

# *South Carolina WorkAbility Loan Application*

## **General Approval Guidelines**

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### **Basic Eligibility:**

- 1) Applicants and Co-Applicants must be current residents of South Carolina.
- 2) WorkAbility Loans- Items/products purchased must be DIRECTLY related to the employment and the individual with a disability.
- 3) WorkAbility applications must provide certified medical letter (doctor's note, counselor, therapist, etc.) dated within the last 60 days indicating the type of disability.

### **Credit:**

- 1) The applicant must be able to repay the amount of the monthly payments for the full term of the amount financed.
- 2) Approval is based on debt to income ratios along with willingness to repay.
- 3) The applicant cannot be in Chapter 13 Bankruptcy.
- 4) The applicant may not have repossession within the last 24 months.
- 5) Medical Collections are not taken into consideration for qualifying applicants.

### **Loan Limits**

- 1) Maximum loan amount is \$30,000.00 for SECURED LOANS.
- 2) Maximum loan amount is \$10,000.00 for UNSECURED LOANS.
- 3) Minimum loan amount is \$1,000.00 for both types of loans.

### **Vehicle Purchases**

- 1) Vehicles cannot be over 10 years old from the current year.
- 2) Used vehicles cannot have a mileage reflecting more than an average of 20,000 miles per year.
- 3) GAP insurance is required on any vehicle approved for the loan programs.
- 4) Applicant must provide a Certified Inspection Report and Vehicle History Report on vehicles that are not purchased new.
- 5) Applicant must agree to the Hold Harmless Clause.

## **\*\*BEFORE YOU SEND IN YOUR APPLICATION\*\***

(Use this checklist to make sure the application is completed correctly)

### **Application Checklist**

- All information is filled in, including "N/A" or "NONE" for items that do not pertain to you
- All Signatures and Dates completed with current date
- Authentic Quote or Estimate for All items or services included in the purchase request
- Quotes or Estimates match the amount requested in application
- Certified Medical Document stating the type of disability that the applicant, co-applicant or AT user currently has
- Certified Medical Document must be dated within the last 30 days
- Copy of South Carolina ID or Driver's License and Social Security Card for all person's on application
- Proof of Income documents provided within the last most recent two months
- Also include other income such as Investments, Retirement, Pension, 401K, Trust, etc..
- Self-Employed: provide last two year's copies of IRS transcripts from tax returns

### **\*\*\*Purchasing a Vehicle?**

- Copy of Auto Insurance Quote for the specific vehicle to be purchased
- Copy of Certified Vehicle Inspection report/ Carfax

# SOUTH CAROLINA WorkAbility LOAN PROGRAM

## LOAN APPLICATION INSTRUCTIONS

1. Please review the guidelines before completing your application.
2. If you have a co-applicant or guarantor, both you and the co-applicant must complete the appropriate sections.
3. Please make sure that your application is filled out completely, signed and dated.  
**\*Application will expire 30 days after the date listed on the application by applicant\***
4. Please include the requested documents with your completed application:
  - a. Business Plan, or verification from employer that allows you to work from home. (This is for Self-Employment or attempting to become Self- Employed)
  - b. An invoice, bid, official estimate, or other information showing cost of item with description of the equipment and/or services to be provided (if vehicle, must include estimate for full coverage insurance).
  - c. Documentation of Disability – Must be dated within the last 30 days (i.e., letter from physician, letter from Social Worker or VR Counselor, Evaluation Report, etc.) **\*\*Must be from a qualified/certified professional\*\***
  - d. Photocopy of a current state issued ID for each applicant, co-applicant, and AT User
  - e. Verification of Income. Examples are as follows:
    - Copy of the letter from SSI, SSDI, VA
    - Pension Income
    - 401K Income
    - Investments, Trusts, or other income sources
    - If currently employed – Most recent 2 months paystubs
    - If currently self-employed – Most recent 2 years tax returns

The South Carolina State Credit Union will conduct a credit check on each individual who completes a financial information form.

### **RETURN COMPLETED APPLICATION AND ALL SUPPORTING DOCUMENTS TO:**

P.O. Box 3197  
West Columbia, SC 29171

Phone: (803) 726 - 7143  
Fax: (803) 822 - 8948

The South Carolina WorkAbility Loan Program is a federally-funded project of the National Institute for Disability and Rehabilitation Research (NIDRR), US Department of Education, under PL105-394, the Assistive Technology Act of 1998, and Grant No. H224C030024. The South Carolina WorkAbility Loan Program is provided as part of a cooperative partnership with South Carolina State Credit Union.

