



# COAST GUARD EMPLOYEES CREDIT UNION

HALE BOGGS FEDERAL BUILDING  
500 POYDRAS STREET ROOM 1226  
NEW ORLEANS, LA 70130-3396

(504) 671-2287  
Fax (504) 671-2290  
Toll Free 800-772-6163

Hours  
06:30-12:00 am  
M-F

Web: [www.coastguardecu.net](http://www.coastguardecu.net) E-Mail: [cgecu@coastguardecu.com](mailto:cgecu@coastguardecu.com)

---

## **SHARE SECURED LOAN CHECKLIST** **THIS CHECKLIST IS FOR YOUR USE** **DO NOT INCLUDE WITH YOUR LOAN PACKAGE**

Enclosed herewith are necessary forms to apply for a **SHARE SECURED LOAN**. To prevent any delays, **you must comply with the below listed items prior to forwarding to the Credit Union**. Read this carefully prior to filling in data on the forms.

### **GENERAL LOAN REQUIREMENTS**

1. You must be a member of the Credit Union prior to getting approval for a loan. You can complete the membership card and a loan package at the same time, but the funds to open your account must be made in cash at the office, a money order or cashers check
2. If refinancing an existing loan with us, you must pay 50% of the original loan amount prior to the approval of the loan with cash, a money order or cashers check.

### **LOAN APPLICATION FORM CGECU L-2213-2 INSTRUCTIONS**

1. Answer all questions or put N/A in space if it does not apply to you.
2. Monthly Income is not necessary for a Share Secured Loan.
3. You do not have to list outstanding debts for a Share Secured Loan.

### **PROMISSORY NOTE FORM CGECU L-2213-3**

1. **DO NOT** complete any section of this document; the credit union staff will complete these areas.
2. Only Sign the document at the appropriate location on the bottom of the form.

### **TRUTH IN LENDING - REGULATION Z – CONSUMER CREDIT DISCLOSURE FORM CGECU L-2211**

1. **DO NOT** complete any section of this document; the credit union staff will complete these areas.
2. Only Sign the document at the appropriate location on the bottom of the form.

### **SECURITY AGREEMENT FORM CGECU L-2213-4**

1. **DO NOT** complete any section of this document; the credit union staff will complete these areas.
2. Only Sign the document at the appropriate location on the bottom of the form.

### **STATEMENT OF UNDERSTANDING FORM CGECU L-2213-6**

1. Initial each statement that applies to you put N/A in those that do not apply.
2. Sign the document at the appropriate location on the bottom of the form.

### **DOCUMENTS TO INCLUDE WITH APPLICATION**

1. Remember that you are pledging your available shares for the collateral of this loan, thus if this loan falls delinquent such shares will be withdrawn to keep the account current at all times.
2. Provide any additional information you wish to be considered for approving of the requested loan.

Return all original forms to the address above.

**WE MUST HAVE ORIGINAL SIGNATURES ON ALL FORMS**

**ALL FORMS COMPLETED INCORRECTLY WILL ONLY DELAY THE LOAN PROCESSING  
PLEASE CALL IF YOU HAVE ANY QUESTIONS PRIOR TO SENDING THE APPLICATION.**



# COAST GUARD EMPLOYEES CREDIT UNION

HALE BOGGS FEDERAL BUILDING  
500 POYDRAS STREET ROOM 1226  
NEW ORLEANS, LA 70130-3396

(504) 671-2287  
Fax (504) 671-2290  
Toll Free 800-772-6163

Hours  
06:30-12:00 am  
M-F

Web: [www.coastguardecu.net](http://www.coastguardecu.net) E-Mail: [cgecu@coastguardecu.com](mailto:cgecu@coastguardecu.com)

## LOAN APPLICATION

Type of Loan Applying for:  Share Secured  Unsecured Personal  Debt Consolidation  Vehicle

**This application will be processed in strict compliance with the By-Laws and Policies of this Credit Union and without regard to race, color, national origin, age, religion, sex and marital status of the applicant. "ALL QUESTIONS MUST BE ANSWERED" failure to answer all questions and list all indebtedness will result in application being rejected and disapproved.**

### PRINT OR TYPE ALL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Acct No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Military Personnel Only: Expiration of Enlistment: \_\_\_\_\_ Rate/Rank: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Employer or Duty Station: \_\_\_\_\_ E-MAIL address: \_\_\_\_\_

How long at current Job or assignment: \_\_\_\_\_ Work Tel. NO.: \_\_\_\_\_ Home Tel. NO: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

(Street) (City) (State) (Zip Code)

