

How to apply for a Consumer Loan:

First, you must become a member of Tri Boro!

Second, you must have at least \$20.00 available in your share account above the \$50.00 minimum for your application processing fee. Then apply for a loan by doing any of the following:

1. Call the loan department and we can take your application over the phone at 412-205-5201
2. Complete and sign the this application form and do either of the following:
 - a. Email to: consumerlending@triboro-fcu.org
 - b. Fax to **412-460-4001**
3. Be sure to:
 - a. Let us know what you need the loan for (purpose of loan)?
 - b. Give us permission to debit the \$20.00 application processing fee from either your Main Share (savings) or Share Draft (checking) account

All loan requests require applicants to provide the credit union with current proof of their income.

Examples of income verification:

- 1) Pay stubs from last 30 days
- 2) Social Security tax form SSA-1099/Award Letter
- 3) Pension 1099-R

Self-Employed Borrowers:

- 1) 2 Years Federal Tax Returns with all schedules
- 2) Year to date income statement

Vehicle loan requests will require:

- 1) Sales agreement/buyers order
- 2) Current proof of insurance.



600 East 8th Avenue • Munhall, PA 15120
 (412) 461-3018 • (877) 496-1996
 Fax: (412) 461-0842 • www.triboro-fcu.org

APPLICATION

There are costs associated with the use of a credit card. Information about costs, rates, and fees may be contained in disclosures provided with this application or by calling us toll-free or collect at _____ or writing to us at the address stated on this application.

Check below to indicate the type of credit for which you are applying. Married Applicants may apply for a separate account.

Individual Credit: You must complete the Applicant section about yourself and the Other section about your spouse if

- you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI)
- your spouse will use the account, or
- you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the Other section to the extent possible about the person on whose payments you are relying.

Joint Credit: Each Applicant must **individually** complete appropriate section below. If Co-Applicant is spouse of the Applicant, mark the Co-Applicant box.

Account/Loan: Individual Joint

Credit Card Account: Individual Joint

If this is an application for joint credit, Applicant and Co-Applicant each agree and acknowledge the intent to apply for joint credit (sign below):

Applicant Signature	Date
X	(Seal)

Co-Applicant Signature	Date
X	(Seal)

Amount Requested \$
 Purpose/Collateral:

Credit Limit Requested \$
 If Authorized User, Name:

APPLICANT				OTHER <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> GUARANTOR <input type="checkbox"/> OTHER			
NAME (Last - First - Initial)				NAME (Last - First - Initial)			
ACCOUNT NUMBER		SOCIAL SECURITY NUMBER/INDIVIDUAL TAX ID NUMBER		ACCOUNT NUMBER		SOCIAL SECURITY NUMBER/INDIVIDUAL TAX ID NUMBER	
BIRTH DATE		EMAIL ADDRESS		BIRTH DATE		EMAIL ADDRESS	
HOME PHONE		CELL PHONE		BUSINESS PHONE/EXT.		HOME PHONE	
CELL PHONE		BUSINESS PHONE/EXT.		HOME PHONE		CELL PHONE	
BUSINESS PHONE/EXT.		DRIVER'S LICENSE NUMBER/STATE		AGES OF DEPENDENTS		DRIVER'S LICENSE NUMBER/STATE	
AGES OF DEPENDENTS		PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT		PRESENT ADDRESS (Street - City - State - Zip)	
PRESENT ADDRESS (Street - City - State - Zip)		LENGTH AT RESIDENCE		LENGTH AT RESIDENCE		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
PREVIOUS ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT		PREVIOUS ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
PREVIOUS ADDRESS (Street - City - State - Zip)		LENGTH AT RESIDENCE		LENGTH AT RESIDENCE		LENGTH AT RESIDENCE	
MORTGAGE/RENT OWED TO				MORTGAGE/RENT OWED TO			
MORTGAGE BALANCE		MONTHLY PAYMENT		INTEREST RATE		MORTGAGE BALANCE	
\$		\$		%		\$	
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:				COMPLETE FOR JOINT CREDIT, 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)				<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)			

EMPLOYMENT/INCOME				EMPLOYMENT/INCOME			
EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME HOURS PER WEEK				EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME HOURS PER WEEK			
START DATE:				START DATE:			
NAME AND ADDRESS OF EMPLOYER				NAME AND ADDRESS OF EMPLOYER			
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.				NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.			
EMPLOYMENT INCOME PER		OTHER INCOME PER		EMPLOYMENT INCOME PER		OTHER INCOME PER	
\$		\$		\$		\$	
TITLE/GRADE		SOURCE		TITLE/GRADE		SOURCE	
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN TWO YEARS				PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN TWO YEARS			
STARTING DATE		ENDING DATE		STARTING DATE		ENDING DATE	
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE				MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE			
ENDING/SEPARATION DATE				ENDING/SEPARATION DATE			

REFERENCE		REFERENCE	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	
RELATIONSHIP	HOME PHONE	RELATIONSHIP	HOME PHONE

WHAT YOU OWE						
DEBT	CREDITOR NAME OTHER THAN THIS CREDIT UNION (Attach additional sheet(s) if necessary)	INTEREST RATE	PRESENT BALANCE	MONTHLY PAYMENT	OWED BY	
					APPLICANT	OTHER
<input type="checkbox"/> RENT		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FIRST MORTGAGE (Incl. Tax & Ins.)		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED:			TOTALS	\$	\$	

WHAT YOU OWN						
ASSET DESCRIPTION	LIST LOCATION OF PROPERTY OR FINANCIAL INSTITUTION	MARKET VALUE	PLEGGED AS COLLATERAL FOR ANOTHER LOAN		OWNED BY	
					APPLICANT	OTHER
		\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>

OTHER INFORMATION ABOUT YOU	IF YOU ANSWER "YES" (BY CHECKING THE BOX) TO ANY QUESTION OTHER THAN #1, EXPLAIN ON AN ATTACHED SHEET	APPLICANT	OTHER
1. ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?		<input type="checkbox"/>	<input type="checkbox"/>
2. DO YOU CURRENTLY HAVE ANY OUTSTANDING JUDGMENTS OR HAVE YOU EVER FILED FOR BANKRUPTCY, HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13, HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST SEVEN YEARS, OR BEEN A PARTY IN A LAWSUIT?		<input type="checkbox"/>	<input type="checkbox"/>
3. IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS?		<input type="checkbox"/>	<input type="checkbox"/>
4. ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE? FOR WHOM (Name of Others Obligated on Loan):		<input type="checkbox"/>	<input type="checkbox"/>
TO WHOM (Name of Creditor):			

STATE LAW NOTICE(S)				
<p>Notice to Nebraska Residents: A credit agreement must be in writing to be enforceable under Nebraska law. To protect you and us from any misunderstandings or disappointments, any contract, promise, undertaking, or offer to forebear repayment of money or to make any other financial accommodation in connection with this loan of money or grant or extension of credit, or any amendment of, cancellation of, waiver of, or substitution for any or all of the terms or provisions of any instrument or document executed in connection with this loan of money or grant or extension of credit, must be in writing to be effective.</p> <p>Notice to New York Residents: New York residents may contact the New York State Department of Financial Services to obtain a comparative listing of credit card rates, fees, and grace periods. New York State Department of Financial Services: 1-800-342-3736 or www.dfs.ny.gov.</p> <p>Notice to Ohio Residents: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy 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.</p> <p>Notice to Wisconsin Residents: (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.</p>				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Signature for Wisconsin Residents Only</td> <td style="width: 30%; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border: 1px solid black; text-align: center; vertical-align: middle;">X</td> <td style="border: 1px solid black; text-align: center; vertical-align: middle;">(Seal)</td> </tr> </table>	Signature for Wisconsin Residents Only	Date	X	(Seal)
Signature for Wisconsin Residents Only	Date			
X	(Seal)			

CONSENT TO CONTACT

BY SIGNING BELOW, YOU AUTHORIZE TRI BORO FEDERAL CREDIT UNION TO DELIVER OR CAUSE TO BE DELIVERED TO YOU AT THE TELEPHONE NUMBERS PROVIDED ABOVE, ADVERTISING AND TELEMARKETING CALLS AND TEXT MESSAGE(S) USING AN AUTOMATIC TELEPHONE DIALING SYSTEM AND/OR AN ARTIFICIAL OR PRERECORDED VOICE. YOU ARE NOT REQUIRED TO SIGN THIS AUTHORIZATION OR ENTER INTO THIS AGREEMENT AS A CONDITION OF PURCHASING ANY PROPERTY, GOODS OR SERVICES. You may withdraw the consent provided herein at any time by providing written notice to us at 600 East Eighth Avenue, Munhall, PA 15120, by email to dferchak@triboro-fcu.org, via phone at 877-496-1996 or by any other reasonable means.

Applicant's Signature	Date
X	(Seal)

Other Signature	Date
X	(Seal)

By executing this Application, you agree we and/or our third-party providers, including debt collectors, may contact you by telephone or text message at any telephone number associated with your account, including wireless telephone numbers (i.e. cell phone numbers) which could result in charges to you, in order to service your account or collect any amounts owed to us, excluding any contacts for advertising and telemarketing purposes as prescribed by law. You further agree methods of contact may include use of pre-recorded or artificial voice messages, and/or use of an automatic dialing device. You may withdraw the consent to be contacted on your wireless telephone number(s) at any time by providing written notice to us at 600 East Eighth Avenue, Munhall, PA 15120, by email to dferchak@triboro-fcu.org, via phone at 877-496-1996 or by any other reasonable means. If you have provided a wireless telephone number(s) on or in connection with any account, you represent and agree you are the wireless subscriber or customary user with respect to the wireless telephone number(s) provided and have the authority to give this consent. Furthermore, you agree to notify us of any change to the wireless telephone number(s) which you have provided to us.

In order to help mitigate harm to you and your account, we may contact you on any telephone number associated with your account, including a wireless telephone number (i.e. cell phone number), to deliver to you any messages related to suspected or actual fraudulent activity on your account, data security breaches or identity theft following a data breach, money transfers or any other exigent messages permitted by applicable law. These contacts will not contain any telemarketing, cross-marketing, solicitation, advertising, or debt collection message of any kind. The contacts will be concise and limited in frequency as required by law. You will have an opportunity to opt-out of such communications at the time of delivery.

SIGNATURES

By signing or otherwise authenticating below:

1. You promise that everything you have stated in this application is correct to the best of your knowledge, and that the above information is a complete listing of what you owe. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received and for other accounts, products, or services we may offer you or for which you may qualify. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a crime to willfully and deliberately provide incomplete or incorrect information in this application.
2. If you are applying for a credit card, you understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the Consumer Credit Card Agreement and Disclosure.

Applicant's Signature	Date
X	(Seal)

Other Signature	Date
X	(Seal)

CREDIT UNION USE ONLY

DATE	<input type="checkbox"/> APPROVED	APPROVED LIMITS: SIGNATURE	LINE OF CREDIT	CREDIT CARD	OTHER
	<input type="checkbox"/> DECLINED <small>(Adverse Action Notice Sent)</small>	\$	\$	\$	\$
		DEBT RATIO/SCORE: BEFORE	AFTER		

LOAN OFFICER COMMENTS:

Credit Committee or Loan Officer Signatures	Date
X	(Seal)

Credit Committee or Loan Officer Signatures	Date
X	(Seal)