

Loan Extension & Modification Requirements

1. Letter Explaining Hardship (Signed and Dated)
2. Complete Application
3. Complete Budget Analysis
4. References
5. Current Paystubs or Proof of Income

Please return all paperwork as soon as possible.

Thank you,

Member Solutions Department
p. 407.425.2561 ext. 8057
f. 407.425.0503

Express Member & Loan Application

Federal law requires Priority Credit Union ("PCU") to obtain, verify and record information that identifies you when you open an account. PCU will use your name, address, date of birth, and other information for this purpose. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.

PRIMARY MEMBER OWNER/APPLICANT		ACCOUNT OWNERSHIP: INDIVIDUAL	JOINT w/SURVIVORSHIP	JOINT w/o SURVIVORSHIP	CU MEMBER
NAME:	CU ACC#: (OPTIONAL)	SOCIAL SECURITY NUMBER:		EMAIL:	
HOME ADDRESS: (NO P.O. BOX)	DATE OF BIRTH:	PRIMARY PHONE:		SECONDARY PHONE:	
	HOUSING INFORMATION: PARENTS/RELATIVE OWN RENT OTHER			YEARS AT RESIDENCE:	
DRIVER'S LICENSE # / STATE:	ELIGIBILITY:			MOTHER'S MAIDEN NAME:	
NAME AND ADDRESS OF EMPLOYER: (OR PREVIOUS IF LESS THAN 2 YEARS)	POSITION:	NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT TO BE INCLUDED UNLESS RELIED UPON FOR CREDIT			
	YEARS EMPLOYED:	EMPLOYMENT NET INCOME \$ _____ HR YR		MORTGAGE OR RENT \$ _____	
	WORK PHONE:	OTHER NET INCOME \$ _____ HR YR		INCOME SOURCE:	

JOINT MEMBER OWNER/APPLICANT					
NAME:	RELATION TO PRIMARY:	SOCIAL SECURITY NUMBER:		EMAIL:	
HOME ADDRESS: (NO P.O. BOX)	DATE OF BIRTH:	PRIMARY PHONE:		SECONDARY PHONE:	
	HOUSING INFORMATION: PARENTS/RELATIVE OWN RENT OTHER			YEARS AT RESIDENCE:	
DRIVER'S LICENSE # / STATE:	JOINT MEMBER BENEFICIARY AND PAYABLE ON DEATH? YES NO			MOTHER'S MAIDEN NAME:	
NAME AND ADDRESS OF EMPLOYER: (OR PREVIOUS IF LESS THAN 2 YEARS)	POSITION:	NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT TO BE INCLUDED UNLESS RELIED UPON FOR CREDIT			
	YEARS EMPLOYED:	EMPLOYMENT NET INCOME \$ _____ HR YR		MORTGAGE OR RENT \$ _____	
	WORK PHONE:	OTHER NET INCOME \$ _____ HR YR		INCOME SOURCE:	

REFERENCE NAME:	PHONE #:	AMOUNT REQUESTED: \$	
ADDRESS:	CITY, STATE, ZIP:	REPAYMENT METHOD: CASH AUTOMATIC PAYMENT	

PRIMARY MEMBER OWNER/APPLICANT AND JOINT MEMBER OWNER/APPLICANT:

- Under penalties of perjury, I certify that: (1) the SSN shown on this form is my correct taxpayer identification number, (2) I am not subject to back up withholding because: (a) I am exempt from back up withholding or (b) I have not been notified by the Internal Revenue Service ("IRS") that I am subject to back up withholding as a result of a failure to report all Interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholdings, and (3) I am a U.S. person (including a U.S. resident alien.) Certification Instructions: Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholdings because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.
- By signing below I agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, and to any amendment PCU makes which are incorporated herein. I acknowledge receipt of a copy of all Agreements and Disclosures applicable to the accounts and services requested herein. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.
- By applying for a loan I agree that I am at least 18 years old and I am providing this application to PCU and to retailers that partner with PCU to provide merchandise and services to which this credit will satisfy to the retailer the costs of such merchandise and services.
- I am agreeing that I am responsible for paying the entire amount of credit extended and that all information provided in this application is truthful and accurate to the best of my knowledge.
- I give PCU authorization and permission to perform account verifications and obtain consumer reports in accordance with the Fair Credit Reporting Act.
- PCU may report information about your account to credit bureaus. Late payment, missed payment, or other defaults may reflect in your credit report.
- I consent to PCU contacting me about my account, including using contact information or cell phone numbers I provide, and I consent to the use of any automatic telephone dialing system and/or an artificial or prerecorded voice when contacting me, even if I am charged for the call under my phone plan.
- I have read and agree to the credit terms and other disclosures of this agreement, and I understand that if my application is approved, this agreement will govern my membership and present loan applied for in this agreement with Priority Credit Union.

_____ Signature of Primary Member Owner/Applicant	_____ Date	_____ Signature of Joint Member Owner/Applicant	_____ Date
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Budget Analysis

Name:	APPLICANT	Income 1	
		Extra income	
		Total monthly income	

Account #:	

Name:	JOINT APPLICANT	Income 1	
		Extra income	
		Total monthly income	

Date:	

HOUSING		
Mortgage or rent		
Phone		
Electricity		
Gas		
Water and sewer		
Cable		
Waste removal		
Maintenance or repairs		
Supplies		
Other		
Subtotals		

ENTERTAINMENT		
Video/DVD		
CDs		
Movies		
Concerts		
Sporting events		
Live theater		
Other		
Other		
Other		
Subtotals		

TRANSPORTATION		
Vehicle payment		
Bus/taxi fare		
Insurance		
Licensing		
Fuel		
Maintenance		
Other		
Subtotals		

LOANS		
Personal		
Student		
Credit card		
Credit card		
Credit card		
Other		
Subtotals		

INSURANCE		
Home		
Health		
Life		
Other		
Subtotals		

TAXES		
Federal		
State		
Local		
Other		
Subtotals		

FOOD		
Groceries		
Dining out		
Other		
Subtotals		

SAVINGS OR INVESTMENTS		
Retirement account		
Investment account		
Other		
Subtotals		

PETS		
Food		
Medical		
Grooming		
Toys		
Other		
Subtotals		

GIFTS AND DONATIONS		
Charity 1		
Charity 2		
Charity 3		
Subtotals		

PERSONAL CARE		
Medical		
Hair/nails		
Clothing		
Dry cleaning		
Health club		
Organization dues or fees		
Other		
Subtotals		

LEGAL		
Attorney		
Alimony		
Payments on lien or judgment		
Other		
Subtotals		

TOTAL INCOME	
TOTAL EXPENSES	
INCOME - EXPENSES =	

Hardship Letter

Name(s): _____

Account#: _____

Date: _____

Signature(s): _____

Reference Sheet

Members Name:

Account #:

Please furnish us three relatives not living with you.

1. Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Relationship: _____

2. Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Relationship: _____

3. Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Relationship: _____