



Vision Financial Federal Credit Union

BACK TO SCHOOL HELPER LOAN APPLICATION



Date:	First Name:	Last Name:
Account Number:	Email Address:	
Address:		
City:	State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:



Current Employer:	Position:	Start Date:
Supervisor's Name:	Supervisor's Phone Number:	Supervisor's Email:
Previous Employer: (If currently employed less than five years)	Position:	Start Date:
Supervisor's Name:	Supervisor's Phone Number:	End Date:



Nearest Relative Not Living With You:	Address:	Phone Number:
Nearest Friend Not Living With You:	Address:	Phone Number:
Parent's Name:	Parent's Address:	Parent's Phone Number:



I am applying for a Back-to-School Helper Loan with Vision Financial Federal Credit Union. I understand that the loan is granted on a special basis and does not entitle me to further extensions of credit. A \$30.00 application fee is required at the time the application is submitted. I understand that the credit union reports to the credit bureaus on a monthly basis and any late payments or defaults will be reported to the credit bureaus.

Any non-credit qualifying loan not paid as agreed will not be eligible for any non-credit qualifying loan in the future.

Applicant's Initials:



The undersigned certify that the foregoing information has been supplied truthfully, accurately, and voluntarily; and therefore authorize this credit union to investigate our creditworthiness, credit history, and financial responsibility through any credit bureau or by any other reasonable means and furnish the same to others, including collection agencies, to answer questions about our credit experience and other financial relationships with the creditor and agree to the provisions of any rules, regulations, or agreements of the creditor governing such credit. The undersigned understands that it may be a Federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, as applicable under the provision of Title 18, United States Code, Section 1014.



I have applied for a loan at Vision Financial Federal Credit Union and hereby authorize my creditors, employer(s), financial institution(s), collection agencies, and others to release information to them concerning our credit, employment, deposit accounts, outstanding financial obligations, and all other credit matters which they may require.



Applicant's Signature:	Date:
------------------------	-------



For Credit Union Use Only

<input type="checkbox"/> 18 Years of Age	<input type="checkbox"/> Proof of One Year Employment	<input type="checkbox"/> Application Fee Received
<input type="checkbox"/> Accounts in Good Standing	<input type="checkbox"/> Primary Member for 1 Year	<input type="checkbox"/> Approved By: