

GAF LINDEN EMPLOYEES FEDERAL CREDIT UNION
1 CAMPUS DRIVE, PARSIPPANY, NJ 07054
1-973-628-3852 FAX 1-973-531-2785
E-MAIL: CREDITUNION@GAF.COM
WWW.GAFCREDITUNION.ORG

PLEASE READ BEFORE COMPLETING APPLICATION...

As requested, enclosed is the loan application.

ALL information on the application ***MUST*** be completed. Indicate N/A where applicable. Your request will be denied due to incomplete application if not returned with the requested documents.

You may fax/scan your application for review but the original must be received by our office prior to the loan proceeds being released.

- Complete the application (pages 2 & 3) and sign.
- A copy of your last pay stub and driver's license must accompany this application.

One (1) loan payment is a required deposit to be held in your regular share account. You may make this deposit when you pick up your loan check or return your paperwork. This deposit will remain in your share account until your loan is paid in full.

FOR AUTO LOANS:

A copy of the dealer invoice must be returned along with this application. A letter from the seller and a copy of the title will take the place of the invoice if the sale is through a private party.

Refinancing of an auto loan:

A copy of the payment coupon, copy of the note with the financial institution, the name, mailing address and phone number of the financial institution along with the pay off and good thru date.

Insurance information (Company name & policy number, Agent's name, address & phone number) must also be given to the Credit Union.

NEW AND USED AUTO LOANS: 100% financing on the cost of the vehicle only
(Tax, dealer fees, warranty, etc. are not included in the loan)

Please contact our office if you have any questions or if further information is needed.

G A F LINDEN EMPLOYEES FEDERAL CREDIT UNION

1 Campus Drive
Parsippany, NJ 07054

APPLICATION FOR CREDIT

| | | | | |
|-----------------------------|--|----------------------------------|--|---|
| LOAN AMOUNT REQUESTED \$ | TO BE REPAYED IN (estimated) MONTHS | REQUESTED PERIODIC PAYMENT \$ | PURPOSE OF LOAN AND COLLATERAL OFFERED | <input type="checkbox"/> OPEN END <input checked="" type="checkbox"/> CLOSED END |
|-----------------------------|--|----------------------------------|--|---|

TYPE OF ACCOUNT WANTED

Married applicants may apply for individual accounts. Indicate below the type of credit wanted.
 INDIVIDUAL CREDIT: Complete Information About You Section. Complete other section if the following applies: You live in a community property state (AK, AZ, CA, ID, LA, NM, NV, P.R., TX, WA, WI) or your spouse will use the account or you are relying on your spouse/Co-Applicant's or guarantor income as a source of repayment.
 JOINT CREDIT: Provide information about both of you. If you intend to apply for joint credit, you understand that the Credit Union may need to document any non-member as a guarantor/co-signer as explained above.
 Applicant Initials _____ Co-applicant Initials _____

INFORMATION ABOUT PROTECTION FOR YOUR LOANS

Group Credit Insurance is available on loans made to Credit Union members. Insurance is voluntary and not required to obtain credit. If you would like information about Group Credit Insurance, check below.

| | | | | | | | | |
|--|------------------------------|-----------|--|-----------------------------|-----------|--|-----------------------------|-----------|
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Single Credit Life Insurance | Age _____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Joint Credit Life Insurance | Age _____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Credit Disability Insurance | Age _____ |
|--|------------------------------|-----------|--|-----------------------------|-----------|--|-----------------------------|-----------|

The Credit Union will disclose the cost of this Voluntary Insurance to you if you checked Yes. A separate election disclosing the terms and conditions of the Credit Insurance must be signed for the coverage to be effective. If you have attained or are over the ages indicated, you are not eligible for coverage.

INFORMATION ABOUT YOU

INFORMATION ABOUT YOUR OTHER-APPLICANT OR GUARANTOR/CO-SIGNER

| | |
|--|--|
| Complete for secured credit or if you live in a community property state <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single, Divorced, Widowed) | Complete for secured credit or if you live in a community property state <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single, Divorced, Widowed) |
|--|--|

| | | | |
|--|------------------------|------------------------|--|
| APPLICANT NAME | | DATE OF BIRTH | |
| PRESENT ADDRESS (STREET, CITY, STATE, ZIP) | | COUNTY | HOW LONG |
| | | | <input type="checkbox"/> OWN <input type="checkbox"/> RENT |
| PREVIOUS ADDRESS(ES) LAST FIVE YEARS | | | |
| | | | <input type="checkbox"/> OWN <input type="checkbox"/> RENT |
| EMPLOYEE NO. | HOME PHONE () | BUSINESS PHONE () | EXT. |
| ACCOUNT NO. | SOCIAL SECURITY NUMBER | DRIVERS LICENSE NUMBER | |
| NUMBER OF DEPENDENTS—EXCLUDE SELF ANY LISTED BY CO-APPLICANT | | | |
| AGES | | | |

