

# Loan Application

- CREDIT CARD
- SAFETYLINE OF CREDIT
- PERSONAL LOAN
- HOME EQUITY



LOAN INFORMATION			For Credit Union Use Only	
Loan Amount	Loan Purpose	Desired Term	Member Qualifies for: Rate _____ Credit Line _____	
			MSR# _____ Branch# _____	

APPLICANT				
Name (First, Middle Initial, Last)	Member Number	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number
Driver's License/Passport#	Issuing Entity	Issue Date	Expiration Date	
Home Address (No P.O. Boxes)	City	State	ZIP Code	
Time at Current Address	Residential Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Parents	Rent/Mortgage Payment		
Mailing Address	Previous Address	Time at Previous Address		
Home Phone	Cell Phone	Best Time to Reach	Email Address	
Work Phone	Present Employer	Employer Address		
Annual Employment Income	Other Income	<small>NOTE: Alimony, child support or spousal income need not be revealed if you do not wish it considered as a basis of repayment.</small>		
Position	Years Employed			

CO-APPLICANT				
Name (First, Middle Initial, Last)	Member Number	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number
Driver's License/Passport#	Issuing Entity	Issue Date	Expiration Date	
Home Address (No P.O. Boxes)	City	State	ZIP Code	
Time at Current Address	Residential Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Parents	Rent/Mortgage Payment		
Mailing Address	Previous Address	Time at Previous Address		
Home Phone	Cell Phone	Best Time to Reach	Email Address	
Work Phone	Present Employer	Employer Address		
Annual Employment Income	Other Income	<small>NOTE: Alimony, child support or spousal income need not be revealed if you do not wish it considered as a basis of repayment.</small>		
Position	Years Employed			

ALL APPLICANTS MUST SIGN BELOW	
By signing this application:	
<small>You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of what you owe. 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 crime to willfully and deliberately provide incomplete or incorrect information in this application.</small>	
Applicant Signature	Date
X	
Co-Applicant Signature	Date
X	

FOR HOME EQUITY APPLICATION ONLY		NOTE: Trusts and LifeTrusts are not eligible for Home Equity Financing.
Current Mortgage Balance	Current Mortgage Lender(s)	
\$		
Do you own any other property?	Are all owners on the deed willing/able to sign?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

# SIGNATURE CARD & Account Agreement

or apply online at [joviafinancial.com](http://joviafinancial.com)

For Credit Union Use Only

Account#(s) \_\_\_\_\_  
Account#: \_\_\_\_\_ Account#(s) \_\_\_\_\_



## HOW DID YOU HEAR ABOUT US?

Advertising  Direct Mail  Referral: Name \_\_\_\_\_  Presentation  Other

### Primary Applicant 1

Name (First, Middle Initial, Last)				Social Security Number	
Driver's License #:	Passport #:	State ID:	Alien Registration ID:	Other:	Expiration Date:
Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female	Mother's Maiden Name		eMail Address	
Home Phone	Work Phone	Occupation	Employer Name	Cell Phone	
Legal Address (No P.O. Box)		City		State	ZIP Code
Mailing Address		City		State	ZIP Code

### Primary Applicant 2

Name (First, Middle Initial, Last)				Social Security Number	
Driver's License #:	Passport #:	State ID:	Alien Registration ID:	Other:	Expiration Date:
Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female	Mother's Maiden Name		eMail Address	
Home Phone	Work Phone	Occupation	Employer Name	Cell Phone	
Legal Address (No P.O. Box)		City		State	ZIP Code
Mailing Address		City		State	ZIP Code

### TYPES OF ACCOUNTS

I am interested in:

Checking  Savings  CD  Money Market  Mortgage  Investment Services  Other \_\_\_\_\_

### ALL APPLICANTS MUST SIGN BELOW

By signing this application:

1. Primary Member and Joint Member, if any, acknowledge, accept and agree to the terms and conditions for each account established with Jovia Financial Credit Union by Member(s) is subject to Jovia Financial Credit Union's charter, Bylaws, Board of Directors policies for the designated account(s) requested on this application and as set forth in "The Truth-in-Savings Disclosure Important Account Information for Our Members," the receipt of which is hereby acknowledged or which will be mailed upon opening of the requested account(s), all of which terms and conditions are subject to modification, change and amendment or termination at any time without further notice.
2. The undersigned does hereby designate as "Accountholder's Beneficiary(ies)" the "Beneficiary(ies)" listed above, if living, to receive all funds remaining in the above designated account which account(s) are hereby designated as a "trust account" for the purpose of New York Estate Powers and Trust Law Section 7 Article 5 if established by Accountholder(s) but not established by Accountholder(s) under a Will, trust instrument, Court Order, Decree or other instrument. Payment of proceeds to the designated beneficiary(ies) shall discharge Jovia Financial Credit Union from any and all liability to the extent of such payment.
3. I recognize that as a member of Jovia Financial Credit Union, from time to time I may be offered or may request that certain loan or other credit facilities be made available to me in conjunction with my membership. In order to assist Jovia Financial Credit Union in determining qualification for any such loan or credit facility, I hereby authorize Jovia Financial Credit Union to obtain a consumer report from any consumer reporting agency as Jovia Financial Credit Union may request. This authorization shall be effective from the date of executing until I give written notice to Jovia Financial Credit Union that I have revoked such authorization. Such written notification is to be mailed by certified mail, return receipt requested, to: Jovia Financial Credit Union, Attn: Lending Manager, 1000 Corporate Drive, Westbury, New York 11590. Checking Overdraft: We will transfer from your Line of Credit first then Regular Share and any other available savings unless you instruct us otherwise.
4. Each accountholder certifies under penalty of perjury, that (1) the Social Security Number shown is his/her correct taxpayer identification number and (2) he/she is not subject to backup withholding because (a) he/she is exempt from backup withholding or (b) he/she has not been notified by the IRS that he/she is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified him/her that he/she is no longer subject to backup withholding and (3) I am a U.S. person (including a U.S. resident alien).
5. Statement of the Military Annual Percentage Rate (MAPR): Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an Annual Percentage Rate of 36 percent. This rate must include, as applicable to the credit transaction or account: The costs associated with credit insurance premiums; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account). This disclosure is available to you via audio at 800-99-Jovia Financial Credit Union(996-3328).

Applicant 1 Signature <b>X</b>	Date
Applicant 2 Signature <b>X</b>	Date