

OFAFCU Mini Loan Application

Fax this application to OFAFCU at 410-931-3125

Type of Loan _____
 Amount of Loan \$ _____
 Purpose of Loan _____
 Number of Months to Repay _____
 Collateral Offered _____
 Collateral Owned or to be Owned By _____

Method of Payment: Payroll Deduction Automatic Share Transfer
 Weekly Bi-Weekly Monthly Cash

Spouse/Co-Applicant Information

Complete Spouse/Co-Applicant information only if any of the following apply:
 a. This is for joint account with Your Spouse or other Co-applicant.
 b. Your Spouse will use Your Account.
 c. You're relying on Your Spouse's income as a source of repayment for the credit request.

Definitions

Whenever used in this application, the words "You" and "Your" refer to the applicant(s), and the words "We", "Us" and "Our" refer to the Lender.

INCLUDE COPY OF CURRENT PAYSTUB	A	APPLICANT	C	<input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE (Check One)		INCLUDE COPY OF CURRENT PAYSTUB	
	NAME (LAST, FIRST, INITIAL)	MEMBER ACCOUNT NUMBER	NAME (LAST, FIRST, INITIAL)	DATE OF BIRTH			
	HOME PHONE	WORK PHONE	SOCIAL SECURITY NO.	HOME PHONE	WORK PHONE		SOCIAL SECURITY NO.
	HOME ADDRESS	SINCE (MO/YR)	HOME ADDRESS	SINCE (MO/YR)			
	CITY, STATE, ZIP		CITY, STATE, ZIP				
	DRIVER'S LICENSE NUMBER	DATE OF BIRTH	DRIVER'S LICENSE NUMBER				
	<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LIVE WITH PARENTS <input type="checkbox"/> MONTHLY RENT/MORTGAGE PAYMENT		<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LIVE WITH PARENTS <input type="checkbox"/> MONTHLY RENT/MORTGAGE PAYMENT				
	LANDLORD/MORTGAGE COMPANY		LANDLORD/MORTGAGE COMPANY				
	EMPLOYMENT			EMPLOYMENT			
	EMPLOYER NAME AND ADDRESS		EMPLOYER NAME AND ADDRESS				
CITY, STATE, ZIP		CITY, STATE, ZIP					
HIRER DATE	POSITION	MONTHLY GROSS SALARY	OTHER INCOME	HIRER DATE	POSITION	MONTHLY GROSS SALARY	OTHER INCOME

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

Obligations (List all debts including child support and alimony. Use separate sheet if necessary.)

A	C	TYPE OF LOAN	CREDITOR NAME, ADDRESS, ACCOUNT NO.	ORIGINAL BALANCE	CURRENT BALANCE	MONTHLY PAYMENT	INTEREST RATE
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	

Personal References Please check: A = Applicant C = Spouse/Co-Applicant

A	C	NAME/ADDRESS/TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP
		PERSONAL REFERENCE — NAME/ADDRESS/TELEPHONE	YEARS KNOWN

Please answer the following questions.

If a yes answer is given, explain on attached sheet.

	A		C		Please check: A = Applicant C = Spouse/Co-Applicant	A		C	
	YES	NO	YES	NO		YES	NO	YES	NO
1. Have You ever had any auto, furniture, or property repossessed?									
2. Are You a co-maker or co-signer of any loan? For Whom _____ Amount \$ _____									
3. Have You ever had credit in any other name? What name _____									
4. Have You any suits pending, judgments filed, alimony or support awards against You?									
5. Have You any obligations not listed?									
6. Do You have any past due bills?									
7. Is any income You have listed likely to reduce in the next 2 years?									
8. Have You filed a petition for bankruptcy in the last 10 years?									

Optional Credit Insurance — An appropriate application/disclosure will be furnished at the time Your credit is approved.

Complete this Insurance Disclosure only if applying for a Revolving Credit Account. Credit Insurance Disclosure for Closed-End Loans are furnished separately. Your Loan Officer has details. Credit Life and/or Credit Disability Insurance is not required to obtain credit under this plan and will be included only if requested immediately below by the APPLICANT. Each month, the insurance charge is calculated by multiplying the total of remaining scheduled payments of the Account on the last day of that month by the rate shown. You must be under age 65, and, in addition, for Credit Disability Insurance, You must be in active full-time work for wages or profit and physically at work for at least 30 hours for each of the 2 consecutive weeks prior to each loan advance in order for the insurance to take effect for that advance. Joint Life coverage covers only a Spouse who is a Co-Applicant.

MONTHLY PREMIUM RATES PER \$1000 TOTAL OF REMAINING SCHEDULED PAYMENTS — YOU MUST CHECK ONE OR MORE OF THE BOXES BELOW.

CREDIT LIFE: Single Coverage — \$ _____ Yes No Joint Coverage — \$ _____ Yes No
 CREDIT DISABILITY: Single Coverage — \$ _____ Yes No YOU DO NOT WANT CREDIT INSURANCE

If You applied for Credit Insurance, You authorize Us to add the required premiums to Your Account, charge a Finance Charge on the premiums at the rate which applies to Your Account, and forward such premiums to the Insurance Company.

SIGNATURE OF APPLICANT _____

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 Revolving Credit Account Program, 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 acknowledge receiving a copy of that agreement and 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 hereby acknowledge Your intent to apply for joint credit _____
Applicant's Initials Co-Applicant's Initials

Applicant Signature _____	Date _____	Spouse/Co-Applicant Signature _____	Date _____
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