



SHAREFAX CREDIT UNION, INC.

www.sharefax.org
(513) 753-2440

FAX

TO: SHAREFAX CREDIT UNION, INC

Fax number : Batavia – (513) 753-2448 Evendale – (513) 554-6804
 Mason – (513) 459-3395 Milford – (513) 248-2860

FROM:

Fax number:

DATE:

Regarding: Loan Application – Marketing Generated – SEG

Total number of pages including cover: 3

Applicant phone number for follow-up:

COMMENTS: PLEASE REVIEW AND REPLY AS SOON AS POSSIBLE

Attention Loan Officer: Marketing Generated Loan Application – SEG

Loan application attached – Please review and respond as soon as possible.

CREDIT APPLICATION

IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

| TYPE OF CREDIT REQUESTED | | FOR CREDITOR USE | |
|--|---|-------------------|-----------------|
| IMPORTANT: Check () the appropriate boxes below and complete the applicable sections. | | DATE _____ | CLASS NO. _____ |
| SECURED | INDIVIDUAL CREDIT -relying solely on my income or assets | ACCOUNT NO. _____ | |
| UNSECURED | INDIVIDUAL CREDIT -relying on my income or assets as well as income or assets from other sources. | APPROVED BY _____ | |
| | JOINT CREDIT - We intend to apply for joint credit. (initials) _____ | DECLINED BY _____ | |

| AMOUNT REQUESTED | FOR HOW LONG | PAYMENT DATE DESIRED | WANT TO REPAY MONTHLY | PROCEEDS OF LOAN TO BE USED FOR: |
|------------------|--------------|----------------------|-----------------------|----------------------------------|
| \$ _____ | | | | |

SECTION A - INDIVIDUAL APPLICANT INFORMATION

| | | | | | |
|--|---------------|----------------------|-----------------------------------|--|--------------------|
| NAME (Last, First, Middle) | | | | | |
| BIRTH DATE | TELEPHONE NO. | DRIVER'S LICENSE NO. | SOCIAL SECURITY NO. | NO. OF DEP. | AGES OF DEPENDENTS |
| ADDRESS (Street, City, State & Zip) | | | COUNTY | Do you own or rent? | HOW LONG |
| PREVIOUS ADDRESS (Street, City, State & Zip) (Complete if less than 3 years at present address) | | | COUNTY | Did you own or rent? | HOW LONG |
| NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU | | RELATIONSHIP | TELEPHONE NO. (Include Area Code) | | |
| EMPLOYER (Company Name & Address) | | | | | HOW LONG |
| BUSINESS PHONE | Ext. | POSITION OR TITLE | HOW OFTEN PAID | TAKE HOME SALARY PER MONTH \$ | |
| PREVIOUS EMPLOYER (Company Name & Address) | | | | | HOW LONG |
| 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. | | | | | |
| Alimony, child support, separate maintenance received under: Court Order Written Agreement Oral Understanding | | | | | |
| SOURCES OF OTHER INCOME | | | | AMOUNT PER MONTH \$ | |
| Is any income listed in this Section likely to be reduced before the credit request is paid off? | | | | Have you previously received credit from us? | |
| No Yes (Explain) | | | | No Yes-When? | |

SECTION B - JOINT APPLICANT OR OTHER PARTY INFORMATION

Complete only if: for joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state.

| | | | | | |
|--|---|----------------------|---------------------|--|--------------------|
| NAME (Last, First, Middle) | | | | | |
| BIRTH DATE | TELEPHONE NO. | DRIVER'S LICENSE NO. | SOCIAL SECURITY NO. | NO. OF DEP. | AGES OF DEPENDENTS |
| RELATIONSHIP TO APPLICANT (If Any) | PRESENT ADDRESS (Street, City, State & Zip) | | | | HOW LONG |
| EMPLOYER (Company Name & Address) | | | | | HOW LONG |
| BUSINESS PHONE | Ext. | POSITION OR TITLE | HOW OFTEN PAID | TAKE HOME SALARY PER MONTH \$ | |
| PREVIOUS EMPLOYER (Company Name & Address) | | | | | HOW LONG |
| 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. | | | | | |
| Alimony, child support, separate maintenance received under: Court Order Written Agreement Oral Understanding | | | | | |
| SOURCES OF OTHER INCOME | | | | AMOUNT PER MONTH \$ | |
| Is any income listed in this Section likely to be reduced before the credit request is paid off? | | | | Has Joint Applicant or Other Party ever received credit from us? | |
| No Yes (Explain) | | | | No Yes-When? | |

SECTION C - MARITAL STATUS

Complete only if: for joint or secured credit, or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested.

| | | | |
|-------------|---------|-----------|---|
| APPLICANT | Married | Separated | Unmarried (including single, divorced, and widowed) |
| OTHER PARTY | Married | Separated | Unmarried (including single, divorced, and widowed) |

SECTION D - ASSET & DEBT INFORMATION

If Section B has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant-related information with an "A." If Section B was not completed, only give information about the Applicant in this Section.

ASSETS OWNED (Use separate sheet if necessary.)

| DESCRIPTION OF ASSETS | NAME IN WHICH THE ACCOUNT IS CARRIED | SUBJECT TO DEBT? | VALUE |
|--|--------------------------------------|------------------|-------|
| CHECKING ACCOUNT NUMBER(S) (where) | | | \$ |
| SAVINGS ACCOUNT NUMBER(S) (where) | | | |
| CERTIFICATE OF DEPOSIT(S) (where) | | | |
| MARKETABLE SECURITIES (issuer, type, no. of shares) | | | |
| REAL ESTATE (location, date acquired) | | | |
| LIFE INSURANCE (issuer, face value) | | | |
| AUTOMOBILES (make, model, year) | | | |
| OTHER (list) | | | |
| TOTAL ASSETS | | | \$ |

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages and other obligations. Use separate sheet if necessary.)

| CREDITOR | ACCOUNT NUMBER | NAME IN WHICH THE ACCOUNT IS CARRIED | ORIGINAL AMOUNT | PRESENT BALANCE | MONTHLY PAYMENTS |
|-----------------------------|--------------------------|--------------------------------------|-------------------|-------------------|-------------------|
| LANDLORD OR MORTGAGE HOLDER | Rent Payment Mortgage | | (OMIT RENT) \$ | (OMIT RENT) \$ | (OMIT RENT) \$ |
| AUTOMOBILES (describe) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL DEBTS | | | \$ | \$ | \$ |

Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable):

Are you obligated to make Alimony, Support or Maintenance Payments? No Yes
 If yes, to (Name & Address) _____ Amt. per month \$ _____
 Are you a comaker, endorser, or guarantor on any loan or contract? No Yes If yes, for whom? _____ To whom? _____
 Are there any unsatisfied judgments against you? No Yes If yes, whom owed? _____ Amount \$ _____
 Have you been declared bankrupt in the last 10 years? No Yes If yes, where? _____ Year? _____

SECTION E - SECURED CREDIT Complete only if credit is to be secured. Briefly describe the property to be given as security:

PROPERTY DESCRIPTION
 NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY
 IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (if any).

SIGNATURES - I certify that everything I have stated in this application and on any attachments is correct. Lender may keep this application whether or not it is approved. By signing below I authorize Lender to check my credit and employment history and to answer questions others may ask Lender about my credit record with Lender. I understand that I must update credit information at Lender's request if my financial condition changes.
 The Ohio Laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.
Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant's Signature

Date

Other Signature (Where Applicable)

Date