| | | | |
|--|------------------------|------------------------|--|
| OTHER-APPLICANT NAME | | DATE OF BIRTH | |
| PRESENT ADDRESS (STREET, CITY, STATE, ZIP) | | COUNTY | HOW LONG |
| | | | <input type="checkbox"/> OWN <input type="checkbox"/> RENT |
| PREVIOUS ADDRESS(ES) LAST FIVE YEARS | | | |
| | | | <input type="checkbox"/> OWN <input type="checkbox"/> RENT |
| EMPLOYEE NO. | HOME PHONE () | BUSINESS PHONE () | EXT. |
| ACCOUNT NO. | SOCIAL SECURITY NUMBER | DRIVERS LICENSE NUMBER | |
| NUMBER OF DEPENDENTS—EXCLUDE SELF ANY LISTED BY CO-APPLICANT | | | |
| AGES | | | |

ADDITIONAL INFORMATION ABOUT YOU AND YOUR OTHER-APPLICANT'S EMPLOYMENT AND INCOME

| | | |
|--|-------------------------------------|---|
| PRESENT EMPLOYER | | |
| EMPLOYER ADDRESS (STREET, CITY, STATE, ZIP) | | |
| JOB TITLE/GRADE | SUPERVISOR | SUPERVISOR PHONE |
| DATE EMPLOYED | TYPE OF BUSINESS | SELF-EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IS MILITARY DUTY STATION TRANSFER EXPECTED WITHIN NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO | WHERE | ETS DATE |
| *You need not reveal income from alimony, child support, or separate maintenance payments unless you want it considered in evaluating this credit application. | | |
| EMPLOYMENT INCOME \$ _____ PER _____ <input type="checkbox"/> NET <input type="checkbox"/> GROSS | OTHER INCOME* \$ _____ PER _____ | SOURCE OF OTHER INCOME* |
| PREVIOUS EMPLOYER(S) NAME/ADDRESS | | |
| | STARTING DATE | ENDING DATE |

| | | |
|--|-------------------------------------|---|
| PRESENT EMPLOYER | | |
| EMPLOYER ADDRESS (STREET, CITY, STATE, ZIP) | | |
| JOB TITLE/GRADE | SUPERVISOR | SUPERVISOR PHONE |
| DATE EMPLOYED | TYPE OF BUSINESS | SELF-EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IS MILITARY DUTY STATION TRANSFER EXPECTED WITHIN NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO | WHERE | ETS DATE |
| *You need not reveal income from alimony, child support, or separate maintenance payments unless you want it considered in evaluating this credit application. | | |
| EMPLOYMENT INCOME \$ _____ PER _____ <input type="checkbox"/> NET <input type="checkbox"/> GROSS | OTHER INCOME* \$ _____ PER _____ | SOURCE OF OTHER INCOME* |
| PREVIOUS EMPLOYER(S) NAME/ADDRESS | | |
| | STARTING DATE | ENDING DATE |

ASSETS

| CURRENT DEPOSITS AT OTHER FINANCIAL INSTITUTIONS | | | |
|---|--|---------------------------------|---|
| ACCOUNT NO. | <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING | NAME AND ADDRESS OF INSTITUTION | |
| ACCOUNT NO. | <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING | NAME AND ADDRESS OF INSTITUTION | |
| ACCOUNT NO. | <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING | NAME AND ADDRESS OF INSTITUTION | |
| DESCRIPTION OF CLEAR TITLE ASSETS (CAR, PROPERTY) | | VALUE \$ _____ | Pledged As Collateral <input type="checkbox"/> YES <input type="checkbox"/> NO |
| (OTHER ASSETS) | | VALUE \$ _____ | Pledged As Collateral <input type="checkbox"/> YES <input type="checkbox"/> NO |

ASSETS

| CURRENT DEPOSITS AT OTHER FINANCIAL INSTITUTIONS | | | |
|---|--|---------------------------------|---|
| ACCOUNT NO. | <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING | NAME AND ADDRESS OF INSTITUTION | |
| ACCOUNT NO. | <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING | NAME AND ADDRESS OF INSTITUTION | |
| ACCOUNT NO. | <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING | NAME AND ADDRESS OF INSTITUTION | |
| DESCRIPTION OF CLEAR TITLE ASSETS (CAR, PROPERTY) | | VALUE \$ _____ | Pledged As Collateral <input type="checkbox"/> YES <input type="checkbox"/> NO |
| (OTHER ASSETS) | | VALUE \$ _____ | Pledged As Collateral <input type="checkbox"/> YES <input type="checkbox"/> NO |

