LOAN APPLICATION

We will contact you for any additional information that may be necessary to process your request.

PLEASE PRINT CLEARLY

NOTE: Attach a copy of CURRENT PAY STUB or TAX RETURN prior to submitting.

GARDEN SAVINGS FEDERAL CREDIT UNION

129 Littleton Road, Suite 101
Parsippany, New Jersey 07054
TEL: 973-576-2000 or (888) 554-9328
FAX: 973-316-5705 - Loan Department

APPLICANT

Name _____ Rent $ _____
Street _____ Own/Mortgage $ _____
City _____ State _____ How Long at this Residence _____
Daytime Phone # _____ Zip Code _____
Birth Date _____ Credit Account # _____ Evening Phone # _____
Current Employer _____ Social Security # _____
Address _____ Position _____
Phone # _____ How Long Employed There _____
Gross Income $ _____ ❑ Per Hour ❑ Per Week ❑ Per Month ❑ Per Year
Other Income $ _____ ❑ Per Hour ❑ Per Week ❑ Per Month ❑ Per Year

CO-APPLICANT

❑ NONE or ▶ Name _____ Rent $ _____
Relationship _____ Own/Mortgage $ _____
Address *(if different from the above)* _____ Social Security # _____ Birth Date _____
Employer _____ How Long _____ Phone # _____
Gross Income $ _____ ❑ Per Hour ❑ Per Week ❑ Per Month ❑ Per Year

Have you ever filed for bankruptcy? ❑ No ❑ Yes/When: _____

This statement is submitted to obtain credit and I (We) certify that all information herein is true and complete. I (We) also authorize the Credit Union to verify or obtain further information the Credit Union may deem necessary concerning my (our) credit standing.

_____ _____ _____ _____
Applicant's Signature ***Date*** ***Co-Applicant's Signature*** ***Date***

❑ New Vehicle Loan **❑ Used Vehicle Loan**
Year _____ Make _____ Model _____
Mileage _____ Amount Requested $ _____ Term Requested _____

❑ Refinance Vehicle Loan Currently With Another Financial Institution (INCLUDE LOAN DISCLOSURE)
Date Purchased _____ Purchase Price $ _____
Current Balance $ _____ # Payments Remaining _____ Mileage _____
Financed Through _____ Account # _____

❑ Personal ▶ Amount Requested $ _____ Term Requested _____
Purpose _____

❑ Other ▶ Amount Requested $ _____ Term Requested _____
Purpose _____

CREDIT UNION USE ONLY

Account # _____ APP _____ Refer to CC _____ Reason _____ L/O _____ Date _____
CC/AP _____ DECL _____ REA _____ By _____ Date _____

Equal Opportunity LENDER