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

(Street) (City) (State) (Zip Code)

I hereby apply for a loan in the amount of \$ \_\_\_\_\_ to be repaid in \_\_\_\_\_ (biweekly)/(monthly) installments of \$ \_\_\_\_\_ each including principal and interest. **I desire this loan for the following productive purpose:**

**This loan will be secured by:** [  ] Signature [  ] Share Account funds [  ] Chattel Mortgage ( vehicle loans)

Are you in a position to voluntarily register an allotment (pay-roll deduction) for the repayment of this loan? \_\_\_\_\_. If an allotment is registered, do you agree to continue such allotment until such time as the loan is paid in full? \_\_\_\_\_. If an allotment is registered for the re-payment of this loan, do you desire to have an additional amount, over and above the loan payment withheld and placed into your savings account? If yes, what amount \$ \_\_\_\_\_.

If this loan is for the purpose of a vehicle to be secured by a Chattel Mortgage, **it is a requirement that COLLISION and COMPREHENSIVE insurance be obtained to protect you and the interest of this Credit Union.** Do you agree to obtain and keep this insurance in force until the loan is paid in full? Do you further agree to keep your Insurance Company advised that this credit union is the lien holder of the vehicle? \_\_\_\_\_. Have you ever been through bankruptcy? \_\_\_\_\_. If yes, what year: \_\_\_\_\_. Do you have any judgments, garnishments or legal proceedings against you? \_\_\_\_\_. If yes, explain in detail: \_\_\_\_\_

Do you have a medical board or physical evaluation board pending? \_\_\_\_\_. Are you currently under a doctor's care? \_\_\_\_\_

If yes, explain in detail: \_\_\_\_\_

Are you currently performing duties of your rate/usual occupation? \_\_\_\_\_

Give name, address, and telephone number of the two nearest relatives **NOT** living with you:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

(Street) (City) (State) (Zip Code)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

(Street) (City)(State) (Zip Code)

**Your Marital Status:** [  ] Married [  ] Single [  ] Separated [  ] Divorced

Spouse's name: \_\_\_\_\_ Is spouse employed? \_\_\_\_\_ Spouse's SSN: \_\_\_\_\_

If employed, what is his/her monthly income? \$ \_\_\_\_\_ How long at present job? \_\_\_\_\_

Name and address of his/her employer: Company Name: \_\_\_\_\_

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

(Street) (City) (State) (Zip Code)

# COAST GUARD EMPLOYEES CREDIT UNION

## LOAN APPLICATION FINANCIAL INFORMATION

**(Proof of any income shown below MUST be submitted with application)**

Monthly Gross Income: USCG/Military/Civil Service/Retirement/Job \$ \_\_\_\_\_  
 Other Monthly Income (Gross): Source \_\_\_\_\_ monthly amount \$ \_\_\_\_\_  
 Source \_\_\_\_\_ monthly amount \$ \_\_\_\_\_

**Note: Do NOT include alimony, child support or maintenance payments unless you choose to disclose such income:**

Total Gross Monthly Income from all sources \$ \_\_\_\_\_

<b>OUTSTANDING DEBTS (List everything including items in collection and written-off ) ( if it shows on your credit history it must be listed ) – attach separate sheet if necessary</b>					
	CREDITOR NAME & ADDRESS	LAST FOUR OF ACCOUNT NUMBER	PRESENT BALANCE	MONTHLY PAYMENT	NUMBER MONTHS PAST DUE
RENT/Mortgage					
2 <sup>nd</sup> Mortgage					
Auto Loan					
Auto Loan					
Credit Union					
Finance Co.					
Credit Card					
Credit Card					
Alimony					
Child Support					
Other					
Other					
List any names under which credit has previously been received:		<b>TOTALS</b>			

**CAUTION:** Credit checks are run with the top credit bureaus on all applications. Failure to list **ALL INDEPTEDNESS** will result in the loan being disapproved. It could also result in the loan being obtained under fraudulent conditions.

Number of Persons dependent on YOUR monthly income (include yourself).

I, the undersigned applicant hereby grant, give, authorize, the Coast Guard Employees Credit Union, New Orleans complete and absolute permission to obtain, review, copy any and all court, banking, savings, financial, credit, pay records from whatever source concerning such applicant, for use by Coast Guard Employees Credit Union, New Orleans in its consideration of this loan application:

I hereby certify that all statements made, including those on the reverse hereof, are true, correct, and submitted for the purpose of obtaining credit. I have no other debts.

X \_\_\_\_\_  
 \*Signature of Applicant Address of Applicant

**BELOW SPACE FOR CREDIT UNION EMPLOYEES USE ONLY**

Present Share Balance \$ \_\_\_\_\_ [ ] \$ \_\_\_\_\_ Allotment in effect  
 Present Loan Balance \$ \_\_\_\_\_ [ ] \$ \_\_\_\_\_ Allotment to be Registered  
 To Borrow \$ \_\_\_\_\_ [ ] \$ \_\_\_\_\_ Civilian Allotment  
 New Loan Balance \$ \_\_\_\_\_ [ ] \$ \_\_\_\_\_ Cash Payments  
 Debt to Income Ratio \_\_\_\_\_ %

On \_\_\_\_\_ 20 \_\_\_\_\_ (I)(WE) Approve/Disapprove a loan in the amount and on the terms requested by the applicant, except as noted below:

\_\_\_\_\_ Or \_\_\_\_\_  
 (Loan Officer) Credit Committee or Board of Directors (As applicable)

Reason for disapproval or changes in amount, terms or conditions: \_\_\_\_\_



# COAST GUARD EMPLOYEES CREDIT UNION

HALE BOGGS FEDERAL BUILDING  
500 POYDRAS STREET ROOM 1226  
NEW ORLEANS, LA 70130-3396  
Web: [www.coastguardecu.net](http://www.coastguardecu.net)

(504) 671-2287  
Fax (504) 671-2290  
Toll Free 800-772-6163  
E-Mail: [cgecu@coastguardecu.com](mailto:cgecu@coastguardecu.com)

Hours  
06:30-12:00 am  
M-F

Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

For the value received, I/WE, jointly, severally and in solido, promise to pay to the order of the COAST GUARD EMPLOYEES CREDIT UNION at its office in New Orleans, Louisiana, the sum of \_\_\_\_\_ dollars (\$ \_\_\_\_\_), payable in \_\_\_\_\_ monthly/biweekly installments of \_\_\_\_\_ dollars (\$ \_\_\_\_\_) each including interest at the rate of \_\_\_\_\_ percent per month on the unpaid balance, which is \_\_\_\_\_ % ANNUAL PERCENTAGE RATE, both before and after maturity, the first payment to be made on and monthly/biweekly thereafter until the full amount has been paid.

In case of default, for any reason whatsoever, or if the maker (or mortgager) leaves the field of membership of the Credit Union, the entire balance of this note may, at the option of the holder, at once mature and become due and payable.

Each party to this note, whether as maker, endorser or guarantor, severally waives presentment for payment, demand, protest and notice of protest and dishonor of the same.

**It is further agreed by each party hereto, that if the holder hereof, after default shall place this note in the hands of an attorney or an agency for collection, the undersigned agree(s) to pay all costs of collection including court costs and attorneys fees in an amount equal to twenty five percent (25%) of the principal and interest due on this note, but such charges in no event to be less than ten dollars (\$10.00).**

I/WE hereby pledge all paid shares and payments on shares which we now have, or may have in this Credit Union as security for the payment of this loan, and interest, fines and costs, and the Treasurer is hereby authorized to apply any or all such shares or payments on shares to the payment of said loan, interest, fines and costs.

SECURITY INTEREST: This loan is secured by a Security Agreement of even date covering the following described collateral:

\_\_\_\_\_  
(Signature of Maker/Borrower)

\_\_\_\_\_  
(Signature of Co-Maker)

**WITNESS OF SIGNATURE: I am verifying that I observed the above signature(s) were placed on this document.**

\_\_\_\_\_  
(Printed Name of Witness)

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
Date

**IMPORTANT NOTICE**

**IMPORTANT NOTICE**

**IMPORTANT NOTICE**

“The CONSUMER CREDIT DISCLOSURE STATEMENT pertaining to this loan is contained on the Truth-in Lending – Regulation Z – Consumer Credit Disclosure Form, CGECU FORM L-2211 in accordance with Regulation Z – Acknowledgement of this statement by affixing your signature on the form is required.”

NET AMOUNT DISBURSED: \$ \_\_\_\_\_

**(Back of Promissory Note)**

INFORMATION and INSTRUCTIONS ABOUT THE PROMISSORY NOTE:

The promissory note is the legal contract for this loan between you and the credit union. This document and the Truth in Lending – Regulation Z – Consumer Credit Disclosure Form CGECU L-2211 should be kept in a safe secured location until the loan is paid in full.

