>C</b>	
	YES	NO	YES	NO		YES	NO	YES	NO
1. Have You filed a petition for bankruptcy in the last 10 years?					3. Have You any collection actions or suits pending, judgments filed, tax liens filed, alimony or support awards against You?				
2. Have You ever had credit in any other name? What Name _____					4. Do You have any past due bills?				
					5. Indicate immigration status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other				

## SIGNATURES

You warrant the truth of the information contained herein and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Credit Line Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure. You will receive a copy of that Agreement no later than the time of Your first credit advance and You promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature. **If You are issued a Credit Card, You grant and consent to a lien on Your shares with Us (except IRA and Keogh accounts) and any dividends due or to become due to You from Us to the extent You owe on any unpaid Credit Card balance.**

You hereby acknowledge Your intent to apply for joint credit \_\_\_\_\_  
 Applicant's Initials \_\_\_\_\_ Co-Applicant's Initials \_\_\_\_\_

APPLICANT SIGNATURE	DATE	SPOUSE/CO-APPLICANT SIGNATURE	DATE
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