

## **SIGNATURE/UNSECURED LOAN APPLICATION**

[PLEASE READ DIRECTIONS CAREFULLY](#)

**THE APPLICANT IS THE PRIMARY ACCOUNT HOLDER**

- 1) Complete entire application, from applicant down.
- 2) Sign all forms requiring a signature.
- 3) Submit verification of income for a Signature/Unsecured loan:
  - a) A recent pay stub (within last 30 days)
  - b) Retirement letters and/or verification of social security
  - c) Bank statements that reflect automatic deposit for retirement
  - d) **TWO YEARS OF TAX RETURNS NEEDED FOR:**
    - Self employment
    - Rental property income
  - e) **FOR PROOF OF CHILD SUPPORT OR ALIMONY**
    - Six months of either cancelled checks, or bank statements showing either deposit or proof of direct withdrawal for support.

**IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CONTACT  
THE LOAN DEPARTMENT AT 805-682-2467**

Visit us online at  
**[www.sbtfcu.org](http://www.sbtfcu.org)** or  
at these convenient  
locations

**Santa Barbara**  
3970 La Colina Road, Suite 12  
Santa Barbara, CA 93110  
**TEL** 805-682-2467  
**FAX** 805-682-0203  
Mon-Fri • 9:30 am to 5:30 pm

**Santa Maria**  
2615 South Miller Street, Suite 110  
Santa Maria, CA 93455  
**TEL** 805-925-8922  
**FAX** 805-922-5172  
Mon-Fri • 9:30 am to 5:00 pm

**Lompoc**  
1307-B "H" Street  
Lompoc, CA 93436  
**TEL** 805-736-1606  
**FAX** 805-735-5481  
Mon-Fri • 9:30 am to 5:00 pm

**Santa Barbara Teachers Federal Credit Union**

3970 La Colina Road, Suite 12 Phone: 805-682-2467  
 Santa Barbara, CA 93110 Fax: 805-682-0203

**APPLICATION**

<b>To be completed by Credit Union Loan Staff Only:</b>	Date _____	A/C# _____	Note# _____	Shares _____
	Term _____	Rate _____	Payment _____	Due Date _____
				\$ _____
				\$ _____
				Total \$ _____

There are costs associated with the use of a credit card. Information about costs, rates and fees may be contained in disclosures provided with this application or by calling us toll-free or collect at \_\_\_\_\_ or writing to us at the address stated on this application.

**Check below to indicate the type of credit for which you are applying. Married Applicants may apply for a separate account.**

**Individual Credit:** You must complete the Applicant section about yourself and the Other section about your spouse if

- you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI)
- your spouse will use the account, or
- you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the **Other** section to the extent possible about the person on whose payments you are relying.

**Joint Credit:** Each Applicant must **individually** complete appropriate section below. If Co-Applicant is spouse of the Applicant, mark the Co-Applicant box.

**LOANLINER Account/Loan:**  Individual  Joint  
 (Including ATM/Debit card access to the account if available)

**Credit Card Account:**  Individual  Joint

If this is an application for joint credit, Applicant and Co-Applicant each agree and acknowledge the intent to apply for joint credit (sign below):

Applicant  <b>X</b>  (Seal)	Date _____	Co-Applicant  <b>X</b>  (Seal)	Date _____
-----------------------------------------	------------	--------------------------------------------	------------

Amount Requested \$ \_\_\_\_\_  
 Purpose/Collateral: \_\_\_\_\_

Credit Limit Requested \$ \_\_\_\_\_  
 If Authorized User, Name: \_\_\_\_\_

**Guarantors Complete OTHER section below.**

**APPLICANT**  CO-APPLICANT  SPOUSE  GUARANTOR  OTHER

NAME (Last - First - Initial)			NAME (Last - First - Initial)		
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER		ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	
BIRTH DATE	EMAIL ADDRESS		BIRTH DATE	EMAIL ADDRESS	
HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.	HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.
DRIVER'S LICENSE NUMBER/STATE	AGES OF DEPENDENTS		DRIVER'S LICENSE NUMBER/STATE	AGES OF DEPENDENTS	
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT
		LENGTH AT RESIDENCE			LENGTH AT RESIDENCE
PREVIOUS ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	PREVIOUS ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT
		LENGTH AT RESIDENCE			LENGTH AT RESIDENCE

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:  
 MARRIED  SEPARATED  UNMARRIED (Single - Divorced - Widowed)

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:  
 MARRIED  SEPARATED  UNMARRIED (Single - Divorced - Widowed)