# *South Carolina WorkAbility Loan Program Privacy Policy & Disclosure*

The Gramm-Leach-Bliley Act requires us to tell you what steps we take to safeguard the privacy of the financial information you provide to us. Here is a summary of our privacy and disclosure policies.

## **Our Privacy Policy**

We may collect non-public personal information about you from the following sources:

- Information we receive from you on your loan application
- People and organizations identified on your loan application
- Information about your transactions with us, our affiliates or others
- Information we receive from a consumer credit reporting agency

## **What We Disclose**

We do not disclose any non-public personal information about our customers or former customers to anyone except as permitted by law.

## **Telling Your Story**

We may use "your story" (for example, why you needed a loan, what equipment or technology you purchased and how it impacted your life) to explain and market our program to other borrowers and contributors. However, we will not identify you by name unless you give us permission to do so. If you do not wish to have your story told, please let us know at the time of your application. It will not affect loan eligibility.

## **Confidentiality & Security**

The South Carolina WorkAbility Loan Program takes every precaution to ensure that your personal information remains private. Accordingly, we restrict access to non-public personal information about you to employees and agents of the South Carolina WorkAbility Loan Program, members of our Loan Review Committee and Board on a need-to-know basis and guarantors, co-signors, vendors and providers who need to know that information to provide products or services requested by you. We maintain physical, electronic and procedural safeguards to comply with federal regulations to guard your non-public personal information.

## **Question**

If you have any questions or concerns about our privacy and disclosure policies, or to receive a list of general guidelines regarding the S.C. WorkAbility Loan Program, please contact the South Carolina WorkAbility Loan Program.

*SC WorkAbility Loan Program*

P.O. Box 3197

West Columbia, SC 29171

Phone: (803) 726-7143

Email: [info@alliedinc.net](mailto:info@alliedinc.net)

Fax: (803) 822-8948

## PART I S.C. WORKABILITY LOAN APPLICATION

Name of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Length at Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Birthdate (mm/dd/yy): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

User's Type of Disability Affected: (check all that apply)

- Physical (mobility, orthopedic, neurological, cardiovascular, respiratory) \_\_\_\_\_
- Sensory (blindness, visual impairment, hearing loss) \_\_\_\_\_
- Communication (nonverbal, aphasia) \_\_\_\_\_
- Cognitive (intellectual, traumatic brain injury) \_\_\_\_\_
- Psychiatric \_\_\_\_\_
- Multiple (several disabilities) \_\_\_\_\_

List & describe equipment and services you want to purchase.

**\*\*MUST attach an invoice or bid from the vendor or seller showing the total cost\*\***

Equipment or Service	Cost	Estimated Life of Device
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Please describe, in your own words, how this technology will be used and how it will benefit you.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Amount of Loan requested: \$ \_\_\_\_\_ **(MUST MATCH ALL ESTIMATES PROVIDED)**

Employment Status:      Unemployed \_\_\_\_\_  
                                     Employed \_\_\_\_\_  
                                     Self-Employed \_\_\_\_\_  
                                     Employed and Self-employed \_\_\_\_\_

What is your primary employment goal?

- \_\_\_ Become newly employed in self-employment for an employer (do not have a job but want to get one)
- \_\_\_ Become newly self-employed (do not have a job but want to work for self)
- \_\_\_ Change to a job for an employer (have a job but want to change job/kind of work)
- \_\_\_ Change to self-employment job (have a job but want to work for self)
- \_\_\_ Expand existing business **\*\*MUST SUBMIT COPY OF CURRENT BUSINESS LICENSE/PERMIT\*\***
- \_\_\_ Other – Provide a brief description: \_\_\_\_\_

If you receive the WorkABILITY loan, would you have insurance to cover loss or damage to equipment?

Yes \_\_\_ No \_\_\_

Are you a client of South Carolina Vocational Rehabilitation Department?

Yes \_\_\_ No \_\_\_

Is the applicant the person with the disability?

Yes \_\_\_ No \_\_\_

If no, what is the applicant's relationship to the person with the disability? \_\_\_\_\_

**PART II****DEMOGRAPHIC INFORMATION FOR USER OF ASSISTIVE TECHNOLOGY (AT)**

This background information helps us to determine who we are serving. We are requesting this information in accordance with the Equal Credit Opportunity Act and the requirements of the regulatory agencies. Providing the information is voluntary and it will not in any way be a factor in the application approval process.

