

LOAN APPLICATION REQUIREMENTS

YOU MUST BE A 20TH CENTURY FOX FEDERAL CREDIT UNION MEMBER TO APPLY.
IF YOU ARE NOT YET A MEMBER PLEASE [CLICK HERE](#) TO DOWNLOAD A
COPY OF THE MEMBERSHIP APPLICATION

***A WRITTEN EXPLANATION MUST BE INCLUDED WITH THE COMPLETED LOAN APPLICATION IF YOU ARE AWARE OF ANY MISSED OR LATE PAYMENTS ON ANY OF YOUR CREDIT ACCOUNTS.

The following items are required before any loan(s) can be processed.

- **A FULLY COMPLETED LOAN APPLICATION** – Remember to list ALL creditors, regardless of your account balance. Incomplete loan applications will be returned.
- **COPIES OF TWO MOST RECENT PAYSTUBS** - (No more than 30 days old)
- **CO-APPLICANT/SPOUSE'S EMPLOYMENT.**

Co-applicant/spouse's signature must be included on the back of loan application.
2 current paycheck stub copies are required also.

- **SOURCES OF OTHER INCOME**
(If other income is to be considered, please provide us with the following as applicable to your situation.)
 - Rental Property (Copy of most recent signed tax return)
 - Alimony/Child Support (Award Letter)
 - Retirement/Pension (Award Letter)
 - Self-employed (Copy of most recent signed tax return)

Please fax all documentation to: (310) 432-2399 or e-mail to Lending@foxcredit.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:
 Repayment: Payroll Deduction Cash Military Allotment Automatic Payment

PAYMENT PROTECTION Are you interested in having your loan protected? Yes No
 If you answer "yes", the credit union will disclose the cost to protect your loan. The protection is voluntary and does not affect your loan approval. In order for your loan to be covered, you will need to sign a separate application that explains the terms and conditions.

APPLICANT	
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)	
EMPLOYMENT/INCOME	
NAME AND ADDRESS OF EMPLOYER	
TITLE/GRADE	START DATE HOURS AT WORK
SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.	
EMPLOYMENT INCOME \$ _____ Per _____ <input type="checkbox"/> NET <input type="checkbox"/> GROSS	OTHER INCOME \$ _____ Per _____ SOURCE
MILITARY: 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
REFERENCE	RELATIONSHIP
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	HOME PHONE

OTHER		<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	
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