The instructions for completing this document are as follows:

- Step 1 Read the uncompleted document.
- Step 2 IMPORTANT, DO NOT place any other marks on this form. The data will be completed by credit union staff personnel.
- Step 3 If you have any questions concerning this document contact the credit union or write the question on a separate piece of paper and include it with the loan application.
- Step 4 Sign the document above the “Signature of Maker/Borrower”.
- Step 5 Do not sign above the “Signature of Co-Maker” unless you have a Co-signer for the application and a completed Co-Signer Application, CGECU FORM L-2213-7 is included with the application.

INCORRECTLY COMPLETED FORMS WILL BE RETURNED TO THE MEMBER

NOTE:

Completing step 4 is an option, if we receive an unsigned form with other areas completed it will delay the issuing of the check until a properly completed and signed form is received at the credit union office.

Members should review the completed form prior to processing the check to ensure all is in agreement as they have requested. By processing the check you agree to the terms of this document and no changes can occur.

**TRUTH IN LENDING – REGULATION Z – CONSUMER CREDIT DISCLOSURE**

**Consumer (Borrower):**

**Creditor (Lender):**

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

Coast Guard Employees Credit Union  
Hale Boggs Federal Building  
500 Poydras Street Room 1226  
New Orleans, LA 70130-3396

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

Date of Transaction: \_\_\_\_\_

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	Amount Financed	Total of Payments
The cost of your credit as a yearly rate.	The dollar amount the credit will cost you.	The amount of credit provided to you	The amount you will have paid after you have made all scheduled payments.
%	\$	\$	\$

Your payment schedule will be:

Number of payments:	Amount of payments:	When payments are due:
---------------------	---------------------	------------------------

Insurance: You may obtain property insurance from anyone you want.  
CREDIT LIFE INSURANCE is provided at no cost to you by the Credit Union provided you meet the qualifications for the policy.  
CREDIT DISABILITY INSURANCE is NOT available through this Credit Union.

Security: You are giving a security interest in your share account that you have pledged up to the unpaid balance of this loan.  
You are giving a security interest (agreement) in:

Late Charge: If loan becomes default and is placed in the hands internal collection, an attorney or an agency for collection, an amount equal to twenty five percent (25%) of the principal and interest outstanding will be added for collection costs.

Prepayment: If you pay off early, you will not have to pay a penalty. If you pay early, there will be no interest refund.

See your contract document for any additional information about non-payment, default and any required repayment in full before the scheduled date.

Itemization of Amount Financed of \$ \_\_\_\_\_

\$ \_\_\_\_\_ Amount given directly to you

\$ \_\_\_\_\_ Amount paid on your account

\$ \_\_\_\_\_ Paid to:

By affixing my signature hereon, I acknowledge a copy of this statement:

\_\_\_\_\_  
Signature of Consumer/Borrower

**SECURITY AGREEMENT**



**COAST GUARD EMPLOYEES CREDIT UNION**

HALE BOGGS FEDERAL BUILDING  
500 POYDRAS STREET ROOM 1226  
NEW ORLEANS, LA 70130-3396

(504) 671-2287  
Fax (504) 671-2290  
Toll Free 800-772-6163

Hours  
06:30-12:00 am  
M-F

Web: [www.coastguardecu.net](http://www.coastguardecu.net) E-Mail: [cgecu@coastguardecu.com](mailto:cgecu@coastguardecu.com)

NAME OF DEBTOR

ADDRESS

DATE

ADDITIONAL DEBTOR (if any)

ADDRESS

COAST GUARD EMPLOYEES  
CREDIT UNION – NOLA

Hale Boggs Federal Building  
500 Poydras Street, Room 1226, New Orleans, LA 70130-3396

NAME OF SECURED PARTY

ADDRESS

DEBT. I owe the principal sum of \$ \_\_\_\_\_ , plus interest, as described in the note or other agreement between you and me dated \_\_\_\_\_ .

GRANT OF SECURITY. I hereby grant, deliver and pledge to the secured party (credit union) a security interest in the property described below and any and all additions and accessions thereto to secure payment of the debt and all my other obligations and liabilities. The security interest herein granted shall secure such additional sums at rates of interest which will vary from time to time; provided, however, that the making of such advance shall be optional with the credit union, and such advances may be made and repaid and again made as often as may be seen fit by the credit union; and this security agreement shall secure the payment of any and all extensions or renewals and successive extensions or renewals of any obligations or any indebtedness and all interest on the same, for all of which this security agreement shall stand as continuing security until paid; and I agree that the credit union may apply any payments made on any obligations to the credit union at the option of the credit union, and such advances or other obligations shall be secured by this agreement whether evidenced by notes, checks, drafts or otherwise.

