31 Hanna Parkway ● Akron, OH 44319 • www.fofcu.com
Toll-Free: 888-740-8351 ● Local : 234-352-1100 • Fax: 330-724-2590 • fstonecu@fstonecu.com

When faxing or scanning an application please be sure to retain your original copy. You will be required to turn in original document upon approval of your loan. Thank you!

Cover Sheet Information

1. Credit Union Account Number ____

2. Purpose of loan (*if personal, please describe*) ____

3. Amount of money needed $________________ Term of Loan (in months) __________

4. **A separate application is required for each borrower. If you have a credit freeze, please remove prior to submitting your application.**

5. Please supply proof of income for each listed borrower, as listed below:
   Copies of the last 2 paystubs
   If self-employed, provide copies of the last 2 years tax returns.
   If retired, provide proof of retirement income.
   Any other income to be considered in connection with this application, must have documentation provided.

6**. If offering collateral, please provide the following:**

Year ________________ Make __________________ Model __________________

Mileage________________ Body Type ________________

Name of dealer or private owner ____

Return a copy of the purchase order if vehicle bought from a dealer or copy of the title *(cannot be salvaged)* if from a private owner.

8. In whose name will the vehicle be titled? ____
(this person signs the security agreement)

UPON LOAN APPROVAL, IF YOU ARE OFFERING COLLATERAL YOU ARE REQUIRED TO CARRY FULL INSURANCE COVERAGE LISTING FIRESTONE FEDERAL CREDIT UNION AS LOSS PAYEE. PROOF WILL NEED TO BE PROVIDED BEFORE THE LOAN IS PAID OUT.

HELP US HANDLE YOUR REQUEST QUICKLY BY COMPLETING ALL OF THE ABOVE AND ATTACHED FORMS IN DETAIL.
THANK YOU. CALL US FOR LOAN APPROVAL

FIRESTONE FEDERAL CREDIT UNION – PERSONAL AND CREDIT INFORMATION

APPLICATION MUST BE COMPLETED IN FULL & SIGNED IN INK. APPLICATION IS VOID AFTER 60 DAYS.

ACCOUNT NUMBER

NAME			HAVE YOU FILED BANKRUPTCY? ☐NO ☐YES YEAR
RESIDENCE ADDRESS			IS LITIGATION PENDING AGAINST YOU? ☐NO ☐YES YEAR
CITY	STATE AND ZIP CODE	# OF YEARS THERE	
E-MAIL ADDRESS		☐Own ☐Rent ☐ Board	**Vehicle #1-Year** / **Make** / **Model**
CELL PHONE NUMBER	ALTERNATE PHONE NUMBER		**Vehicle #2-Year** / **Make** / **Model**
SOCIAL SECURITY #	BIRTHDATE	# OF DEPENDENTS	**NAME OF NEAREST RELATIVE NOT LIVING WITH YOU (REQUIRED)**
PREVIOUS ADDRESS (IF AT PRESENT ADDRESS LESS THAN 2 YEARS)			NAME / ADDRESS
CITY	STATE AND ZIP CODE	# OF YEARS THERE	CITY / STATE AND ZIP CODE / COUNTY
CURRENT EMPLOYER			TELEPHONE NUMBER / RELATIONSHIP
COMPLETE BUSINESS ADDRESS			**NAME OF OTHER REFERENCE-CANNOT BE YOUR SPOUSE (REQUIRED)**
TELEPHONE NUMBER	DATE EMPLOYED	☐ RETIRED ☐ OTHER ☐ FULL TIME ☐ PART	NAME / ADDRESS
POSITION/JOB TITLE	MONTHLY GROSS INCOME		CITY / STATE AND ZIP CODE / COUNTY
PREVIOUS EMPLOYER	# OF YEARS THERE		TELEPHONE NUMBER / RELATIONSHIP
ADDRESS	PREVIOUS MONTHLY INCOME		**SAVINGS ACCOUNTS**
OTHER INCOME			WHERE / BALANCE
AMOUNT			WHERE / BALANCE
SOURCE			WHERE / BALANCE

STATEMENT OF INDEBTEDNESS (BILLS) ON ALL ACCOUNTS. ATTACH LISTING FOR ANY ADDITIONAL BILLS. INCOMPLETE LISTING MAY DELAY PROCESSING. THIS SECTION MUST BE COMPLETED.

DEBT	OWED TO	RATE	CURRENT BALANCE	MONTHLY PMT.	AMOUNT PAST DUE
MORTGAGE/RENT					
2ND MORTGAGE/HOME EQUITY					
AUTO LOAN					
AUTO LOAN					
CREDIT CARD					
CREDIT CARD					
STUDENT LOAN					
ALIMONY/CHILD SUPPORT					
OTHER (PLEASE IDENTIFY)					
TOTAL INDEBTEDNESS					

Note: If you have pledged your automobile as security, it must be protected by comprehensive, fire & theft and collision insurance for the duration of the loan. IT IS YOUR RESPONSIBILITY TO SECURE AND MAINTAIN the proper insurance coverage. Instruct your insurance company to send a loss payable clause in favor of Firestone Federal Credit Union.

I hereby state that the above information is true and correct to the best of my knowledge. This information is presented for the purpose of obtaining credit from the Firestone Federal Credit Union. I HAVE NO OTHER DEBTS. I hereby authorize the Firestone Federal Credit Union to make inquiries pertaining to my employment, credit standing and financial responsibility.

"The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy 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."

X ____

SIGNATURE (We require a wet signature. Computer generated signatures are not acceptable) **DATE** **Rev. 09/25**