

PRESCOTT FEDERAL CREDIT UNION
PO BOX 10756 V.A. MEDICAL CENTER
PRESCOTT, ARIZONA 86304
PH# (928) 445-7970
Fax # (928) 445-1980
SINCE 1937

IMPORTANT INFORMATION REQUIRED TO PROCESS YOUR LOAN REQUEST:

If you are applying for a New, Used or Refinanced Title Loan, we will need:

- Vehicle Identification Number (VIN) – typically 17 characters
- Year, Make, Model, Trim, Engine, Transmission and Drivetrain
- **ALL** extra options – i.e.: Leather seats, power seats, power windows, navigation, premium sound
- **EXACT** mileage

○ **DEALER PURCHASES NEW OR USED:**

- Final Purchase Agreement

○ **REFINANCED VEHICLES:**

- 10 day pay off, including daily interest (per diem) Pay off requires who to make the check payable to, where to mail check to (regular and overnight mailing address) and full account number.

****We finance vehicles based on the average Kelley Blue Book or JD Power value. Recreational vehicles are financed based on JD Power Guides Used Retail value. It is crucial we have all the information regarding the vehicle so we can get the true finance value. ****

If you are applying for a Signature loan to pay off debt, the following items are needed:

- If you are paying off credit card debt, please provide a copy of the billing statement (all pages including payment mailing address & account number.)
- If paying an installment loan, 10-day payoff, including daily interest (per diem) along with phone number and address to where the payoff is mailed.

IF ANY OF THE INFORMATION IS MISSING THE LOAN PROCESS WILL BE DELAYED.

If you have any questions, please do not hesitate to call, and ask for the loan officer. We are open for calls Monday – Friday, 8:30 AM – 4:30 PM.

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Please provide proof of income.
The list below will help you with what is needed:

- Wage earner; Paystubs (current and consecutive), W-2's (if applicable)
- Social Security income; Social Security Awards Letter or bank statement. If your SSI is deposited into your PFCU account, no statement is needed.
- Retirement income; pension statement or bank statement. If monthly benefits are deposited into your PFCU account, no statement is needed.
- VA Benefits: Awards letter or bank statement direct deposited. If monthly benefits are deposited into your PFCU account, no statement is needed.
- Business income/Rental income; (Sch C) full 1040 tax returns for 2years (Federal only) If Sole proprietor or Partnership (1065 or 1120s) for 2years along with 1040s for 2years.
- Trust income; provide trust documents and 2years tax returns.
- Annuity income; provide annuity statement and 2years Tax returns.
- Alimony and/or Child Support provide divorce decree and proof you will receive it for the next 3years.

If you have any questions, please do not hesitate to call, and ask for the loan officer. We are open for calls Monday – Friday, 8:30 AM – 4:30 PM.

Prescott Federal Credit Union

500 North Highway 89, VAMC Bldg. T-5
Prescott, AZ 86313
(928) 445-7970 FAX: (928) 445-1980

**CREDIT LINE ACCOUNT
AND PERSONAL LOAN APPLICATION**

ACCOUNT NUMBER – APPLICANT	ACCOUNT NUMBER – CO-APPLICANT	DATE
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Applicant Information PRINT OR TYPE ALL INFORMATION

1. If You live in a community property state, are You:

Married Separated Unmarried (Includes Single, Divorced and Widowed)

2. Married applicants can apply for individual credit. Indicate if You would like:

Individual Credit Joint Credit with Your Spouse/Co-Applicant

3. Method of Payment:

Automatic Transfer Cash Payment Payroll Deduction

TYPE OF CREDIT APPLIED FOR:

Signature Loan

Revolving Line of Credit

Share Secured

Overdraft Line of Credit

Personal Property Secured:

Spouse/Co-Applicant Information

4. Complete Spouse/Co-Applicant Information only if:

- This is for joint credit with Your Spouse or other Co-Applicant;
- Your Spouse will use Your Account;
- You are relying on Your Spouse's income as a source of repayment for the credit requested; or
- You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (or Puerto Rico).

5. Definitions:

Whenever used in this application the words "You" and "Your" refer to the Applicant(s) or Spouse/Co-Applicant and the words "We," "Us," and "Our" refer to the Lender.

