



9.5%
12-24 Months
\$ 5000.00 Maximum

VACATION Loan Application

Please submit 2 most recent paycheck stubs and copy of most recent W2

*** \$50.00 APPLICATION FEE ***

Amount being requested:

Account #: _____

(First Name) (Middle Initial) (Last Name) (Social Security Number)

(Current Address) (City) (State) (Zip Code)

() - \$ \$

(Home Phone) (Years at Current Address ___Own___Rent___Other) (Monthly Rent or Mortgage) (Combined Annual Salary)

(Date of Birth) (# of Dependents) (Mother's Maiden Name) (Drivers License and State)

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(Current Employer) (Position) (Years at Current Employment) (Work Phone)

(Work Address) (City) (State) (Zip Code)

Have you ever filed for Bankruptcy?
(Regular or Chapter 13) ___Yes___No

Have you ever received credit under a different name?
___Yes___No

REFERENCES

(Last Name) (First Name) (Home Phone) (Cell Phone)

(Last Name) (First Name) (Home Phone) (Cell Phone)

I certify that the above information is true and correct and authorize the Credit Union to obtain credit reports in connection with this application and any update renewal or extension thereof. If the Credit Union does so, I will, upon request, be informed of the fact and each bureau's name and address. I authorize the Credit Union to verify with others information contained within this application and to report, for lawful purposes, its transactions with me.

Signature of Applicant

Date

Return to CAFCU today for loan pre-approval.

I also authorize credit reports to be obtained on the same terms and conditions set forth above for applicant.

Signature of Co-Applicant

Date

