Auto Loan Application

Account Number: Amount Requested

Collateral: Make Model Year ☐ New ☐ Used

PRIMARY APPLICANT

NAME

MOTHER'S MAIDEN NAME

ACCOUNT NUMBER

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER/STATE

AGES OF DEPENDENTS

EMAIL ADDRESS

BIRTH DATE HOME PHONE

BUSINESS PHONE/EXT.

PRESENT ADDRESS

PREVIOUS ADDRESS

LENGTH AT RESIDENCE

LENGTH AT RESIDENCE: START DATE END DATE

MARITAL STATUS:

EMPLOYMENT/INCOME ☐ ANNUALLY ☐ MONTHLY

TITLE/GRADE

NAME OF EMPLOYER

START DATE HOURS AT WORK

ADDRESS OF EMPLOYER

SUPERVISOR'S NAME

IF SELF EMPLOYED, TYPE OF BUSINESS

HOW ARE YOU AFFILIATED? Select One

CO-APPLICANT

NAME

MOTHER'S MAIDEN NAME

ACCOUNT NUMBER

Requirement - In-Person Signing - Complete the field before applying Co-Applicant's signature.

SOCIAL SECURITY NUMBER

AGES OF DEPENDENTS

DRIVER'S LICENSE NUMBER/STATE

BIRTH DATE HOME PHONE

EMAIL ADDRESS

PRESENT ADDRESS

BUSINESS PHONE/EXT.

PREVIOUS ADDRESS

LENGTH AT RESIDENCE

MARITAL STATUS:

LENGTH AT RESIDENCE: START DATE END DATE

EMPLOYMENT/INCOME ☐ ANNUALLY ☐ MONTHLY

TITLE/GRADE

NAME OF EMPLOYER

START DATE HOURS AT WORK

ADDRESS OF EMPLOYER

SUPERVISOR'S NAME

IF SELF EMPLOYED, TYPE OF BUSINESS

SIGNATURES

X

PRIMARY APPLICANT'S SIGNATURE DATE

X

CO-APPLICANT'S SIGNATURE DATE

Requirement -
Review the document - After collecting signatures the Reviewing Officer enters their name.

X

Loan Officer Signature DATE

Requirement - After collecting the signatures from all parties, the Auditor completes the auditing of the document and enters the necessary data in the “Credit Use Only” section.

CREDIT UNION ONLY

APPLICATION DATE: How was the application originated? Select One Approved Application at Branch? Select One

☐ APPROVED LOAN OFFICER COMMENTS:

☐ DECLINED

Remote Signing - Applicant completes an optional and mandatory field when signing remotely.

Complete the following fields when signing remotely:

☐ I have reviewed all infromation regarding GAP provided by the FI - Must Enter Value

☐ Check here, if you are interested in getting GAP for your new vehicle - Optional

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Please follow the directions provided for the Question(s) and check the appropriate box(es):

Actively at Work Question - ***Only answer this Question if:***

- You are applying for disability insurance.

Are You actively at work, for wages or profit, for 25 hours or more per week on the date You sign this application? You will be considered to have met this requirement if You are absent from work due to temporary layoff, strike or vacation but will soon return to work.	Borrower 1 Yes No	Borrower 2 Yes No

If You answered "No" to the Actively at Work Question, You are not eligible for disability insurance.

EVIDENCE OF INSURABILITY QUESTION(S)

Health Question 1 - ***Only answer this Question if:***

- You are applying for life or disability insurance more than 30 days after the date of the Loan/Advance.

In the past 3 year(s), have You been treated for, or told by a licensed physician that You have or had cancer, heart disease, a stroke, diabetes, lung disorder, kidney failure, Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex?	Borrower 1 Yes No	Borrower 2 Yes No

If You answered "Yes" to Health Question 1, You are not eligible for life or disability insurance.

Health Question 2 - ***Only answer this Question if:***

- You are applying for disability insurance more than 30 days after the date of the Loan/Advance.

In the past 3 year(s), have You been treated by a licensed physician for alcohol or drug use, a back disorder, or any mental or nervous disorder?	Borrower 1 Yes No	Borrower 2 Yes No

If You answered "Yes" to Health Question 2, You are not eligible for disability insurance.