



## "Be A Teacher" Intern Loan Program

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

School you will be teaching at? \_\_\_\_\_

Grade you will be teaching? \_\_\_\_\_

We will need the following items to complete your Loan:

- \* Completed application
- \* Proof of Income (Paystub, Offer Letter or Contract if you have not started the school year)

Please return your completed application and proof of income to Rebecca Nystrom Brito at [rnystrom@comfirstcu.org](mailto:rnystrom@comfirstcu.org) or you can fax it to 707-546-0529.

Once your loan has been approved you will be contacted and a loan signing will be scheduled at the most convenient CFCU branch near you. It's that simple!

If you have any questions regarding the "Be a Teacher" Intern Loan program please feel free to email Rebecca or call 707-543-2654, or visit our website at [www.comfirstcu.org](http://www.comfirstcu.org)

*Here For Good.*

Offices: Guerneville • Healdsburg • Napa • Sebastopol • Central and West Santa Rosa  
Main ☎ 707/546-6000 • 800/890-3540 • (fax) 707/546-0529 • [www.comfirstcu.org](http://www.comfirstcu.org)  
PO Box 6004 • Santa Rosa, CA • 95406-0004



PO BOX 6004  
 Santa Rosa, CA 95406  
 707-546-6000

Amount Requested \$ \_\_\_\_\_

Purpose-"Be a Teacher" Intern Loan

Applicant		
Name		
Social Security Number		
Mothers Maiden Name	Account Number	
Drivers License Number/ Exp Date		
Email Address		
Birth Date	Cell Phone #	
Present Address ( Street, City, State, Zip)		
<input type="checkbox"/> Own	Years at the Address	
<input type="checkbox"/> Rent		
Mortgage/ Rent Owed to:		
Monthly Mortgage/ Rent Payment		
\$		
<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried
Employment/ Income		Start Date
Name of Employer		
Employment Income	Additional Income	
\$ _____ per _____ \$ _____ per _____		

Co-Applicant		
Name		
Social Security Number		
Mothers Maiden Name	Account Number	
Drivers License Number/ Exp Date		
Email Address		
Birth Date	Cell Phone #	
Present Address ( Street, City, State, Zip)		
<input type="checkbox"/> Own	Years at the Address	
<input type="checkbox"/> Rent		
Mortgage/ Rent Owed to:		
Monthly Mortgage/ Rent Payment		
\$		
<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried
Employment/ Income		Start Date
Name of Employer		
Employment Income	Additional Income	
\$ _____ per _____ \$ _____ per _____		

**Signatures**

You promise that everything you have stated in this application is correct to the best of your knowledge. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with the application for credit and for any update, increase, renewal, extension, or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan application made to federal credit unions or state chartered credit unions insured by NCUA.

**X** \_\_\_\_\_

Applicant Signature

Date

**X** \_\_\_\_\_

Co-Applicant Signature

Date