

## CREDIT CARD APPLICATION

**\*\*PLEASE READ\*\***

**By submitting this form, you authorize LES People's FCU to pull your credit report and analyze your application. If you have any questions about this form or our products, please contact us at 212-529-8197 ext. 128, or 212-828-6062**

Date: \_\_\_\_\_

First and Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Tel.: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Employer's Name (1): \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Tel.: \_\_\_\_\_

Employer's City, State, Zip: \_\_\_\_\_

Starting date of work: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

Your Job Title: \_\_\_\_\_

**- Use the following space to enter your former employer's information if you have less than 2 years in your current job or use it if you have a second job -**

Employer's Name (2): \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Tel.: \_\_\_\_\_

Employer's City, State, Zip: \_\_\_\_\_

Starting date of work: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

Ending date of work: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Gross Income from employment: \$ \_\_\_\_\_  Weekly  Bi-weekly  Monthly

Other source of income: \$ \_\_\_\_\_ Explain: \_\_\_\_\_

Monthly Rent or Mortgage: \$ \_\_\_\_\_ Years in current address\*: \_\_\_\_\_

\*If less than 2 years, please enter former address: \_\_\_\_\_

**References for Loan**

We require this information to have records of people we can contact in case we cannot reach you after making reasonable attempts. We will not disclose information about your loan to them. Below, enter the information of three contact persons who do not live at your address, and they must live in different addresses among them.

Reference 1 Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Reference 2 Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Reference 3 Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**Documents required to finalize application process:**

LES People’s FCU will analyze your application and contact you to submit proof of income and additional information if needed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*Complete this form and email to [vmarte@lespfcu.org](mailto:vmarte@lespfcu.org), fax to 212.529.8368 or mail to 37 Avenue B, New York, NY 10009\*\***