



CENTRAL HUDSON EMPLOYEES FEDERAL CREDIT UNION

284 South Avenue
Poughkeepsie, New York 12601
Phone: (845) 486-5209

LOANLINER
Open-End Application
and Plan Signatures PLUS

Individual Credit: You must complete the Applicant section about yourself and the Other section about your spouse if:
1. 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),
2. your spouse will use the account, or
3. 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 the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.

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

LOANLINER Account/Loan: Individual Joint Amount Requested \$ Purpose/Collateral:
(Including ATM/Debit Card Access to the Account if Available)

Repayment: Payroll Deduction Cash Military Allotment Automatic Payment Other

Applicant

NAME (Last - First - Initial) MOTHER'S MAIDEN NAME

ACCOUNT NUMBER SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER / STATE

BIRTH DATE HOME PHONE BUSINESS PHONE/ EXT.

E-MAIL ADDRESS

PRESENT ADDRESS (Street - City - State - Zip)

OWN RENT
YEARS AT THIS ADDRESS

MORTGAGE/RENT OWED TO:

MORTGAGE BALANCE MONTHLY PAYMENT INTEREST RATE

\$ \$ %

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:

MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed)

Employment/Income START DATE

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.

EMPLOYMENT INCOME OTHER INCOME

\$ PER \$ PER

NET GROSS SOURCE

Reference RELATIONSHIP

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

Other: Co-Applicant Spouse

NAME (Last - First - Initial) MOTHER'S MAIDEN NAME

ACCOUNT NUMBER SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER / STATE

BIRTH DATE HOME PHONE BUSINESS PHONE/ EXT.

E-MAIL ADDRESS

PRESENT ADDRESS (Street - City - State - Zip)

OWN RENT
YEARS AT THIS ADDRESS

MORTGAGE/RENT OWED TO:

MORTGAGE BALANCE MONTHLY PAYMENT INTEREST RATE

\$ \$ %

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:

MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed)

Employment/Income START DATE

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.

EMPLOYMENT INCOME OTHER INCOME

\$ PER \$ PER

NET GROSS SOURCE

Reference RELATIONSHIP

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

**State Law Notices**

**OHIO RESIDENTS ONLY:** 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.

**WISCONSIN RESIDENTS ONLY:** (1) No provision of any marital property agreement, unilateral statement under §766.59, or court decree under §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.

**X**  
SIGNATURE FOR WISCONSIN RESIDENTS ONLY DATE

**Signatures**

1. You promise that everything you have stated in this application is correct to the best of your knowledge. 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. 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 federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.

2. You have received and read the terms and conditions contained in the LOANLINER® Credit Agreement or LOANLINER® Credit/Security Agreement, including the Addendum ("Agreement") and Borrower Copy of the LOANLINER® Credit/Security Agreement PLUS and Voluntary Payment Protection. By signing below you agree to be bound by the terms of the Agreement.

3. You grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure what you owe under the LOANLINER® Credit Agreement or LOANLINER® Credit and Security Agreement. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits.

**X** (SEAL)  
APPLICANT'S SIGNATURE DATE

**X** (SEAL)  
OTHER SIGNATURE DATE

**Enrollment/Application and Schedule for Voluntary Payment Protection**

CUNA Mutual Insurance Society • Madison, WI 53701-0391 • Phone: 800/937-2644

"You" or "Your" means the member and the joint insured (if applicable). Credit insurance is **voluntary and not required in order to obtain this loan**. You may select any insurer of your choice. You can get this insurance only if you check the "yes" box below and sign your name and write in the date. The rate you are charged for the insurance is subject

to change. You will receive written notice before any increase goes into effect. You have the right to stop this insurance by notifying your credit union in writing. Your signature means you agree that:

- If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month.

**NOTE: The insurance you're applying for contains certain terms and exclusions; Refer to your certificate for coverage details.**

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for disability insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.**

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	YES NO		COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	COVERED MEMBER (please print)
SINGLE CREDIT DISABILITY	<input type="checkbox"/>	<input type="checkbox"/>	\$.099	
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

If you are totally disabled for more than 30 days, then the disability benefit will begin with the 31st day of disability.

ACCOUNT NUMBER	GROUP POLICY NUMBER	INSURANCE MAXIMUMS		DISABILITY	LIFE
	031-2005-5	MAXIMUM MONTHLY DISABILITY BENEFIT		NONE	N/A
DATE OF ISSUE OF THIS CERTIFICATE		MAXIMUM INSURABLE BALANCE		\$30,000	N/A
SECONDARY BENEFICIARY (If you desire to name one)					
DATE	MEMBER'S DATE OF BIRTH	DATE	JOINT INSURED'S DATE OF BIRTH		

**X**

**X** N/A

SIGNATURE OF MEMBER  
(Be sure to check one of the boxes above)  
APP821-0191NY

SIGNATURE OF JOINT INSURED (CO-BORROWER)  
(Only required if JOINT CREDIT LIFE coverage is selected)

**For Credit Union Use Only**

DATE	APPROVED	APPROVED LIMITS:	SIGNATURE	LINE OF CREDIT	OTHER	OTHER	DEBT RATIO/SCORE BEFORE	AFTER
	DENIED (Adverse Action Notice Sent)		\$	\$	\$	\$		
LOAN OFFICER COMMENTS:								
SIGNATURES:								
<b>X</b>			<b>X</b>					
DATE			DATE			DATE		