

**UTICA GAS & ELECTRIC FEDERAL CREDIT UNION**

215 Old Campion Road  
 New Hartford, NY 13413  
 Ph: (315) 733-1596 • Fax: (315) 733-0228  
 www.ugfcu.com



**Application**

**Married Applicants:** May apply for a separate account.  
**Individual Credit:** You must complete the **Applicant** section about yourself and the **Other** section about your spouse if:  
 1. you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI),  
 2. your spouse will use the account, or  
 3. you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the **Other** section to the extent possible about the person on whose payments you are relying.  
**Joint Credit:** Each Applicant must **individually** complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.  
**Guarantor:** Complete the **Other** section if you are a guarantor on an account/loan.

**LOANLINER Account/Loan:**  Individual  Joint  
*(Including ATM/Debit Card Access to the Account if Available)*  
 Amount Requested \$ \_\_\_\_\_  
 Purpose/Collateral: \_\_\_\_\_  **GAP Protection**  
**Repayment:**  Payroll Deduction  Cash  Military Allotment  Automatic Payment

**PAYMENT PROTECTION** Are you interested in having your loan protected?  Yes  No  
 If you answer "yes", then the credit union will disclose the cost of this voluntary payment protection to you. A separate election which discloses the terms and conditions must be signed for protection to be effective.  
 Life  
 Disability

<b>APPLICANT</b>		
NAME _____		
PASSWORD _____	ACCOUNT NUMBER _____	
SOCIAL SECURITY NUMBER _____	DRIVER'S LICENSE NUMBER/STATE _____	
AGES OF DEPENDENTS _____	EMAIL ADDRESS _____	
BIRTH DATE _____	HOME PHONE _____	BUSINESS PHONE/EXT. _____
PRESENT ADDRESS (Street - City - State - Zip) _____		<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____
PREVIOUS ADDRESS (Street - City - State - Zip) _____		<input type="checkbox"/> OWN <input type="checkbox"/> RENT 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)		
<b>EMPLOYMENT/INCOME</b>		
NAME AND ADDRESS OF EMPLOYER _____		
TITLE/GRADE _____	START DATE _____	HOURS AT WORK _____
SUPERVISOR'S NAME _____	IF SELF EMPLOYED, TYPE OF BUSINESS _____	
<b>NOTICE:</b> ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.		
EMPLOYMENT INCOME \$ _____ Per _____	OTHER INCOME \$ _____ Per _____	
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE _____	
<b>MILITARY:</b> IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
WHERE _____	ENDING/SEPARATION DATE _____	
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS _____		STARTING DATE _____
		ENDING DATE _____
<b>REFERENCE</b>		
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____		RELATIONSHIP _____
		HOME PHONE _____

<b>OTHER</b>		
<input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER		
NAME _____		
PASSWORD _____	ACCOUNT NUMBER _____	
SOCIAL SECURITY NUMBER _____	DRIVER'S LICENSE NUMBER/STATE _____	
AGES OF DEPENDENTS _____	EMAIL ADDRESS _____	
BIRTH DATE _____	HOME PHONE _____	BUSINESS PHONE/EXT. _____
PRESENT ADDRESS (Street - City - State - Zip) _____		<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____
PREVIOUS ADDRESS (Street - City - State - Zip) _____		<input type="checkbox"/> OWN <input type="checkbox"/> RENT 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)		
<b>EMPLOYMENT/INCOME</b>		
NAME AND ADDRESS OF EMPLOYER _____		
TITLE/GRADE _____	START DATE _____	HOURS AT WORK _____
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<b>REFERENCE</b>		
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