

Diablo Valley FCU Short Form Residential Loan Application

Please print this form, fill it out and fax to **925-771-5601**

General Information	
Will you be applying for Individual or Joint Credit: <input type="checkbox"/> Joint <input type="checkbox"/> Individual	
If applying for joint credit, please sign below to verify that you intend to apply for joint credit	
Applicant:	Co-Applicant:
Marital Status: Complete marital status if this loan is for: a. Joint or secured credit, or b. You reside in or rely on property located in a Community Property State. (AZ, CA, ID, LA, NM, NV, TX, WA, WI) <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> This loan is not for joint or secured credit and I do not live in the states listed above.	
Type of Loan Requested:	Loan Amount Requested:
Loan Term Requested:	Interest Rate Requested:
Primary Applicant	
Last Name:	Member Number:
First Name:	Middle Name:
Social Security Number (TIN):	Date of Birth:
Number of Dependents:	Ages of Dependents:
Home Phone Number:	Work Phone Number:
Other Phone Number:	Email Address:
Drivers License #:	Drivers License State:
<i>Home Address</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Current Residence:	Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:
Monthly Payment:	
<i>Previous Address</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Previous Residence:	Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:
<i>Present Employer</i>	
Name:	Phone Number:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):	
Job Start Date:	Job Title:
Gross Salary:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
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.	
Other Income:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
Other Income Source:	
<i>Previous Employer</i>	
Name:	Phone Number:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):	
Job Start Date:	Job Title:
Job End Date:	
Gross Salary:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour

Co-Applicant	
Last Name:	Member Number:
First Name:	Middle Name:
Social Security Number (TIN):	Date of Birth:
Number of Dependents:	Ages of Dependents:
Home Phone Number:	Work Phone Number:
Other Phone Number:	Email Address:
Drivers License #:	Drivers License State:
<i>Home Address</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Current Residence:	Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:
Monthly Payment:	
<i>Previous Address</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Previous Residence:	Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:
<i>Present Employer</i>	
Name:	Phone Number:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):	
Job Start Date:	Job Title:
Gross Salary:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
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.	
Other Income:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
Other Income Source:	
<i>Previous Employer</i>	
Name:	Phone Number:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):	
Job Start Date:	Job Title:
Job End Date:	
Gross Salary:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
References	
<i>Nearest Relative Not Living With You</i>	
Last Name:	First Name:
Relationship:	Phone Number:
Address 1:	
Address 2:	
City:	State, Zip:
Credit and Asset Information	
<i>Monthly Obligations</i>	
Installment Payments:	Revolving Payments:
Mortgage Payments/Rent:	Other Obligations:
Assets	

Liquid Assets (cash,savings,etc.):	Stocks, Bonds, Mutual Funds, etc.:
Fixed Assets (Real Estate, personal property, etc.):	
Miscellaneous Property Information (If you have property picked out, this does not obligate you to buy)	
Property Type (Single Family, Condo, Vacation Home, Multi-Family, Commercial, Vacant Land):	
Property Address 1:	
Property Address 2:	
Property City:	State, Zip:
Annual Property Taxes:	Annual Hazard Insurance:
Annual Condo/PUD Fees:	
Home Mortgage Disclosure Act (HMDA)	
<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 regulations 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>	
Primary Applicant	Joint Applicant (If Applicable)
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> American Indian, Alaskan 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"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> American Indian, Alaskan 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"/> Male <input type="checkbox"/> Female
Additional Information	
How would you prefer to be contacted? <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Other Phone <input type="checkbox"/> Email Address <input type="checkbox"/> Other:	
Special Instructions/Comments:	
Signatures	
Please note: Income verification is required; other information may be required.	
I certify that statements on this application are true and complete. I authorize any person, association, firm or corporation to furnish, on request of this financial institution, information concerning me or my affairs.(Sec. 1014, Title 18, U.S. Code makes it a Federal Crime to knowingly make a false statement on this application.)	
Primary Signature:	Date:
Joint Owner Signature:	Date: