


**PACE
RESOURCES
FEDERAL
CREDIT
UNION**

not for profit, but for service 

The Industrial Plaza of York
445 West Philadelphia Street • York, PA 17401
Phone: 717-852-1390 Fax: 717-852-1391
www.paceresourcesfcu.virtualcu.net

Bill Consolidation Loan Application

Please list the bills to be paid with this loan:

	\$ Amount

Your full name _____
Street _____ City _____
State _____ Zip _____ Home Phone () _____
Birth Date _____ Drivers License No. _____
How Long at Present Address _____ Social Security No. _____
List all addresses for past five years: _____

Employer _____
Street _____ City _____
State _____ Zip _____ Business Phone () _____
Position _____ Supervisor _____
How Long with Present Employer _____
List all Employers for Past Five Years _____

Current Gross Earnings \$ _____ Weekly Biweekly Monthly
Other Income to be Considered for the Loan:
Source _____ \$ _____ Weekly Biweekly Monthly
Auto Owned (make & year) _____ 2nd Auto _____
Have you filed a Petition for Bankruptcy in the last 10 years? Yes No
Have you any Judgments, Garnishments or Legal proceedings against you? Yes No
Are you a Comaker on any other loan? If yes, where? _____

OUTSTANDING DEBTS

Credit check will be used to verify information below.

	Name of Financial Institution (landlord)	Monthly Payment	Present Balance
Mortgage/Rent			
Auto Loan			
Credit Union			
Credit Card			
Credit Card			
Credit Card			
Credit Card			
Other			
Other			
TOTALS			

ATTACH ANOTHER SHEET IF NEEDED

CREDIT REFERENCES

Previous PACE Resources FCU Loan Yes No
Date of Loan _____ Amount _____
Bank Reference/Checking _____
Bank Reference/Checking _____
Other _____
Other _____

PERSONAL REFERENCES

Nearest relative not living with you _____
Address _____
Other _____
Address _____
Other _____
Address _____

I hereby certify that all statements made are true and COMPLETE and submitted for the purpose of obtaining credit. Everything I have stated in this application is correct to the best of my knowledge. You are authorized to check my credit and employment history and to answer questions about your credit experience with me. I have NO other debts.

Signature _____

Date _____

Employee/Account Number _____

THIS SIDE FOR OFFICE USE ONLY

Member Name _____ Loan Number _____

Current Credit Union Status:

Savings _____ VISA CC Limit _____ #3 Loan Balance _____
#1 Loan Balance _____ #2 Loan Balance _____ Add on _____
Add on _____ Add on _____ Total Loan Amt. _____
Total Loan Amt. _____ Total Loan Amt. _____

Type of Loan/Collateral Value:

Secured Loan:

- A. Shares/Share Certificate
B. New Vehicle Year Make Model Book Value
C. Used Vehicle Year Make Model Book Value
D. Home Equity/LOC Limit Avail Appraised Value Date of Appraisal Equity Available

Current Loan Request \$
Number of Installments
Term of months
Payment of \$ Rate
Weekly Bi-Weekly Monthly Semi-Monthly

Maximum Amount for Collateral \$
Maximum Term for Type of Loan

Credit Check:

- Applicant Yes No
CoMaker Yes No
CoSigner Yes No

Unsecured Loan:

- E. Signature/LOC Limit Avail
E. VISA Credit Card

Source
Requested by

CREDIT SCORE
Applicant
CoMaker / CoSigner Required Yes No

Total of Member's Monthly Debts

Member's Gross Income (Before Taxes) Multiply by .4

Do Debts Exceed 40% of Income? Yes No

Is Applicant a PACE Resources Federal Credit Union Official? Yes No
If "YES" and Loan is "OVER \$10,000", Board Approval is Required.

Loan Officer:

I approve the Loan as submitted

L.O. Signature Date

Credit Committee:

Signature Date

Signature Date

COMPLETE SECTION BELOW FOR POLICY EXCEPTIONS

Loan Referred to C.C. Reason:

We approved the Loan in the Amount and on the Conditions Requested by the Applicant,
Except as Follows:

Outside Information Considered? Yes No (Describe)

ECOA Notice and Reason for Rejection sent or delivered on
Specific Reason(s) for Rejection

Signed

Date