



FAX-BACK CREDIT APPLICATION

When completed, fax application to **757-722-7646** or mail to PO Box 3392 Hampton VA 23663, ATTN: **Kathy McLawhorn**. Applicant must reside in Hampton Roads (Norfolk/Virginia Beach/Newport News Virginia MSA).

For Office Use Only		Process Date _____	
Loan Officer _____		Date Application Received _____	
Check Appropriate Box:			
<input type="checkbox"/> If you are applying for an individual account in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Section A.			
<input type="checkbox"/> If you are applying for a joint account or an account that you and another person will use, complete all sections, providing information in Section B about the joint applicant or user. We intend to apply for joint credit. _____ (Applicant) _____ (Co-Applicant)			
<input type="checkbox"/> If you are applying for an individual account, but are relying on income from alimony, child support, or separate maintenance or income or assets of another person as the basis for repayment of the credit requested, complete all Sections to the extent possible, providing information in Section B about the person on whose alimony, support, or maintenance payments or income or assets you are relying.			
I would like to apply for a loan in the amount of \$ _____		Desired number of months to repay _____	
Purpose _____		First Payment Date Desired / /	
Section A - Applicant/Account Owner Information (Please Print) This section must always be completed			
First Name, Middle Initial _____		Last Name _____	
Date of Birth / /		Social Security Number - - -	
Street Address _____		Are You A Permanent U.S. Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	
City _____		State _____	Zip _____ Home Phone () _____
Residence <input type="checkbox"/> Own/Buying <input type="checkbox"/> Rent <input type="checkbox"/> With Relative <input type="checkbox"/> Other		Time There Yrs. Mos. Monthly Mortgage or Rental Amt \$	
Employer (If Self-Employed, Name of Business) _____		Type of Business _____ Business Phone () _____	
City _____	State _____	Zip _____	Time There Yrs. Mos. Date Started _____ Gross Monthly Salary \$
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation			
Alimony, child support, separate maintenance received under: ___ Court order ___ Written agreement ___ Oral Understanding			
Section B - Co-Applicant/Account Co-Owner Information			
First Name/Middle Initial _____		Last Name _____	
Date Of Birth / /		Social Security Number - - -	
Street Address (If Different From Above) _____		Are You A Permanent U.S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City _____		State _____	Zip _____ Home Phone () _____ Business Phone () _____
Employer (If Self-Employed, Name of Business) _____		Type of Business _____ Time There Yrs. Mos. Date Started _____ Gross Monthly Salary \$	
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation			
Alimony, child support, separate maintenance received under: ___ Court order ___ Written agreement ___ Oral Understanding			
Section C - Assets Owned (Use separate sheet if necessary)			
Description of Assets	Value	Subject to Debt? (Yes/No)	Balance/Payment Amount
Cash	\$		
Automobile (Make, Model, Year)			
Real Estate (Location)			
Marketable Securities (Issuer, Type, No. of Shares)			
Other (List)			
TOTAL ASSETS	\$		
<p>I/We authorize the Creditor to make whatever credit inquires it deems necessary in connection with this credit application or in the course of review or collection of any credit extended in reliance on this application. I/We authorize and instruct any person, including but not limited to, all local, state or federal governmental agencies, or consumer reporting agencies, to complete and furnish the Creditor any information that it may have or obtain in response to such credit inquires, and agree that such information, along with this application, shall remain the Creditor's property whether or not credit is extended. I/We authorize the Creditor to furnish credit information, including insurance information, to persons who may lawfully receive and use such information. I/We certify that information provided in this application is being given for the purpose of obtaining the credit described above and is true and correct as of this date.</p>			
Section D - To be completed for home improvement loans			
<p>The following information is requested by the federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. You may select one or more designations for "Race." The law provides that a Lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulation the lender is required to note ethnicity, race, and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below:</p>			
Applicant: <input type="checkbox"/> _____ I do not wish to furnish this information (Please initial)		Applicant: <input type="checkbox"/> _____ I do not wish to furnish this information (Please initial)	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Applicant's Signature _____		Co-Applicant's Signature _____	
Date _____		Date _____	