**EMPLOYMENT/INCOME** START DATE

EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
NAME AND ADDRESS OF EMPLOYER	NAME AND ADDRESS OF EMPLOYER

**NOTICE:** ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.

**NOTICE:** ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.

EMPLOYMENT INCOME PER \$ _____	OTHER INCOME PER \$ _____	EMPLOYMENT INCOME PER \$ _____	OTHER INCOME PER \$ _____
TITLE/GRADE	SOURCE	TITLE/GRADE	SOURCE

PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS				PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS				
STARTING DATE		ENDING DATE		STARTING DATE		ENDING DATE		
<b>MILITARY:</b> IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ ENDING/SEPARATION DATE _____				<b>MILITARY:</b> IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ ENDING/SEPARATION DATE _____				
<b>REFERENCE</b>				<b>REFERENCE</b>				
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU				NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU				
RELATIONSHIP _____				HOME PHONE _____		RELATIONSHIP _____		
HOME PHONE _____				HOME PHONE _____				
<b>WHAT YOU OWE</b>								
DEBT	CREDITOR NAME OTHER THAN THIS CREDIT UNION (Attach additional sheet(s) if necessary)	INTEREST RATE	PRESENT BALANCE	MONTHLY PAYMENT	OWED BY			
					APPLICANT	OTHER		
<input type="checkbox"/> RENT <input type="checkbox"/> FIRST MORTGAGE (Incl. Tax & Ins.)		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED:			<b>TOTALS</b>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
<b>WHAT YOU OWN</b>								
ASSET DESCRIPTION	LIST LOCATION OF PROPERTY OR FINANCIAL INSTITUTION	MARKET VALUE	PLEGGED AS COLLATERAL FOR ANOTHER LOAN				OWNED BY	
			<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	APPLICANT	OTHER
		\$	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER INFORMATION ABOUT YOU</b>							<b>APPLICANT</b>	<b>OTHER</b>
IF YOU ANSWER "YES" (BY CHECKING THE BOX) TO ANY QUESTION OTHER THAN #1, EXPLAIN ON AN ATTACHED SHEET							<input type="checkbox"/>	<input type="checkbox"/>
1. ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?							<input type="checkbox"/>	<input type="checkbox"/>
2. DO YOU CURRENTLY HAVE ANY OUTSTANDING JUDGMENTS OR HAVE YOU EVER FILED FOR BANKRUPTCY, HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13, HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST 7 YEARS, OR BEEN A PARTY IN A LAWSUIT?							<input type="checkbox"/>	<input type="checkbox"/>
3. IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS?							<input type="checkbox"/>	<input type="checkbox"/>
4. ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE?							<input type="checkbox"/>	<input type="checkbox"/>
FOR WHOM (Name of Others Obligated on Loan):							<input type="checkbox"/>	<input type="checkbox"/>
TO WHOM (Name of Creditor):							<input type="checkbox"/>	<input type="checkbox"/>

**STATE LAW NOTICE(S)**

**Notice to Nebraska Residents:** A credit agreement must be in writing to be enforceable under Nebraska law. To protect you and us from any misunderstandings or disappointments, any contract, promise, undertaking, or offer to forebear repayment of money or to make any other financial accommodation in connection with this loan of money or grant or extension of credit, or any amendment of, cancellation of, waiver of, or substitution for any or all of the terms or provisions of any instrument or document executed in connection with this loan of money or grant or extension of credit, must be in writing to be effective.

**Notice to New York Residents:** New York residents may contact the New York State Department of Financial Services to obtain a comparative listing of credit card rates, fees, and grace periods. New York State Department of Financial Services: 1-800-342-3736 or www.dfs.ny.gov.

**Notice to Ohio Residents:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

**Notice to Wisconsin Residents:** (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

Signature for Wisconsin Residents Only	Date
X	(Seal)

**CONSENSUAL SECURITY INTEREST FOR CREDIT CARDS**

You grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure your credit card account. Shares and deposits in an IRA or any other account that would lose special tax treatment under state or federal law if given as security are not subject to the security interest you have given in your shares and deposits. You may withdraw these other shares unless you are in default. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. For example, if you have an unpaid credit card balance, you agree we may use funds in your account(s) to pay any or all of the unpaid balance.

By signing or otherwise authenticating below, you are affirmatively agreeing that you are aware that granting a security interest is a condition for the credit card and you intend to grant a security interest. You acknowledge and agree that your pledge does not apply during any periods when you are a covered borrower under the Military Lending Act. For clarity, you will not be deemed a covered borrower, and your pledge will apply, if: (i) you become obligated on a credit transaction or establish an account for credit when you are not a covered borrower; or (ii) you cease to be a covered borrower.

