

**ST. VINCENT'S MEDICAL CENTER FEDERAL CREDIT UNION
2800 MAIN STREET
BRIDGEPORT, CONNECTICUT 06606
PHONE (475) 210-5588 FAX (475) 210-5855**

LOAN APPLICATION INSTRUCTIONS

(Please read before submitting application)

MAKER – answer every question completely on the application up to and including applicant's signature and date.

CO-MAKER – answer every question completely on the application up to and including your signature and date.

VERIFICATION OF INCOME – all income for the maker and the co-maker **must** be verified by submitting **copies** of a current paystub (s), receipts, or Income Tax Returns from the previous year. If the originals of these documents are submitted the credit union will make copies and return the originals within a reasonable period of time.

Once the loan is approved by our Loan Officer (s) and all the necessary paperwork is processed, the maker and co-maker (s), if any, must either come in to the credit union office to sign the loan contract, or take the contract out and have it signed in front of a Notary Public with a Notary Seal.

Thank you for your cooperation. If you have any questions on the above, please feel free to call us.

**St. Vincent's Medical Center Federal Credit Union
Loan Application**

Account #	Amount Applying for	Purpose	Term
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Name	Social Security Number
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Address	Years at this address
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Home Phone	Date of Birth
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Place of Employment	Position	How Long(years)
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Address of Employer	Work Phone
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Co-Applicant Name	Social Security Number
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Address	Years at this address
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Home Phone	Date of Birth
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Place of Employment	Position	How Longs(years)
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Address of Employer	Work Phone
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Make/Year Vehicle Owned	Monthly Payment	Lien Holder
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Own/ Rent(circle one)	Monthly Payment	Landlord/Mortgage Holder
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List Outstanding Debts Below		
Creditor	Balance	Monthly Payment

Signature of borrower	Date	Signature of Co-borrower	Date
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