

NORTHEASTERN CT HEALTHCARE CREDIT UNION, INC.
320 POMFRET STREET • PUTNAM, CT 06260 • (860) 928-2347

“FAST CASH” LOAN APPLICATION

** Applicants must be a member of the credit union for 6 months and have 30 days of payroll deduction before applying.
Applicants must have been on present job 90 days or longer before applying. **

AMOUNT REQUESTED		TERM OF LOAN	PAYROLL DEDUCTION REPAYMENT	PURPOSE OF LOAN
	\$500.00	6 MONTHS	\$100.00 / month	
	\$1,000.00	12 MONTHS	\$100.00 / month	
APPLICANT NAME			DATE OF BIRTH	
PRESENT ADDRESS (STREET,CITY, STATE, ZIP)			HOW LONG	
			<input type="checkbox"/> RENT <input type="checkbox"/> OWN	
HOME PHONE ()	CELL PHONE ()		BUSINESS PHONE EXT. ()	
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER		DRIVERS LICENSE NUMBER	
PRESENT EMPLOYER			DATE EMPLOYED	
EMPLOYER ADDRESS (STREET,CITY,STATE,ZIP)				
JOB TITLE/GRADE		SUPERVISOR	SUPERVISOR PHONE ()	
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU				
PHONE NUMBER ()			RELATIONSHIP	

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 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 protection statutes and regulations.

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.

I UNDERSTAND THAT THIS LOAN IS BASED UPON CONTINUOUS PAYROLL DEDUCTION.

APPLICANT SIGNATURE	DATE
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FOR STAFF USE ONLY

Date of Membership: _____

P/R Deduction Amount: \$ _____

Staff Initials: _____