Name (if different from applicant): \_\_\_\_\_

Gender:     Male                       Female                      Age: \_\_\_\_\_

Ethnic/Racial Background:

Caucasian                       Hispanic                       Asian/Pacific Islander  
 African American                       Native American                       Other:

Language Spoken At Home:

English     Spanish     Chinese     Korean     Vietnamese     French     Other:

Marital Status:

Single with no dependent children                       Single with dependent children  
 Married or Domestic Partnership                       Divorced  
 Widowed                       Other (please describe) \_\_\_\_\_

Employment Status:

Employed Fulltime                       Employed Part-time                       Self-employed Fulltime  
 Self-employed Part-time                       Unemployed                       Retired on disability  
 Retired                       Student (Level completed : \_\_\_\_\_)  
 Homemaker                       Other (Please describe) \_\_\_\_\_

Are you actively seeking work?

No                       Yes – Fulltime                       Yes - Part-time

Housing Status:

Subsidized Rental Unit     Rent     Own Home or Condo     Other (Please describe):

Veteran Status

None/Not Applicable                       Veteran

How did you hear about AT's low interest loans? (check all that apply)

Advertising (e.g.,  TV,  radio,  newspaper)                       Information received in the mail  
 Information from the Internet                       Friend  
 Professional (e.g., OT, PT, doctor, case manager)                       Disability-related agency:  
 Bank, credit union or lending institution                       Equipment vendor, supplier or dealer  
 Other: \_\_\_\_\_  
 Don't know

I currently am covered by the following public/private programs.

Medicaid                       Medicare  
 Private Health Insurance                       Disability Insurance  
 Division of Developmental Disabilities                       Special Education or 504 Plan  
 Food Stamps                       Workers Compensation  
 Vocational Rehabilitation                       Other

**PART III**  
**MONTHLY BUDGET WORKSHEET - APPLICANT**

<i>Applicant Section</i> <i>Please Complete All Lines That Apply</i>		For Internal Office Use Only
MONTHLY ASSETS/DEBT/EXPENSES ITEMIZED	PER MONTH	NET MONTHLY INCOME \$
Checking Account Balance	\$	Total Assets:
Savings Account Balance	\$	
Stocks & Bonds	\$	
Real Estate Owned (free and clear)	\$	
Retirement Fund Balance	\$	
Net Worth of a Business Owned (free and clear)	\$	
Vehicles Owned (free and clear)	\$	
Other Assets	\$	
Rent or Mortgage	\$	Total Debt:
Homeowners Association Dues	\$	
Property Taxes	\$	
House/Renters Insurance	\$	
Electric	\$	
Gas	\$	
Heating Fuel	\$	
Water	\$	
Security System	\$	
Garbage Removal	\$	
Health Insurance Premiums	\$	
Other Insurance	\$	
Monthly Credit Cards & Other Debt	\$	
Retirement Plan	\$	
Child Care or Child Support	\$	
Internet Connection	\$	Total Expenses:
Cable TV	\$	
Telephone	\$	
Cell Phone	\$	
Food & Household Items per month	\$	
Furniture Accounts	\$	
Club Memberships/Dues	\$	
Vehicle Payment	\$	
Vehicle-Maintenance & Repairs	\$	
Vehicle-Insurance (including new insurance)	\$	
Vehicle-Gas (Current and/or Projected)	\$	
Other Transportation (mass transit, cabs, etc)	\$	
Savings	\$	
Charitable Contributions, Tithes, memberships	\$	
Cigarettes & Alcohol	\$	
Entertainment (video rentals, movies, eating out)	\$	<b>EXPENSES + DEBT</b>
Vacations	\$	Total Ratio
Other: (laundry, clothing, haircuts, makeup, birthday)	\$	
Taxes: For Self Employed Only	\$	Total Ratio
Medical Care (co-pays, glasses, medications, supplies)	\$	
Other:	\$	Total Ratio
Other:	\$	
Other:	\$	Total Ratio
	\$	
	\$	Total Ratio
	\$	

