

# Central Vermont Medical Center, Inc. Credit Union Universal Loan Application

You must be a member of this Credit Union to apply for a loan. If you are not currently a member, please call us at 802 371 4211 so we may determine if you are eligible for membership. Applicants are required to provide all the applicable information prior to submitting the loan application to the Credit Union, an incomplete application will delay processing. Please understand by completing and submitting this application via our web site you are giving the Credit Union authorization to evaluate your creditworthiness (see authorization notice below). If we decide to approve your request for a loan then you, and the co-applicant if applicable, are required to come to the Credit Union to complete the application process and sign appropriate loan agreements. You may call us and ask about the status of your application.

Amount Requested: \$	<input type="text"/>
Payment Frequency	<input type="text" value="Quarterly"/>
Loan Purpose	<input type="text"/>
Collateral	<input type="text"/>
Account Number	<input type="text"/>

## Applicant

Last Name	<input type="text"/>	Initial	<input type="text"/>
First Name	<input type="text"/>		
Mother's Maiden Name	<input type="text"/>		
Social Security Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driver's License Number	<input type="text"/>	State	<input type="text"/>
Birth Date	<input type="text"/>	MM/DD/YYYY	
Home Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Zip	<input type="text"/>		<input type="text"/>
Do you Own or Rent?	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other

Years at this address

E-mail Address

Employer

Employer Address

Employment Income \$

Per

Gross

Net

Employment Start Date

MMDD/YYYY

Alimony, child support, and separate maintenance income need not be revealed if you do not wish to have it considered.

**Other Income:**

Monthly Amount

Source

Other Income #1

Other Income #2

**Other Applicant (if applicable):**

Co-Applicant

Spouse

Last Name

Initial

First Name

Mother's Maiden Name

Social Security Number

Birth Date

MM/DD/YYYY

Home Phone

Work Phone

Street Address

City

State

Zip

Do you Own or Rent?

Own

Rent

Other

Years at this address  E-mail Address

Employer

Employer Address

Employment Income  Per -   Gross  Net

Employment Start Date  MM/DD/YYYY

Alimony, child support, and separate maintenance income need not be revealed if you do not wish to have it considered.

Other Income:	Monthly Amount	Source
Other Income #1	<input type="text"/>	<input type="text"/>
Other Income #2	<input type="text"/>	<input type="text"/>

Authorization Notice: By submitting this application to the Credit Union, you certify that everything you have stated in this application is correct to the best of your knowledge. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any, update renewal or extension of the credit received. If you request, the Credit Union will provide you with the name and address of any credit bureau from which it received your credit report. You understand that the Credit Union will rely on both the representations you make in this application and the contents of any credit report it obtains when deciding whether to grant the credit requested. You agree to immediately notify us of changes to any of the information you have provided in this application. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on applications made to Credit Unions or State Chartered Credit Unions insured by NCUA.

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