



**GEORGETOWN UNIVERSITY
ALUMNI AND STUDENT
FEDERAL CREDIT UNION**

Application for Credit
Phone (202) 687-8616 · Fax (202) 338-7635

Full Name _____

GUASFCU Account Number _____

Social Security Number (if N/A, provide Passport number*)

<input type="checkbox"/> Standard - \$30	\$1000 over 18 months
<input type="checkbox"/> Custom	\$____ over ____ months

Are you a citizen of the United States? Yes / No

(If not, please provide copies of Passport, I-20, and I-94)

E-Mail Address: _____

Date of Birth _____ / _____ / _____

Mother's Maiden Name _____

Georgetown School/Graduation Date _____

*One may take out a loan with the Credit Builder Secured Loan with only a passport number. However, loans will only be reported to Credit Bureaus once the loan holder has obtained a Social Security Number.

CONTACT INFORMATION

Dorm/ Local Address _____

Cell Phone _____

Email Address _____

Permanent Address _____

ADDITIONAL INFORMATION

How did you hear about our loan program? *Please select all that apply:*

- | | | |
|---|---|--|
| <input type="checkbox"/> First place I thought to come | <input type="checkbox"/> GUASFCU Intern | <input type="checkbox"/> GUASFCU Website |
| <input type="checkbox"/> Previously had a loan with GUASFCU | <input type="checkbox"/> Flyer | <input type="checkbox"/> Other _____ |

– YOU MUST COMPLETE AND SIGN THE DISCLOSURE ON THE FOLLOWING PAGE –

DISCLOSURE

I hereby authorize the Georgetown University Alumni and Student Federal Credit Union (hereafter GUASFCU), any credit bureau, or any other investigative agency to obtain any and all information necessary to evaluate this credit application. I hereby authorize references herein to release statements or any other data pertaining to my credit and financial responsibility. I hereby authorize the GUASFCU to obtain and Georgetown University to release a copy of my student account bill and my financial aid award letter. I understand that there is a \$10-\$30 Loan Application Processing fee for submitting an application whether or not my application is approved. I understand that the GUASFCU is required to render a decision upon this application within thirty days of the date on this disclosure. I also understand that if I am unable to supply all information required in this application and additional information which may be requested or needed by the GUASFCU Credit Committee to render a decision, the Credit Committee will have no choice but to deny this credit application. I hereby certify that all the statements in this application are true and accurate, that I answered all questions in full, and that I understand that false or incomplete information will void this application. It is a federal offense to knowingly make a false statement or report, or willfully overevaluate any security for the purpose of influencing the action of a Federal Credit Union. The GUASFCU is required by law to report any such occurrences to the Federal Bureau of Investigation under the provisions of Title 18, U.S. Code, Section 1014. Violators shall be fined not more than \$100,000, or imprisoned not more than thirty years, or both.

I have read this disclosure and understand and agree to all terms, conditions, and requirements here stated.

Applicant Signature _____

Date _____