## PART III MONTHLY BUDGET WORKSHEET – CO-APPLICANT

<i>Co-Applicant Section Please Complete All Lines That Apply</i>		For Internal Office Use Only
MONTHLY ASSETS/DEBT/EXPENSES ITEMIZED	PER MONTH	NET MONTHLY INCOME \$
Checking Account Balance	\$	Total Assets:
Savings Account Balance	\$	
Stocks & Bonds	\$	
Real Estate Owned (free and clear)	\$	
Retirement Fund Balance	\$	
Net Worth of a Business Owned (free and clear)	\$	
Vehicles Owned (free and clear)	\$	
Other Assets	\$	
Rent or Mortgage	\$	Total Debt:
Homeowners Association Dues	\$	
Property Taxes	\$	
House/Renters Insurance	\$	
Electric	\$	
Gas	\$	
Heating Fuel	\$	
Water	\$	
Security System	\$	
Garbage Removal	\$	
Health Insurance Premiums	\$	
Other Insurance	\$	
Monthly Credit Cards & Other Debt	\$	
Retirement Plan	\$	Total Expenses:
Child Care or Child Support	\$	
Internet Connection	\$	
Cable TV	\$	
Telephone	\$	
Cell Phone	\$	
Food & Household Items per month	\$	
Furniture Accounts	\$	
Club Memberships/Dues	\$	
Vehicle Payment	\$	
Vehicle-Maintenance & Repairs	\$	
Vehicle-Insurance (including new insurance)	\$	
Vehicle-Gas (Current and/or Projected)	\$	
Other Transportation (mass transit, cabs, etc)	\$	<b>EXPENSES + DEBT</b>
Savings	\$	<b>EXCESS INCOME</b>
Charitable Contributions, Tithes, memberships	\$	<b>DEBT TO INCOME RATIO</b>
Cigarettes & Alcohol	\$	
Entertainment (video rentals, movies, eating out)	\$	<b>TOTAL RATIO</b>
Vacations	\$	
Other: (laundry, clothing, haircuts, makeup, birthday)	\$	
Taxes: For Self Employed Only	\$	
Medical Care (co-pays, glasses, medications, supplies)	\$	
Other:	\$	
Other:	\$	
Other:	\$	



**PART IV**  
**FINANCIAL INFORMATION FORM**

	Applicant	Co-Applicant
<b>Gross Monthly Household Income</b>	\$ _____	\$ _____
<b>Net Monthly Household Income**</b>	\$ _____	\$ _____

Sources of Income (At least one type below **MUST** be selected)

• Employment:	\$ _____	\$ _____
• SSI:	\$ _____	\$ _____
• SSDI:	\$ _____	\$ _____
• Social Security:	\$ _____	\$ _____
• Savings/Investments:	\$ _____	\$ _____
• Pension/401K:	\$ _____	\$ _____
• Other Disability Income:	\$ _____	\$ _____
• Trust:	\$ _____	\$ _____
• Other (Describe):	\$ _____	\$ _____

**Applicant Employment:**

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_

Position: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Company Phone #: \_\_\_\_\_  
Length of Employment for above? \_\_\_\_\_

**Co-Applicant Employment:**

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_

Position: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Company Phone #: \_\_\_\_\_  
Length of Employment for above? \_\_\_\_\_

*\*\*Alimony, child support or separate maintenance income need not be listed unless you want it to be considered in granting credit.*

**AUTHORIZATION/CERTIFICATION**

I certify that the information provided in this application is true and correct to the best of my knowledge. Authorization is hereby given for the release of any and all information concerning bank accounts, employment, and credit or mortgage verification as requested by South Carolina Assistive Technology Loan Program. I understand that South Carolina Assistive Technology may need to contact other agencies and individuals to determine my eligibility and to verify my need for the support for which I am applying. I authorize the release of such confidential information.

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

\_\_\_\_\_  
Signature of Co-Applicant Date

\_\_\_\_\_  
Name & contact information of person who assisted with application (if any):



# Loan Application

Please Sign and Date the Application in the spaces provided at the bottom of the form.

## Primary Applicant Information

Account Number (if current member, otherwise leave blank) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Email \_\_\_\_\_

Are you a U.S. citizen or a permanent resident alien?  Yes  No

## Mailing Address

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

Work Extension \_\_\_\_\_

## Employment Information

Employer \_\_\_\_\_

Date Employed \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

## References

Number of Dependents \_\_\_\_\_

Next of Kin \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship phone \_\_\_\_\_

## Income and Housing Costs

Gross Monthly Income \_\_\_\_\_

Notice: Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered.

Income Source \_\_\_\_\_ example: employment

Other Income \_\_\_\_\_

Other Income Source \_\_\_\_\_ example: investments, rental property

Residential Status \_\_\_\_\_ Own, Rent, Other

Rent or Mortgage Payment \_\_\_\_\_

## Loan Request

Purpose of Loan \_\_\_\_\_

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

Collateral \_\_\_\_\_

Repayment Method  Cash      Payroll Deduction      Other \_\_\_\_\_

## Co-applicant Information (Optional)

Co-applicant Name \_\_\_\_\_

Co-applicant SSN \_\_\_\_\_

Co-applicant Employer \_\_\_\_\_

Co-applicant Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Co-applicant Gross Income \_\_\_\_\_

Notice: Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered.

