

Statement of Need 2020

As you're filling out this statement, consider what documentation you can provide to accompany your situation. It may be a letter from your employer (previous employer), an email you received, a news article about your company, etc. Date: _____ Account Number: I am applying for the Crisis Line of Credit due to (check as many as apply): A lay off A loss of job A reduction of employment hours Required quarantine, at the instruction of a health care provider, either the individual's health care provider or a local, state, or federal official, in order to prevent the spread of COVID-19 Time off work to care for an immediate family member diagnosed with positive COVID-19 Time off work to provide childcare to elementary age (or younger) or special needs children resulting from school or childcare closures. Other COVID-19 scenarios, natural disaster, or hardship: If Other: How has COVID-19 or another disaster/hardship impacted you? By signing this application, I attest that I am experiencing a financial hardship as a result of government mandates, natural disaster, or other form of hardship. Member Signature: ______ Phone Number: _____ Mail to: Veritas Federal Credit Union | PO Box 2659 | Smyrna, TN 37167 Fax to: 615-288-5024 | Email to: loans@veritasfcu.org | If necessary, bring the form by the branch.

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS AREA

TLP #_____

Date Completed _____

PO Box 2659, Smyrna, TN 37167 p: 855-663-8328 f: 615-984-2213 e: loans@veritasfcu.org



NOTE: Visa applicants must sign "Acknowledgement of Pledge of Shares on Reverse side.

ACCOUNT NUMBE	☐ Closed E	n End Signa nd Vehicle S nd Signatur	ature Accour Secured Loa e Loan ertificate Sec	n	I would □ □ Appli	Credit Card like cards issued in the name of cant Only cant and Spouse/Co Applicant	MAST	ER LOAN	APP	LICATION	
Payment Method	□ Pa	yroll Dedu	ction		☐ Auto	matic Share-To-Loan Trans	fer 🗆	Cash Payment			
You are applying for \$			Purpo	se and Co	ollateral						
Married persons may app	•		IS SECTION	ON CARE	FULLY	BEFORE CHECKING TH	E APPROPRI	ATE BOX(ES)	•		
NV, TX, WA, WI), or if y maintenance as a basis for	your spouse will use or repayment of the	e the Accou credit reque	int, or informested.	ation about	the perso	r spouse ("Co-Maker" sections) n making payments if you are Please check the Joint Credi	relying on alimon	y, spousal suppo			
THIS ACCOUNT IS TO BE	FOR:		JAL CREDIT		□JC	DINT CREDIT We intend to apply for jo	int credit	□ со-м	AKER/GUA	RANTOR	
	Borrowe	r		ВОБ	RROWER	INFORMATION	Co-Maker/Non-	Applicant Co-E	orrower		
Borrower's Name (Last, First	t, Middle, include Sr./	Jr. if applical	ble)			Co-Borrower's Name (Last, First,					
Current Address (Street, Cit	y, State, Zip)	Own	Rent	No.	of Years	Current Address (Street, City, Sta	ate, Zip)] Own ☐ Rent		No. of Years	
Home Telephone Number	Cell Number	:	Social Securit	y Number		Home Telephone Number	Cell Number	Social	Security N	umber	
Email Address				Date of Birt	th	Email Address	l			Date of Birth	
ID No./State	Complete for joint, secur community property stat	te		No. of Depo		ID No./State	community property s	_		No. of Depend. (Excluding self)	
Former Address (Street, Cit	☐ MARRIED ☐ UNM y, State, Zip, Country		SEPARATED vn ☐ Rent	No.	of Years	Former Address (Street, City, Sta	□ MARRIED □ ate, Zip, Country)		Rent	No. of Years	
Employer	Borrowe	r		EMP	PLOYMEN	T INFORMATION Employer	Co-Maker/Non-	Applicant Co-B	orrower		
Address (Street, City, State,	Zip)					Address (Street, City, State, Zip)					
Position or Job Title		Supervisor	r			Position or Job Title		Supervisor			
Telephone Number	Hire Date	1	Monthly S	alary		Telephone Number	Hire Date		Monthly S	alary	
Former Employer	•					Former Employer	'				
Address (Street, City, State,	Zip)					Address (Street, City, State, Zip)					
Position or Job Title		Supervisor	r			Position or Job Title		Supervisor			
Telephone Number	Hire Date	•	Ending Da	ite		Telephone Number	Hire Date	•	Ending Da	ate	
									•		
Vou need not list incom	Borrowe			avata main		INCOME	Co-Maker/Non-				
Type of Other Income	ne irom alimony,	Monthly Am		arate main	itenance	unless you wish it consider Type of Income	ed for purposes	Monthly Amount	is creait.		
Type of Other Income		Monthly Am	ount			Type of Other Income		Monthly Amount			
Is any income likely to be re requested is paid off?	duced before the cred	dit	□YES	□ NO		Is any income likely to be reduce requested is paid off?	ed before the credit		ES	□ NO	
. '											
Name of Nearest Relative (Borrower Not Living With You)		Relations	ship	REFERI	Name of Nearest Relative (Not	b-Maker/Non-Ap Living With You)	plicant Co-Bor	rower Relatio	onship	
Address of Relative (Street, City, State, Zip)			Telephor	Telephone Number		Address of Relative (Street, City, State, Zip)			Teleph	Telephone Number	
Personal Reference (Not Re	elated)		Telephor	ne Number		Personal Reference (Not Relate	ed)		Teleph	none Number	
Address of Personal Refere	nce (Street, City, Stat	te, Zip)	1			Address of Personal Reference	(Street, City, State	, Zip)	1		

ASSETS		

PLEASE CHECK BOX A IF THE ASSET/CREDIT IS IN BORROWER'S NAME ONLY. PLEASE CHECK BOX B IF THE ASSET/CREDIT IS IN CO-BORROWER'S/OTHER PERSON'S NAME ONLY.