APPLICANT

FIRST NAME	INITIAL	LAST NAME	
MOTHER'S MAIDEN NAME		SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NUMBER		BIRTHDATE	
CURRENT STREET ADDRESS		APT. NO.	SINCE (MO. YR.)
CITY		STATE	ZIP
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)			YEARS THERE
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER		HOME TELEPHONE	NO. OF DEP. AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU			
PERSONAL REFERENCE - NAME ADDRESS TELEPHONE			

SPOUSE/CO-APPLICANT

FIRST NAME	INITIAL	LAST NAME	
MOTHER'S MAIDEN NAME		SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NUMBER		BIRTHDATE	
CURRENT STREET ADDRESS		APT. NO.	SINCE (MO. YR.)
CITY		STATE	ZIP
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)			YEARS THERE
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER		HOME TELEPHONE	NO. OF DEP. AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU			
PERSONAL REFERENCE - NAME ADDRESS TELEPHONE			

EMPLOYMENT AND INCOME If self-employed or retired, attach financial statement or income tax returns.

CURRENT EMPLOYER		EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP		
WORK TELEPHONE	POSITION	MO. GROSS INCOME \$
FORMER EMPLOYER	POSITION	YEARS
OTHER INCOME SOURCE*		MONTHLY AMOUNT \$

CURRENT EMPLOYER		EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP		
WORK TELEPHONE	POSITION	MO. GROSS INCOME \$
FORMER EMPLOYER	POSITION	YEARS
OTHER INCOME SOURCE*		MONTHLY AMOUNT \$

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

ASSETS AND DEPOSITS Attach a separate sheet if necessary.

DESCRIPTION	ACCOUNT NUMBER/TYPE	BALANCE/VALUE

DESCRIPTION	ACCOUNT NUMBER/TYPE	BALANCE/VALUE

Name of Creditor List all obligations including Credit Union Loans			Monthly Payments	Balance Owed	Amount Past Due
A	C	D			
			1.		
			2.		
			3.		
			4.		
			5.		
			6.		
			7.		
			8.		
			9.		
			10.		
			11.		
			12.		
			13.		
			14.		
			15.		
			16.		

Please answer the following questions.
If a yes answer is given, explain on attached sheet.

	A		C		TOTALS	\$	\$	\$	
	Yes	No	Yes	No					
1. Have You filed a petition for bankruptcy in the last 10 years?					Please Check: A=Applicant C=Spouse/Co-Applicant			A Yes	C Yes
2. Have You ever had any auto, furniture or property repossessed?					6. Have You any Obligations not listed?			No	No
3. Are You a co-maker or co-signer on any loan?					7. Do You have any past due bills?				
For Whom _____ Amount \$ _____					8. Is any income You have listed likely to reduce in the next two years?				
4. Have You ever had credit in any other name? What name _____					9. Indicate immigration status: Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____				
5. Have You any suits pending, judgments filed, alimony or support awards against You?					Co-Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____				

SIGNATURES

You warrant the truth of the above information 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 Agreement and Disclosure, 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 an ATM or Check Card, by signing below, 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 Overdraft Line of Credit balance created through the use of Your ATM or Check Card.**

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

X _____ **X** _____
SIGNATURE OF APPLICANT DATE SIGNATURE OF SPOUSE/CO-APPLICANT DATE

Share Secured Applicants: If Your credit is approved, You grant Us a specific pledge of shares in Your Share Account indicated below and for the amount specified below:

Account Number _____ Amount \$ _____

DO NOT WRITE BELOW - FOR CREDIT UNION USE ONLY

DATE	APPROVED LIMITS	TYPE	AUTO \$	OTHER \$	OTHER \$	DEBT RATIO(S) /
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LOAN OFFICER

SENIOR LOAN OFFICER OR SUPERVISOR

LOAN APPROVED YES NO
 COUNTER OFFER WILL BE MADE IF ACCEPTED, LOAN APPROVED.

LOAN APPROVED YES NO
 COUNTER OFFER WILL BE MADE IF ACCEPTED, LOAN APPROVED.

DESCRIBE COUNTER OFFER:

SPECIFIC REASON(S) FOR REJECTION:

LOAN OFFICER SIGNATURE	DATE	ADDITIONAL INFORMATION:
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COMMENTS

<input type="checkbox"/> ECOA NOTICE AND REASON FOR REJECTION OR UNACCEPTED COUNTER-OFFER SENT OR DELIVERED ON	(DATE) BY
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