

ROCKLAND EMPLOYEES FEDERAL CREDIT UNION

170 E Central Ave • Spring Valley, NY 10977 Phone: (845) 371-5804 • Fax: (845) 371-2652

Application



HOW TO	
APPLY	

• Please complete sections 1 through 8

• S	ign	and	comp	let	e sect	ion 9
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· Return this application to your credit union

 An incomplet 	e or unsigned	form may d	elay processing
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NOTE AND
COMPLETE
Married Applicants
may apply for a separate account

NOTICE TO OHIO APPLICANTS: 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.

NOTE AND COMPLETE Married Applicants may apply for a separate account.	Individual Credit: Complete munity property state (AZ, CA,	fect the rights of the Cred ns, before the credit is gra ng applied for, if granted, ONLY Applicant section, Comple ID, LA, NM, NV, TX, WA, WI),	it Union unless the inted or the accoun will be incurred in the DATE te Co-Applicant, Sp., or (2) if your spouse plete the appropria	Credit Union is furnished a copy t is opened. (2) Please sign if yo	y of the agreement, stater ou are not applying for th mily of the undersigned. ion: (1) about your spouse it k box to indicate whom the is	nent or decree, or is account or loan fyou live in a com-
	Repayment: Payroll Ded		Automatic Payme	nt Military Allotment		
STATEMENT OF INTENT	Are you interested in having you If you answer "yes," the Credit Ur for your loan to be covered, you	nion will disclose the cost		. The protection is voluntary and		approval. In order
2	APPLICANT			CO-APPLICANT	SPOUSE	
APPLICANT NFORMATION	NAME (Last - First - Initial)			NAME (Last - First - Initial)		
	DRIVER'S LICENSE NUMBER/STATE			DRIVER'S LICENSE NUMBER/STAT	E	
	ACCOUNT NUMBER SOCIAL SECURITY NUMBER		R	ACCOUNT NUMBER	SOCIAL SECURITY NUMB	ER
	BIRTH DATE HOME PHONE	CELL PHONE BUSIN	NESS PHONE/ EXT.	BIRTH DATE HOME PHONE	CELL PHONE BUS	INESS PHONE/ EXT.
	PRESENT ADDRESS (Street - City	- State - Zip)	OWN RENT	PRESENT ADDRESS (Street - City	y – State – Zip)	OWN RENT
	YEARS AT THIS ADDRESS			YEARS ATTHIS ADDRESS		
	PREVIOUS ADDRESS (Street - City	- State - Zip)	OWN RENT	PREVIOUS ADDRESS (Street - Ch	ty - State - Zip)	OWN RENT
			YEARS AT THIS ADDRESS			YEARS AT THIS ADDRESS
	COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: MARRIED SEPARATED UNMARRIED (Single – Divorced – Widowed) LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT			COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: MARRIED SEPARATED UNMARRIED (Single – Divorced – Widowed) LIST AGES OF DEPENDENTS NOT LISTED BY APPLICANT		
	(Exclude Self)			(Exclude Self)		
3 EMPLOYMENT NEORMATION	NAME AND ADDRESS OF EMPLOYE	R 		NAME AND ADDRESS OF EMPLOY	ER	
	YOUR TITLE/GRADE SUPERVISOR'S NAME			YOUR TITLE/GRADE SUPERVISOR'S NAME		
	START DATE HOURS AT WORK IF SELF EMPLOYED, TYPE OF BUSINESS			START DATE HOURS AT WORK IF SELF EMPLOYED, TYPE OF BUSINESS		
	IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS STARTING DATE			IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PRÉVIOUS EMPLOYER NAME AND ADDRESS STARTING DATE		
		<u>E</u> N	DING DATE		· · · · · · · · · · · · · · · · · · ·	NDING DATE
MILITARY	IS DUTY STATION TRANSFER EXPERIMENTAL WHERE	CTED DURING NEXT YEAR [ENDING/S	YES NO PEPARATION DATE	IS DUTY STATION TRANSFER EXPE WHERE	ECTED DURING NEXT YEAR ENDING	YES NO SEPARATION DATE
1	NOTICE: Alimony child support, of	or separate maintenance incoose to have it considered.	ome need not be	NOTICE: Alimony, child support,	or separate maintenance in hoose to have it considered.	come need not be
NCOME NFORMATION	EMPLOYMENT INCOME S PER ONET GROSS	OTHER INCOME \$ PER SOURCE		EMPLOYMENT INCOME PER GROSS	OTHER INCOME \$ PER	
5	NAME AND ADDRESS OF NEAREST NOT LIVING WITH YOU	RELATIVE	RELATIONSHIP	NAME AND ADDRESS OF NEARES NOT LIVING WITH YOU	T RELATIVE	RELATIONSHIP
REFERENCES Please include Street, City, State	***************************************		HOME PHONE	*************	• • • • • • • • • • • • • • • • • • • •	- HOME PHONE
	NAME AND ADDRESS OF PERSONA -NOT A RELATIVE	L FRIEND	HOME PHONE	NAME AND ADDRESS OF PERSON -NOT A RELATIVE	IAL FRIEND	HOME PHONE

NMLSR ID NUMBER

LOAN ORIGINATOR