



# Public Service Federal Credit Union

619 Union Avenue • Middlesex, NJ 08846

Tel: 732-805-9000 • Fax: 732-805-0539

ACCOUNT # \_\_\_\_\_

SHARE BAL. \_\_\_\_\_

LOAN BAL. \_\_\_\_\_

NOTE # \_\_\_\_\_

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

## 1 NOTE AND COMPLETE

**Individual Credit:** Complete **Applicant** section.

**Joint Credit:** Provide information about both of you by completing **Applicant AND Other** section.

Amount Request \$ \_\_\_\_\_ Reason for loan \_\_\_\_\_

Term \_\_\_\_\_ Collateral \_\_\_\_\_

## 2 APPLICANT INFORMATION

### APPLICANT

Please print in ink or type

NAME (Last - First - Initial)		MOTHER'S MAIDEN NAME
DRIVER'S LICENSE NUMBER/STATE		
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	
BIRTH DATE	HOME PHONE	BUSINESS PHONE / EXT.
PRESENT ADDRESS (Street - City - State - Zip)		
		<input type="checkbox"/> OWN <input type="checkbox"/> RENT
		YEARS AT THIS ADDRESS
PREVIOUS ADDRESS (Street - City - State - Zip)		
		<input type="checkbox"/> OWN <input type="checkbox"/> RENT
		YEARS AT THIS ADDRESS
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:		
<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced-Widowed)		
LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)		

### CO-APPLICANT SPOUSE GUARANTOR

Use "SAA" if information is "Same As Applicant".

NAME (Last - First - Initial)		MOTHER'S MAIDEN NAME
DRIVER'S LICENSE NUMBER/STATE		
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	
BIRTH DATE	HOME PHONE	BUSINESS PHONE / EXT.
PRESENT ADDRESS (Street - City - State - Zip)		
		<input type="checkbox"/> OWN <input type="checkbox"/> RENT
		YEARS AT THIS ADDRESS
PREVIOUS ADDRESS (Street - City - State - Zip)		
		<input type="checkbox"/> OWN <input type="checkbox"/> RENT
		YEARS AT THIS ADDRESS
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:		
<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced-Widowed)		
LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)		

## 3 EMPLOYMENT INFORMATION

NAME AND ADDRESS OF EMPLOYER		
YOUR TITLE/GRADE		
SUPERVISOR'S NAME		
YEARS EMPLOYED	HOURS AT WORK	IF SELF EMPLOYED, TYPE OF BUSINESS
IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS		
		STARTING DATE
		ENDING DATE
IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO		
WHERE	ENDING/SEPARATION DATE	

MILITARY

NAME AND ADDRESS OF EMPLOYER		
YOUR TITLE/GRADE		
SUPERVISOR'S NAME		
YEARS EMPLOYED	HOURS AT WORK	IF SELF EMPLOYED, TYPE OF BUSINESS
IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS		
		STARTING DATE
		ENDING DATE
IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO		
WHERE	ENDING/SEPARATION DATE	

## 4 REFERENCES Please include Street, City, State and Zip.

NAME AND ADDRESS OF CREDITOR(S) OF DEBTS PAID OFF		TELEPHONE
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		
		RELATIONSHIP
		HOME PHONE
NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE		HOME PHONE

NAME AND ADDRESS OF CREDITOR(S) OF DEBTS PAID OFF		TELEPHONE
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		
		RELATIONSHIP
		HOME PHONE
NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE		HOME PHONE

CONTINUED ON REVERSE SIDE