REFERENCES

| | |
|---|--------------|
| NAME AND ADDRESS NEAREST RELATIVE NOT LIVING WITH YOU | RELATIONSHIP |
| | PHONE |
| NAME AND ADDRESS CLOSE PERSONAL FRIEND—NOT RELATIVE | HOME PHONE |
| | WORK PHONE |

| | |
|---|--------------|
| NAME AND ADDRESS NEAREST RELATIVE NOT LIVING WITH YOU | RELATIONSHIP |
| | PHONE |
| NAME AND ADDRESS CLOSE PERSONAL FRIEND—NOT RELATIVE | HOME PHONE |
| | WORK PHONE |

OUTSTANDING DEBTS AND OBLIGATIONS—LIST EVERYTHING OWED, USE SEPARATE SHEET IF NEEDED

| CHECK ONE OR MORE | NAME AND ADDRESS OF CREDITOR | ACCT. NO. | PAST DUE | ORIGINAL AMOUNT | BALANCE | MONTHLY PAYMENT |
|-------------------|--|-----------|----------|-----------------|---------|-----------------|
| | HOUSE PAYMENT OR RENT | | | | | |
| | HOUSE PAYMENT OR RENT | | | | | |
| | AUTO LOAN | | | | | |
| | AUTO LOAN | | | | | |
| | DEPARTMENT STORES | | | | | |
| | | | | | | |
| | | | | | | |
| | CHILD SUPPORT | | | | | |
| | CHILD CARE | | | | | |
| | CREDIT CARDS | | | | | |
| | | | | | | |
| | | | | | | |
| | LOAN PAYMENTS | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | MISC. EXPENSES (UTILITIES, TELEPHONE, INSURANCE, ETC.) | | | | | |

ATTACH SEPARATE SHEET IF NECESSARY **TOTALS \$** **\$** **\$**

| | | | |
|---|--|---|---|
| <p>Have you ever filed a petition for bankruptcy (Personal <input type="checkbox"/> Business <input type="checkbox"/>)?</p> <p>Have you ever filed a petition for Chapter 13 Bankruptcy?</p> <p>Are any suits pending, judgements filed, alimonys or support awards against you?</p> <p>Have you ever had any auto, furniture, or any property repossessed?</p> <p>Are you a party in a lawsuit?</p> <p>Do you have any outstanding judgements?</p> <p>Is any income you have shown likely to reduce in the next two years?</p> <p>Are you a co-maker or co-signer on any loan? If so, whom?</p> <p>NAME OF OTHERS OBLIGATED ON LOAN AND NAME OF CREDITOR _____</p> | <p align="center">APPLICANT</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p align="center">CO-APPLICANT</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>ARE YOU A UNITED STATES CITIZEN?</p> <p>APPLICANT <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>CO-APPLICANT <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>.... IF NO LIST STATUS</p> |
|---|--|---|---|

IF ANY YES ANSWERS TO QUESTIONS, EXPLAIN ON SEPARATE SHEET

It is the Credit Union's policy to not discriminate against any applicant with respect to race, color, religion, national origin, sex, marital status, age, the receipt of public assistance, part time income, or exercising rights under any consumer protection credit act. In addition, it is our policy not to discriminate based on familial status or a handicap in the extension of credit for housing. It is the Credit Union's intent to comply with all consumer credit protection statutes and regulations.

NOTICE: You agree and attest that your name and address shown herein is your legal name and the place of your residence, and such address is the proper address for all notice(s) required by this Application, and you further understand that any changes in this address must be submitted to us in writing to be effective.

YOU AGREE THAT EVERYTHING STATED IN THIS APPLICATION WHETHER ORAL, WRITTEN, OR THROUGH A FAX MACHINE IS CORRECT TO THE BEST OF YOUR KNOWLEDGE. THE CREDIT UNION IS AUTHORIZED TO INVESTIGATE YOUR CREDIT-WORTHINESS, EMPLOYMENT HISTORY, AND TO OBTAIN A CREDIT REPORT AND TO ANSWER QUESTIONS ABOUT THEIR CREDIT EXPERIENCE WITH YOU. YOU UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS IN YOUR APPLICATION MAY CAUSE ANY LOAN OR EXTENSION TO BE IN DEFAULT. YOU UNDERSTAND THAT 18 U.S.C. §1014 MAKES IT A FEDERAL CRIME TO KNOWINGLY MAKE ANY FALSE STATEMENT ON THIS APPLICATION.

To help the government fight the funding of Terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license and other identifying information.

| | | | |
|----------------------------------|------------|-------------------------------------|------------|
| APPLICANT SIGNATURE _____ | DATE _____ | CO-APPLICANT SIGNATURE _____ | DATE _____ |
|----------------------------------|------------|-------------------------------------|------------|

CREDIT COMMITTEE/LOAN OFFICER ACTION

Loan Officer:

Approved. Referred to C.C. Reason _____

LO signature _____

Credit Committee: Date _____

Approved. Rejected. Specific reason(s) for rejection _____

Outside information considered No Yes (describe) _____

Conditions, if any: _____

Signed _____

Signed _____

Signed _____