

**UTICA GAS & ELECTRIC FEDERAL CREDIT UNION [Loan Application]**

215 OLD CAMPION ROAD, NEW HARTFORD, NY 13413

PH: (315) 733-1596 FAX: (315) 733-0228 EMAIL: [ugefcu@ugefcu.com](mailto:ugefcu@ugefcu.com) [www.ugefcu.com](http://www.ugefcu.com)

Amount you would like to borrow: \$ \_\_\_\_\_. How many months would you like to pay this loan back? \_\_\_\_\_

Purpose of Loan: \_\_\_\_\_

Would you like GAP Protection? Place an "X": **Yes** \_\_\_\_\_ or **No** \_\_\_\_\_

The cost for GAP insurance is a one-time fee of \$250.00. (**Gap insurance** is an optional, add-on car **insurance coverage** that can help certain drivers **cover** the "gap" between the amount they owe on their car and the car's actual cash value in the event of an accident.)

Are you interested in having your loan protected (place an "X")?

**Yes** \_\_\_\_\_ or **No** \_\_\_\_\_ **LIFE** \_\_\_\_\_ and/or **DISABILITY** \_\_\_\_\_

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.

**Applicant:**

**Other: Co-Applicant** \_\_\_ **Spouse** \_\_\_ **Other** \_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone/Cell: \_\_\_\_\_

Home Phone/Cell: \_\_\_\_\_

Present Address: \_\_\_\_\_

Present Address: \_\_\_\_\_

**Own** \_\_\_\_\_ or **Rent** \_\_\_\_\_ ?

**Own** \_\_\_\_\_ or **Rent** \_\_\_\_\_ ?

Amount of Rent: \$ \_\_\_\_\_

Amount of Rent: \$ \_\_\_\_\_

Previous Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

**Employment / Income**

**Employment / Income**

Name & Address of Employer: \_\_\_\_\_

Name & Address of Employer: \_\_\_\_\_

Employment Income: \$ \_\_\_\_\_ per: \_\_\_\_\_

Employment Income: \$ \_\_\_\_\_ per: \_\_\_\_\_

Gross: \_\_\_\_\_

Gross: \_\_\_\_\_

Other Income: \$ \_\_\_\_\_ per: \_\_\_\_\_

Other Income: \$ \_\_\_\_\_ per: \_\_\_\_\_

Source: \_\_\_\_\_

Source: \_\_\_\_\_

X \_\_\_\_\_

X \_\_\_\_\_

**Applicant's Signature**

**Date**

**Applicant's Signature**

**Date**