ASSETS:

CHE	ECK	CK B TYPE ACCOUNT TYPE		TVDE ACCOUNT TVDE		TYPE ACCOUNT TYPE DECORPORTION (LIST ALL OTHER ACCESTS WOULDING ALTON PEAL ESTATE ETC.)	
Α	В			ACCOUNT TYPE DESCRIPTION (LIST ALL OTHER ASSETS INCLUDING AUTOS, REAL ESTATE, ETC.)			

BORROWER

CO-MAKER/NON-APPLICANT CO-BORROWER

DEPOSIT ACCOUNTS, INCLUDE CHECKING/SAVINGS AT BANK, CREDIT UNIONS AND SAVINGS AND LOAN ASSOCIATIONS.

TYPE	COMPANY NAME/LOCATION	ACCOUNT NO.	APPROX. BALANCE	TYPE	COMPANY NAME/LOCATION	ACCOUNT NO.	APPROX. BALANCE
CHECKING				CHECKING			
SAVINGS				SAVINGS			

LIABILITIES:

Prin	Primary Borrower Account :			Co-Borrower Account:					
CHI	ECK	TYPE COMPANY/PAYEE		TYPE COMPANY/PAYEE CITY		COUNT NO.	BALANCE	MO. PAYMENTS	
Α	В	TIFE	COMPANT/PATEE	CITT	AC	COUNT NO.	DALANCE	IVIO. PATIVIENTS	
BE SU	JRE TO	LIST ALL OPEN ACCOUNTS WIT	H OR WITHOUT A BALANCE. ATTACH A SEPA	RATE SHEET IF NECE	SSARY.	TOTAL			
				OBLIGATION					

GENERAL QUESTIONS										
IF A "YES" ANSWER IS GIVEN, PLEASE EXPLAIN ON		wer	Co-Borrower		IF A "YES" ANSWER IS GIVEN TO A QUESTION, PLEASE	Borrower		Co-Borrower		
AN ATTACHED SHEET.	Yes No		Yes No		EXPLAIN ON AN ATTACHED SHEET.		No	Yes	No	
Have you ever filed a petition for Chapter 13?					Have you ever had any auto, furniture or other property repossessed?					
Have you filed for bankruptcy within the last 7 years?					Do you have any past due bills?					
Are there any suits pending, judgments unsatisfied, alimony or maintenance awards against you?					Are you a US Citizen or permanent resident alien?					
Have you ever applied for credit using another name?					Are you a co-maker, endorser, or guarantor on any loan or note?					
List other names			If Yes, list name and amount.							

ACKNOWLEDGEMENT OF PLEDGE OF SHARES SIGNATURE REQUIRED FOR VISA APPLICANTS ONLY. "You" and "Your" mean each and all applicants signing below.

BY REQUESTING AND RECEIVING, SIGNING AND Using OR PERMITTING OTHERS TO USE A VISA CARD ISSUED TO YOU BY VERITAS FEDERAL CREDIT UNION, YOU, AGREE, AS CARDHOLDER, TO THE TERMS OF The VISA CARD AGREEMENT AND DISCLOSURE STATEMENT FURNISHED.

YOU FURTHER ACKNOWLEDGE AND AGREE THAT The VISA CARD AGREEMENT AND DISCLOSURE STATEMENT CONTAINS THE FOLLOWING PROVISION:

☐ Security Interest – Pledge of Shares. I hereby pledge all paid shares (including share savings, share draft and share certificates) any payment on shares, which I know have or hereafter may have in this Credit Union as security for loans, interest, late charges or cost or expenses. In the event of default in payment, I hereby authorize the Credit Union to apply said shares to the payment of said loans, interest, late charges or expenses. The forgoing pledge of shares does not apply to any shares held in any Individual Retirement Account.

THIS MEANS THAT IF YOU ARE IN DEFAULT UNDER THE TERMS OF THE VISA CARD PROGRAM, WE MAY EXERCISE OUR RIGHTS AS A SECURED PARTY TO APPLY ANY FUNDS YOU HAVE OR DEPOSIT WITH US TO SATISFY YOUR INDEBTEDNESS.

NOTICE: This acknowledgement must be signed by you and returned to the Credit Union.

X		X	
Borrower's Signature	Date	Signature of Joint Applicant, if permitted to use the account	Date
By signing below. Licertify that the information on both sides of this application an	d on any attachment	ts, both written or printed is true and correct and represents my current financial condit	tion accurate

By signing below, I certify that the information on both sides of this application and on any attachments, both written or printed is true and correct and represents my current financial condition accurately, and that I have no other debts than those stated. If there are important changes, I will notify you in writing immediately. I understand that any false statements or willful over-evaluation of land, property or security for the purpose of influencing in any way the action of any federally insured credit union upon any loan application is a violation of Section 1014, Title 18, U.S. Code.

I agree that by using or authorizing another to use the Account, I will be bound by the terms and conditions of the applicable Veritas Federal Credit Union disclosure entitled: A) Closed End Note, Disclosure, Loan and Security Agreements, or B) VISA Card Agreement and Federal Truth-In-Lending Disclosure Statement, (which will be given to you if your application is approved and before the first transaction is made).

I authorize you to gather whatever credit and employment information you consider necessary and appropriate. I authorize you to give information concerning your credit experience with me to others. I understand that you will retain this application whether or not credit is approved. If this application is signed by more than one person, the words "I" and "my" shall mean all those who sign the application.

PLEASE SUBMIT COPY OF CURRENT PAYCHECK STUB OR OTHER DOCUMENTATION FOR TOTAL INCOME.

X		X	
Borrower's Signature	Date	Other Signature (if applicable)	Date