



NIKKEI
credit union

LOAN APPLICATION



MABUHAY
credit union
A DIVISION OF NIKKEI CREDIT UNION

18425 S. Western Avenue
Gardena, CA 90248
(866) 4 - NIKKEI
www.nikkeicu.org

FAX: (310) 324-4264

Loan Information

- AUTO (New)
 MOTORCYCLE / RV / BOAT (New)
 PERSONAL— Purpose: _____
 VISA CREDIT CARD
 AUTO (Used)
 MOTORCYCLE / RV / BOAT (Used)
 SHARE SECURED — Purpose: _____
 Maximum loan balance granted up to 100% of savings or share certificates.

\$ _____
 Loan Coupons
 Automatic Payment
 LOAN AMOUNT LOAN TERM (Months) PAYMENT METHOD

Vehicle Loans Only:

\$ _____
 DOWN PAYMENT AMOUNT MILEAGE (For used vehicles)

 MODEL YEAR MAKE (E.g. Honda, Chevrolet) MODEL (E.g. Civic, Tahoe)

Insurance

Nikkei Credit Union will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions must be signed for coverage to become effective.

- Credit Disability Insurance For Auto Loans Only
 Credit Life Insurance (Single) GAP — Guaranteed Auto Protection
 Credit Life Insurance (Joint) MBI — Mechanical Breakdown Insurance

Applicant Information - This section helps us to verify your identity and confirm your data.

NAME _____ MEMBER/ACCT NUMBER _____

ADDRESS (Street address, city, state, zip code) _____

PHONE NUMBER (Check one: home work cell) _____ PHONE NUMBER (Check one: home work cell) _____

E-MAIL ADDRESS _____

\$ _____
 Rent Own Other
 YEARS AT RESIDENCE RENT/MORTGAGE AMOUNT

SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE NUMBER _____ DATE OF BIRTH (MM/DD/YYYY) _____

EMPLOYER NAME AND ADDRESS _____ EMPLOYER PHONE NUMBER _____

POSITION/TITLE _____ SUPERVISOR'S NAME _____ YEARS AT EMPLOYER _____

\$ _____
 Monthly or Yearly
 Net or Gross
 \$ _____
 INCOME OTHER INCOME AMOUNT AND DESCRIPTION

PREVIOUS EMPLOYER NAME AND ADDRESS (If at current employer for less than 1 year) _____ PHONE NUMBER _____

Joint Applicant Information

NAME _____ MEMBER/ACCT NUMBER _____

ADDRESS (Street address, city, state, zip code) _____

PHONE NUMBER _____ E-MAIL ADDRESS _____
 \$ _____ Rent Own Other

YEARS AT RESIDENCE _____ RENT/MORTGAGE AMOUNT _____

PREVIOUS ADDRESS (If at current address for less than 2 years) _____

SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE NUMBER _____ DATE OF BIRTH (MM/DD/YYYY) _____

EMPLOYER NAME AND ADDRESS _____

POSITION/TITLE _____ SUPERVISOR'S NAME _____ YEARS AT EMPLOYER _____
 \$ _____ Monthly or Yearly Net or Gross \$ _____

INCOME _____ OTHER INCOME AMOUNT AND DESCRIPTION _____

PREVIOUS EMPLOYER NAME AND ADDRESS (If at current employer for less than 2 years) _____

References

NAME _____ ADDRESS _____ PHONE NUMBER _____ RELATIONSHIP _____

NAME _____ ADDRESS _____ PHONE NUMBER _____ RELATIONSHIP _____

NAME _____ ADDRESS AND/OR PHONE NUMBER _____ RELATIONSHIP _____

	<u>Applicant</u>		<u>Joint Applicant</u>	
	YES	NO	YES	NO
Do you have any outstanding judgments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever filed for bankruptcy or had a debt adjustment plan confirmed under chapter 13?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had property foreclosed upon or repossessed in the last 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you other than a US citizen or permanent resident alien?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a co-maker, co-signer on any loan not listed above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Authorization Notice: By submitting this application to the credit union, you certify that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of your debts and obligations. You authorize the credit union to obtain credit reports in connection with this application for credit and for any update renewal or extension of the credit received. If you request it, the credit union will provide you with the name and address of any credit bureau from which it received your credit report. You understand that the credit union will rely on both the representations you make in this application and the contents of any credit report it obtains when deciding whether to grant the credit requested. You agree to immediately notify us of changes to any of the information you have provided in this application. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on applications made to Credit Unions or State Chartered Credit Unions insured by NCUA.

APPLICANT'S SIGNATURE _____ DATE _____ JOINT APPLICANT'S SIGNATURE _____ DATE _____