



**Savannah Schools  
Federal Credit Union**

PO Box 8184  
Savannah, GA 31412-8184

912/236-0919 -or- 912/355-9099  
ssfcuonline.org

AMOUNT REQUESTED: \$ \_\_\_\_\_ PURPOSE/COLLATERAL: \_\_\_\_\_

**PAYMENT**

PROTECTION ☐ CREDIT LIFE ☐ CREDIT DISABILITY ☐ EXTENDED WARRANTY ☐ GAP INSURANCE

**APPLICANT**

OTHER: ☐ CO-APPLICANT ☐ GUARANTOR

NAME(Last - First - Initial)			NAME(Last - First - Initial)		
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER		ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NUMBER/STATE		EMAIL ADDRESS	DRIVER'S LICENSE NUMBER/STATE		EMAIL ADDRESS
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT	BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT
( )	( )	( )	( )	( )	( )
PRESENT ADDRESS(STREET-CITY-STATE-ZIP)			PRESENT ADDRESS(STREET-CITY-STATE-ZIP)		
<input type="checkbox"/> OWN <input type="checkbox"/> RENT			<input type="checkbox"/> OWN <input type="checkbox"/> RENT		
Years at this address			Years at this address		
COMPLETE FOR JOINT CREDIT OR SECURED CREDIT			COMPLETE FOR JOINT CREDIT OR SECURED CREDIT		
<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPERATED <input type="checkbox"/> UNMARRIED(SINGLE-DIVORCED-WIDOWED)			<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPERATED <input type="checkbox"/> UNMARRIED(SINGLE-DIVORCED-WIDOWED)		

**EMPLOYMENT/ INCOME**

**EMPLOYMENT/ INCOME**

NAME AND ADDRESS OF EMPLOYER		START DATE		NAME AND ADDRESS OF EMPLOYER		START DATE	
EMPLOYMENT INCOME		OTHER INCOME		EMPLOYMENT INCOME		OTHER INCOME	
\$ _____ PER _____		\$ _____ PER _____		\$ _____ PER _____		\$ _____ PER _____	
<input type="checkbox"/> NET <input type="checkbox"/> GROSS		SOURCE		<input type="checkbox"/> NET <input type="checkbox"/> GROSS		SOURCE	
TITLE/GRADE				TITLE/GRADE			
SUPERVIROR'S NAME		IF SELF EMPLOYED, TYPE OF BUSINESS		SUPERVIROR'S NAME		IF SELF EMPLOYED, TYPE OF BUSINESS	
PREVIOUS EMPLOYER NAME & ADDRESS IF EMPLOYED FOR LESS THAN 5YEARS				PREVIOUS EMPLOYER NAME & ADDRESS IF EMPLOYED FOR LESS THAN 5YEARS			

### APPLICANT REFERENCE

NAME AND ADDRESS	<u>RELATIONSHIP</u>	NAME AND ADDRESS	<u>RELATIONSHIP</u>
OF NEAREST		OF NEAREST	
RELATIVE NOT	<u>HOME PHONE</u>	RELATIVE NOT	<u>HOME PHONE</u>
LIVING WITH YOU		LIVING WITH YOU	

### WHAT YOU OWE

	CREDITOR NAME OTHER THAN THIS CREDIT UNION	MONTHLY PAYMENT	JOINT OR INDIVIDUAL
RENT[ ] MORTGAGE[ ]			
2ND MORTGAGE			
AUTO LOAN			
AUTO LOAN			
CREDIT CARD			
CREDIT CARD			
CREDIT CARD			
CREDIT CARD			
OTHER			
OTHER			
OTHER			

### OTHER INFORMATION ABOUT YOU

#### APPLICANT

YES NO

1. ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?		
2. DO YOU CURRENTLY HAVE ANY OUTSTANDING JUDGEMENTS 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 HAVE BEEN A PARTY IN A LAWSUIT?		
3. IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS?		
4. ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE?		

### SIGNATURES

You promise that everything you have stated in this application is correct to the best of your knowledge. If there are any important changes you will notify us in writing immediately. You authorize SSFCU 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 SSFCU will rely on the information in this application and your credit report to make its decision. If you request, SSFCU will tell you the name and address of any credit bureau from which it received a credit report on you. 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. Furthermore you understand and agree that there is a \$20.00 application fee.

X	X
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APPLICANTS SIGNATURE

DATE

CO-APPLICANT

DATE



**SAVANNAH SCHOOLS**  
Federal Credit Union  
*est. 1954*

*Island Branch*  
4673 US Highway 80 East  
Savannah, GA 31410  
**912-236-0919**

*Mall Branch*  
401 Mall Blvd., Suite 102-F  
Savannah, GA 31406  
**912-355-9099**

In accordance with the Military Lending Act, I certify that:

- \_\_\_\_\_ I am active duty military
- \_\_\_\_\_ I am a dependent of an active duty military
- \_\_\_\_\_ I am not active duty military and I am not a dependent of an active duty military

\_\_\_\_\_  
Name(Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Account Number