

ALLEGHENY HEALTH SERVICES EMPLOYEES F.C.U.
 320 EAST NORTH AVENUE
 PITTSBURGH, PA 15212
 PHONE # (412) 359 - 3141
 FAX # (412) 359 - 3587 EMAIL: credituniongroup@ahn.org

LOAN APPLICATION

[1-1-23]

** Please submit with copies of your 2 most recent paystubs for verification of income

| | | | | | |
|---|--|----------------------------|-----------------|-----------------------------|--|
| DATE: | | ACCOUNT NUMBER: | | LOAN AMOUNT: \$ | |
| LOAN TYPE: [] PERSONAL [] SEASONAL [] AUTO [] HOME EQUITY NMLS#1028565 | | | | | |
| PURPOSE: | | | | | |
| APPLICANT INFORMATION: [] Married [] Separated [] Unmarried (Single, Divorced, Widowed) | | | | | |
| FIRST NAME: | | INITIAL: | | LAST NAME: | |
| SOCIAL SECURITY #: | | HOME PHONE#: | | BIRTHDATE: | |
| DRIVERS LICENSE #: | | OWN / RENT ?: | | | |
| ADDRESS: | | SINCE ?: | | | |
| CITY: | | STATE: | | ZIP: | |
| CURRENT EMPLOYER: | | | WORK PHONE #: | | |
| JOB TITLE: | | GROSS INCOME PER MONTH: \$ | | | |
| SUPERVISORS NAME: | | | HIRE DATE: | | |
| OTHER INCOME: [If you wish to have it considered for purpose of granting loan] | | | | | |
| PART TIME JOB: \$ | | / MONTH | | SOCIAL SECURITY: \$ / MONTH | |
| PENSION: \$ | | / MONTH | | CHILD SUPPORT: \$ / MONTH | |
| CREDIT INFORMATION: [Attach additional sheet if necessary] | | | | | |
| MORTGAGE or RENT [Name]: | | | MONTHLY PMT: \$ | | |
| CREDITOR: | | | MONTHLY PMT: \$ | | |
| CREDITOR: | | | MONTHLY PMT: \$ | | |
| CREDITOR: | | | MONTHLY PMT: \$ | | |
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| CREDITOR: | | | MONTHLY PMT: \$ | | |
| CREDITOR: | | | MONTHLY PMT: \$ | | |
| CREDITOR: | | | MONTHLY PMT: \$ | | |
| HAVE YOU EVER FILED or ARE YOU CURRENTLY IN BANKRUPTCY: YES NO | | | | | |
| Date(s) Bankruptcy Filed : | | | | | |
| REFERENCES: | | | | | |
| <i>Nearest Relative Not Living with You:</i> | | | RELATIONSHIP: | | |
| ADDRESS: | | | PHONE #: | | |
| <i>Personal Friend - Not a Relative :</i> | | | RELATIONSHIP: | | |
| ADDRESS: | | | PHONE #: | | |

>>>> **SEE PAGE 2 FOR CO-APPLICANT(CO-SIGNER) INFORMATION AND FOR SIGNATURE** <<<<

You agree that everything stated in this application, whether oral, written, or through a FAX machine, is true and correct to the best of your knowledge. The Credit Union or its agent is authorized to investigate your credit worthiness, employment history, and to obtain a credit report and to answer questions about their credit history with you. You understand that any false or misleading statements in your application may cause any loan to be in default. You agree that this application shall be the Credit Union's property whether or not this Credit Application is approved.

| | |
|----------------------------|------|
| Applicant's Signature X | Date |
|----------------------------|------|

***** ATTACH A COPY OF YOUR 2 MOST RECENT PAYSTUBS FOR VERIFICATION OF INCOME *****

| | | |
|---|----------------------------|-----------------------------|
| APPLICANT NAME: | | |
| | | |
| APPLICANT ACCOUNT NUMBER # | | |
| | | |
| CO-APPLICANT INFORMATION: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced, Widowed) | | |
| <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Co-Signer | | |
| FIRST NAME: | INITIAL: | LAST NAME: |
| SOCIAL SECURITY #: | HOME PHONE#: | BIRTHDATE: |
| DRIVERS LICENSE #: | OWN / RENT ?: | |
| ADDRESS: | SINCE ?: | |
| CITY: | STATE: | ZIP: |
| CURRENT EMPLOYER: | HIRE DATE: | |
| JOB TITLE: | GROSS INCOME PER MONTH: \$ | |
| SUPERVISORS NAME: | WORK PHONE #: | |
| OTHER INCOME: [If you wish to have it considered for purpose of granting loan] | | |
| PART TIME JOB: \$ | / MONTH | SOCIAL SECURITY: \$ / MONTH |
| PENSION: \$ | / MONTH | CHILD SUPPORT: \$ / MONTH |
| CREDIT INFORMATION: [Attach additional sheet if necessary] | | |
| MORTGAGE or RENT [Name]: | MONTHLY PMT: \$ | |
| CREDITOR: | MONTHLY PMT: \$ | |
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| HAVE YOU EVER FILED or ARE YOU CURRENTLY IN BANKRUPTCY: YES NO | | |
| Date(s) Bankruptcy Filed : | | |
| REFERENCES: | | |
| <i>Nearest Relative Not Living with You:</i> | RELATIONSHIP: | |
| ADDRESS: | PHONE #: | |
| <i>Personal Friend - Not a Relative:</i> | RELATIONSHIP: | |
| ADDRESS: | PHONE #: | |

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| | |
|--------------------------|------|
| Co-Applicant's Signature | Date |
| X | |

***** ATTACH A COPY OF YOUR 2 MOST RECENT PAYSTUBS FOR VERIFICATION OF INCOME *****