

LOAN # _____ SUFFIX _____ RATE _____

CELL PHONE # _____

ACCOUNT # _____ DIS INS _____ LIFE INS _____ RETURN WITH CURRENT PAY STUB

ST. VINCENT HOSPITAL CREDIT UNION 123 SUMMER STREET, WORCESTER, MA 01608

I hereby make application for a loan of \$ _____ for a period of _____ months. 508-363-9339

Purpose _____

CREDIT APPLICATION

I am applying Individually , jointly with (Name) _____

(Each applicant should complete separate application.)

I am a cosigner for (Borrower's Name) _____

If loan is for motor vehicle, Indicate Year _____ (New/ Used) Make _____ Price \$ _____

NAME (PLEASE PRINT)				DATE OF BIRTH	SOCIAL SECURITY NO.
ADDRESS	STREET	TOWN	ZIP CODE	HOW LONG?	HOME TELEPHONE

MAILING ADDRESS, IF DIFFERENT _____

(If at present address less than 5 years list previous address(es) below.)

PREVIOUS _____ HOW LONG? _____

PREVIOUS _____ HOW LONG? _____

PREVIOUS NO. OF DEP.	Explain applicant liable for alimony, child support or separate maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No	MONTHLY PAYMENT \$
----------------------	---	--------------------

EMPLOYER _____ HOW LONG? _____ POSITION _____

ADDRESS _____ PHONE EXT. _____ MONTHLY/WEEKLY GROSS INCOME \$

(If at present employment less than 5 years, list previous employments below.)

PREVIOUS EMPLOYER _____ HOW LONG? _____ POSITION _____

PREVIOUS EMPLOYER _____ HOW LONG? _____ POSITION _____

SOURCE OF OTHER INCOME FROM SALARY, WAGES OR INVESTMENTS _____ AMOUNT \$

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Does applicant derive income from alimony, child support or separate maintenance? _____ MONTHLY INCOME \$

(NOTE: SUCH SOURCE OF INCOME NEED NOT BE REVEALED IF APPLICANT CHOOSES NOT TO PROVIDE IT.)

NAME OF BANK HOLDING MORTGAGE ON HOME _____ ACCOUNT NUMBER _____ IN WHOSE NAME? _____

MARKET VALUE \$ _____ TAXES CURRENT YEAR \$ _____ ORIG. AMT. MORTGAGE \$ _____ BALANCE \$ _____ PAYMENT \$

IF RENTING - NAME OF LANDLORD _____ MONTHLY RENT \$

ADDRESS _____ PHONE _____

MY SAVINGS ACCOUNT _____ AMOUNT _____ CHECKING ACCOUNT BANK

NAME OF BANKS _____

LIST ALL DEBT AND/OR REFERENCES - FAILURE TO LIST OUTSTANDING LOANS MAY DISQUALIFY REQUEST

TO WHOM OWED - ADDRESS	ACCOUNT NO.	DATE INCURRED	ORIG. AMT.	UNPAID BALANCE	PAYMENT AMT.
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
AUTO FINANCE			\$	\$	\$

REFERENCE OF PAID UP CREDIT _____ WHEN PAID _____

NAME AND ADDRESS OF _____ RELATIONSHIP _____

NEAREST RELATIVE _____ PHONE _____

The statements herein are made for the purpose of obtaining the loan, and are true. I understand that failure to list any outstanding debt may disqualify the request. I hereby authorize the Credit Union or any credit bureau or other investigative agency employed by the Credit Union, to legally investigate any references herein listed or statements or other data pertaining to my credit and financial responsibility.

DATE _____ SIGNATURE _____

CREDIT COMMITTEE APPROVAL: On _____, we approved the within loan for \$ _____

Approved by the Credit Committee

Approved By _____ Loan Officer



CUNA Mutual Insurance Society

P.O. Box 391 • 5910 Mineral Point Road
Madison, WI 53701-0391
Phone: 800/937-2644

Credit Insurance Enrollment Form/Schedule

CREDIT UNION NAME AND ADDRESS ST VINCENT HOSPITAL CREDIT UNION, 20 Worcester Ctr Blvd, Worcester, MA 01608-1309			
GROUP POLICY NUMBER 020-1006-9	ACCOUNT NUMBER	MEMBER'S NAME	JOINT INSURED'S NAME

"You" or "Your" means the member and the joint insured (if applicable). You may select any insurer of your choice. A co-signor is not eligible for joint coverage.