**DESCRIPTION OF COLLATERAL**

The following collateral is subject to the Security Agreement:

USE OF COLLATERAL The Collateral is to be used: (check one)

- for personal, family or household purposes
- in business
- in farming operations

CONFESSION OF JUDGMENT. I hereby confess judgment in favor of the Secured Party (credit union) and waive demand notice, putting in default, and the benefit of appraisal in the event of seizure and sale under judicial process.

COAST GUARD EMPLOYEES  
CREDIT UNION – NOLA  
SECURED PARTY

DEBTOR

BY: \_\_\_\_\_

\_\_\_\_\_

(TITLE)

CO-SIGNER DEBTOR

Part I Secured Party (Credit Union)

Part II Debtor (Member)

# SECURITY AGREEMENT

## (Back of Security Agreement)

### INFORMATION and INSTRUCTIONS ABOUT THE SECURITY AGREEMENT:

The security agreement is a legal document thus, the information will be completed by credit union staff.

The instructions for completing this document are as follows:

- Step 1 Read the uncompleted document.
- Step 2 IMPORTANT, DO NOT place any other marks on this form. The data will be completed by credit union staff personnel.
- Step 3 If you have any questions concerning this document contact the credit union or write the question on a separate piece of paper and include it with the loan application.
- Step 4 Sign the document above the "DEBTOR".
- Step 5 Do not sign above the "CO-SIGNER DEBTOR" unless you have a co-signer for the application and a completed Co-Signer Application, CGECU FORM L-2213-7 is included with the application.

INCORRECTLY COMPLETED FORMS WILL BE RETURNED TO THE MEMBER

#### NOTE:

Completing step 4 is an option, if we receive unsigned forms or forms with other areas completed it will delay the issuing of the check until a properly completed and signed form is received at the credit union office.

Members should review the completed form prior to processing the check to ensure all is in agreement as they have requested. By processing the check you agree to the terms of this document and no changes can occur.

# STATEMENT OF UNDERSTANDING



## COAST GUARD EMPLOYEES CREDIT UNION

HALE BOGGS FEDERAL BUILDING  
500 POYDRAS STREET ROOM 1226  
NEW ORLEANS, LA 70130-3396

(504) 671-2287  
Fax (504) 671-2290  
Toll Free 800-772-6163

Hours  
06:30-12:00 am  
M-F

Web: [www.coastguardecu.net](http://www.coastguardecu.net) E-Mail: [cgecu@coastguardecu.com](mailto:cgecu@coastguardecu.com)

### Initial next to each statement that applies, put a N/A if it does not apply to you.

- \_\_\_\_\_ I certify that I am NOT requesting early release from active duty in accordance with any early release program.
- \_\_\_\_\_ I understand that if I am separated from the Coast Guard for any reason, that my debt with the Credit Union is a legal debt and must be repaid as agreed in the promissory note.
- \_\_\_\_\_ If I retire from the Coast Guard and have a loan balance owing I will carry my allotment forward for repayment of the loan and the payment will be deducted from my retired pay.

### The Below Statements must be initialed by all applicants

- \_\_\_\_\_ I will keep the Credit Union advised of any mailing address changes and keep my mailing address current. I further understand that a quarterly fee of \$10.00 will be charged to my account if I do not have a current mailing address with the Credit Union
- \_\_\_\_\_ I understand that if I default on the loan, that my account will be turned over for legal and/or collection action and that 25% of the outstanding principal and interest will be added to my loan balance for legal fees, court costs and collection expenses.
- \_\_\_\_\_ I understand that any delinquencies on loan repayments and defaults are automatically reported to the Credit Bureau and will adversely affect my credit rating.
- \_\_\_\_\_ I understand that the Internal Revenue Service (IRS) can be notified of any discharges of indebtedness in accordance with the Internal Revenue Code and I will be required to pay federal income tax on that amount.
- \_\_\_\_\_ If for any reason I file for bankruptcy, I will list the Coast Guard Employees Credit Union outside the plan and continue to repay the loan as agreed in the promissory note. I understand that I must contact the Credit Union and request a Reaffirmation Agreement.
- \_\_\_\_\_ I understand that if I cost the Coast Guard Employees Credit Union a loss that my membership will be suspended until such time that the loss is paid in full and that I must request a reinstatement of my membership to the Board of Directors. Only after the BOD has approved such request will my membership be restored.

I \_\_\_\_\_ do hereby certify that all statements initialed above are

Printed name of applicant

fully understood and that I am agreeing to each statement with my signature below.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date