



First Step Loan Application

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PAYMENT PROTECTION Are you interested in having your loan protected? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answer "YES", the credit union will disclose the cost to protect your loan. The protection is voluntary and does not affect your loan approval. In order for your loan to be covered, you will need to sign a separate application that explains the terms and conditions. **If adding insurance, payments are subject to change.**					
APPLICANT			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			DRIVER'S LICENSE NUMBER / STATE		
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> Own <input type="checkbox"/> Rent Amount Paid: \$ LENGTH AT RESIDENCE:	PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> Own <input type="checkbox"/> Rent Amount Paid: \$ LENGTH AT RESIDENCE:
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)					
EMPLOYMENT / INCOME			EMPLOYMENT / INCOME		
EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		START DATE:	EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		START DATE:
NAME AND ADDRESS OF EMPLOYER		TITLE / GRADE	NAME AND ADDRESS OF EMPLOYER		TITLE / GRADE
EMPLOYMENT INCOME PER \$	OTHER MONTHLY INCOME SOURCE \$		EMPLOYMENT INCOME PER \$	OTHER MONTHLY INCOME SOURCE \$	
REFERENCE			REFERENCE		
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		
RELATIONSHIP			RELATIONSHIP		
HOME PHONE			HOME PHONE		
SIGNATURES					
By signing or otherwise authenticating below: 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.					
Applicant's Signature			Applicant's Signature		
Date			Date		
X (Seal)			X (Seal)		

Supplemental Loan Application Questions



Applicant Information	Joint Owner Information
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Account Number: _____	Account Number: _____

Product Applied For:

<input type="checkbox"/> Auto Loan	<input type="checkbox"/> Shared Secure Loan
<input type="checkbox"/> Motorcycle Loan	<input type="checkbox"/> First Step Loan
<input type="checkbox"/> Title Loan	<input type="checkbox"/> Personal Loan
<input type="checkbox"/> VISA Credit Card	<input type="checkbox"/> Emergency Loan
<input type="checkbox"/> Holiday Loan	<input type="checkbox"/> Debt Consolidation
<input type="checkbox"/> Other: _____	

How Did You Hear The Loan You Are Applying For?

<input type="checkbox"/> New Employee Orientation	<input type="checkbox"/> Co-Worker
<input type="checkbox"/> Family	<input type="checkbox"/> Outreach Event
<input type="checkbox"/> Bulletin Board	<input type="checkbox"/> Branch Flyer
<input type="checkbox"/> Email	<input type="checkbox"/> Website
<input type="checkbox"/> OVFCU Employee: _____	<input type="checkbox"/> Other: _____