YOU CANNOT BE DENIED CREDIT SIMPLY BECAUSE YOU CHOOSE NOT TO BUY CREDIT INSURANCE. CREDIT LIFE INSURANCE AND CREDIT ACCIDENT AND HEALTH INSURANCE ARE NOT REQUIRED TO OBTAIN CREDIT. INSURANCE WILL NOT BE PROVIDED UNLESS YOU SIGN AND AGREE TO PAY THE ADDITIONAL CHARGE.

The rate you are charged for the insurance is subject to change. You will receive written notice before any increase goes into effect. You have the right to stop this insurance by notifying your credit union in writing. Your signature below means you agree that:

- If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month.
- You are eligible for insurance up to the Maximum Age for Insurance. Insurance will stop when you reach that age.
- You are insured only for Advances actually received by You. You are not insured for any unused credit which may be available to You.

IF ENROLLING FOR CREDIT LIFE INSURANCE, PLEASE ANSWER QUESTION #1.

YOU ELECT THE FOLLOWING CREDIT INSURANCE COVERAGE(S)			COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	(CLOSED-END ONLY) PREMIUM SCHEDULE	COVERED MEMBER (Please Print)
	YES	NO			
SINGLE CREDIT DISABILITY			\$.15	\$	e
SINGLE CREDIT LIFE			\$.061	\$	e
JOINT CREDIT LIFE			\$.097	\$	e

You are not eligible for credit life insurance if You answer "Yes" to Question #1.

IF ENROLLING FOR CREDIT DISABILITY INSURANCE, PLEASE ANSWER QUESTIONS #1, #2 AND #3. You are not eligible for credit disability insurance if You answer "Yes" to Question #1 or #2, or answer "No" to Question #3.

1. Have You in the past three (3) years been treated for, or told by a competent authority that You have cancer; heart disease; stroke; diabetes; lung or kidney disorder; or Acquired Immune Deficiency Syndrome (AIDS)?
Member Yes No
Co-borrower (if applicable) Yes No
2. Have You in the past three (3) years been treated by a competent authority for treatment for alcohol or drug use; back disorder; mental or nervous disorder?
Member Yes No
3. Are you working for wages or profit for 25 hours a week or more? If you are off work because of temporary layoff, strike or vacation, but soon to resume, you will be considered at work.
Member Yes No

NOTE: THE LIFE AND DISABILITY INSURANCE CONTAINS CERTAIN BENEFIT EXCLUSIONS, INCLUDING A PRE-EXISTING CONDITION EXCLUSION. PLEASE REFER TO YOUR CERTIFICATE FOR DETAILS.

If you are totally disabled for more than 30 days, then the disability benefit will begin with the 31st day of disability.	
DATE OF ISSUE OF THIS CERTIFICATE	RATE OF INTEREST USED ON THIS LOAN
INSURANCE MAXIMUMS	
MAXIMUM MONTHLY TOTAL DISABILITY BENEFIT \$ 600 N/A	
MAXIMUM INSURABLE BALANCE PER LOAN ACCOUNT \$30,000 \$30,000	
MAXIMUM AGE FOR INSURANCE 66 70	
SECONDARY BENEFICIARY (If you desire to name one)	
MEMBER'S DATE OF BIRTH	JOINT INSURED'S DATE OF BIRTH

X	DATE
SIGNATURE OF MEMBER (Be sure to check one of the boxes above) APP.B35-1298HQ MA-1	

X	DATE
SIGNATURE OF JOINT INSURED (CO-BORROWER) (Only required if JOINT CREDIT LIFE coverage is selected.)	

Subsequent Election for Voluntary Credit Insurance

- You elected the coverage(s) checked above. To pay the Insurance charge on your Open-End Plan or Sub Account/Loan _____ you agree to:
- make more payments of the same amount until what you owe has been repaid.
 - increase your monthly payment to \$ _____.

I hereby represent that the above referenced member has authorized election of the specified coverage(s), indicated above by phone conversation on

DATE	TIME	SIGNATURE OF C.U. EMPLOYEE
------	------	----------------------------