Security Interest Acknowledgement and Agreement	Date
X	(Seal)

Security Interest Acknowledgement and Agreement	Date
X	(Seal)

**SIGNATURES**

By signing or otherwise authenticating below:

1. 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.
2. If you are applying for a credit card, you understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the Consumer Credit Card Agreement and Disclosure.

Applicant's Signature	Date
X	(Seal)

Other Signature	Date
X	(Seal)

**CREDIT UNION USE ONLY**

DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED <small>(Adverse Action Notice Sent)</small>	APPROVED LIMITS:	SIGNATURE \$	LINE OF CREDIT \$	OTHER \$	OTHER \$	DEBT RATIO/SCORE BEFORE AFTER
------	-----------------------------------------------------------------------------------------------------------------------	------------------	--------------	-------------------	----------	----------	-------------------------------

LOAN OFFICER COMMENTS:

Credit Committee or Loan Officer Signatures

	Date
X	(Seal)

	Date
X	(Seal)

**COLLECTION POLICY**

1. When a loan or Visa is ten days late a delinquent letter is written to the member or telephone call is made in an attempt to collect payment.
2. If the member is unable to keep the established repayment schedule, they must notify the credit union. The credit union may grant a one-time extension on the loan, subject to approval of the credit committee. If the member does not contact the credit union, the account could be subject to collection or repossession.
3. A loan is subject to collection or repossession if it is two months past due. This will be handled on a case by case basis. A collection or repossession notification letter will be sent via U. S. first class and certified mail.
4. Visa accounts that have been closed due to delinquency may be re-opened upon request if the account has been current for three consecutive months. If closed a second time due to delinquencies, the account will be closed permanently.

\_\_\_\_\_  
Signature of member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of co-borrower

\_\_\_\_\_  
Date

06/2019

Visit us online at  
**[www.sbtfcu.org](http://www.sbtfcu.org)** or  
at these convenient  
locations

**Santa Barbara**  
3970 La Colina Road, Suite 12  
Santa Barbara, CA 93110  
**TEL** 805-682-2467  
**FAX** 805-682-0203  
Mon-Fri • 9:30 am to 5:30 pm

**Santa Maria**  
2615 South Miller Street, Suite 110  
Santa Maria, CA 93455  
**TEL** 805-925-8922  
**FAX** 805-922-5172  
Mon-Fri • 9:30 am to 5:00 pm

**Lompoc**  
1307-B "H" Street  
Lompoc, CA 93436  
**TEL** 805-736-1606  
**FAX** 805-735-5481  
Mon-Fri • 9:30 am to 5:00 pm

### GENERAL REQUIREMENTS FOR UNSECURED LOANS

1. Members applying for a loan must have no unpaid “charge offs” in their credit history. If any paid “charge offs” are present, a letter explaining the circumstances is required. Credit committee may approve the loan if the explanation is satisfactory.
2. Members within the field of membership will have met the probationary requirements of their employment prior to obtaining a loan.
3. All members residing and employed in Santa Barbara, Kern, San Luis Obispo, and Ventura Counties are eligible for loans.
4. Members are not allowed to skip summer payments. The member may choose to make additional payments in order to advance the due date of the loan, although interest will continue to accrue.
5. The member’s total monthly payments must not exceed 60% of net income. Also, the consumer debt balance (excluding balances on student loans) must not exceed 6 months net income. A member may exceed only one of these parameters, providing that the monthly payments are below 65% of net income, or the consumer debt balance is below 7 months net income.

THE UNDERSIGNED HAS READ AND UNDERSTANDS FULLY THE GENERAL REQUIREMENTS OF THE SANTA BARBARA TEACHERS FEDERAL CREDIT UNION.

\_\_\_\_\_  
Signature of member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of co-borrower

\_\_\_\_\_  
Date

6/2019

Visit us online at  
**[www.sbtfcu.org](http://www.sbtfcu.org)** or  
at these convenient  
locations

**Santa Barbara**  
3970 La Colina Road, Suite 12  
Santa Barbara, CA 93110  
**TEL** 805-682-2467  
**FAX** 805-682-0203  
Mon-Fri • 9:30 am to 5:30 pm

**Santa Maria**  
2615 South Miller Street, Suite 110  
Santa Maria, CA 93455  
**TEL** 805-925-8922  
**FAX** 805-922-5172  
Mon-Fri • 9:30 am to 5:00 pm

**Lompoc**  
1307-B “H” Street  
Lompoc, CA 93436  
**TEL** 805-736-1606  
**FAX** 805-735-5481  
Mon-Fri • 9:30 am to 5:00 pm