Is co-applicant a U.S. citizen or permanent resident alien?      Yes      No

Upon completion of this application – I[We] authorize you to obtain information, including a consumer credit report, to check my credit or other banking records.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant

\_\_\_\_\_  
Date



STATE CREDIT UNION\*

ACCOUNT CARD/APPLICATION FOR MEMBERSHIP & SERVICES

NEW MEMBER EXISTING MEMBER MEMBER # DATE

STEP 1: TELL US ABOUT YOURSELF PLEASE PRINT ALL INFORMATION

Full Name, SSN or TIN, Date of Birth, E-mail, Mother's Maiden Name, Name of Employer, Gov't Issued ID #, Issuer, Issue Date, Expiration, If different Mailing Address, Street Zip Address, City, State, Home Phone, Work Phone, Cell Phone

STEP 2: ESTABLISH YOUR MEMBERSHIP

MEMBERSHIP SAVINGS ACCOUNT (Holds your required \$5 ownership share in SCU) or MINOR SAVINGS ACCOUNT (Coindexer Club, Ages 12 and under)

MEMBERSHIP ELIGIBILITY: (Live or work in community, family, employment, other)

STEP 3: SERVICES REQUESTED

CHECKING ACCOUNT (Also, Visa Check Card & overdraft line of credit) Account Type: First Relationship Loyalty Value Club

1) Give my Visa Check Card ATM access to checking savings 2) Provide Visa Check Card to joint owner with ATM access to checking savings

OVERDRAFT INSTRUCTIONS Overdraft transfer priority; please number 1, 2, 3. Overdraft Line Of Credit\* Membership Savings Do not transfer from any account I/ we opt-out of standard overdraft privileges

\*A separate application may be required for this service. No protection from a loan account is provided unless approved for an overdraft loan account.

I/ we opt-in for one-time ATM and debit card purchase transactions (Review "Information on Overdrafts and Overdraft Fees" disclosure)

IMPORTANT: TRANSFERS FROM SAVINGS ARE LIMITED TO SIX (6) PER MONTH. AFTER SIX TRANSFERS FROM SAVINGS IN ONE MONTH, ADDITIONAL ITEMS PRESENTED FOR PAYMENT AGAINST INSUFFICIENT FUNDS MAY BE RETURNED AND MAY RESULT IN FEES TO YOUR ACCOUNT. Please initial

OTHER ACCOUNTS: Holiday Club Minor's Account POD Account Secondary Savings Account Money Market Account

TERM SHARE CERTIFICATE IRA CERTIFICATE IRA SAVINGS ACCOUNT (IRA accounts may not be jointly held, and a separate application is required.)

UGMA/UTMA ACCOUNT Successor Custodian/Trustee:

SELF SERVICE CONVENIENCE (Choose any or all of these free services to make accessing your accounts easier)

Direct deposit Payroll deduction/draft ATM card (access to savings checking)

STEP 4: DESIGNATE THE OWNERSHIP FOR YOUR ACCOUNTS AND COMPLETE THE INFORMATION BELOW FOR THE ADDITIONAL ACCOUNTHOLDER.

JOINT (ALL accounts selected will be jointly owned if this card lists any "joint owner(s), with exception of IRA accounts.)

TRUSTEE -- TITLE OF ACCOUNT (if different from member's name above)

CUSTODIAN -- TITLE OF ACCOUNT (if different from member's name above)

1) Full Name, SSN or TIN, Date of Birth, E-mail, Mother's Maiden Name, Name of Employer, Gov't Issued ID #, Issuer, Issue Date, Expiration, Street Address, Home, Work, Cell, If different

Phone	Phone	Phone	Mailing Address
2) Full Name			SSN or TIN
E-mail			Date of Birth
			Mother's Maiden Name
Gov't Issued ID #	Issuer	Issue Date	Expiration
			Street Address
Home Phone	Work Phone	Cell Phone	If different Mailing Address

**STEP 5: SIGNATURES**

I/we hereby make application for the account(s) and/or membership as indicated and agree to conform to the Bylaws, as may be amended, of SC State Federal Credit Union ("Credit Union"). I certify that I am within the field of membership of this Credit Union if membership is requested. I/we certify the signature(s) on this card apply to all accounts designated on the front; and all information provided is true and correct. I also acknowledge that I have received and agree to be bound by any terms and conditions in this card, and in the Consolidated Agreements & Disclosures Booklet, Truth-in-Savings Act Rate and Fee Schedule, and any Special Account or other separate Account Service Applications or Agreements as amended from time to time, which are incorporated herein by reference. **All present and future deposits to the account(s) designated above secure payment of any account owner's obligations to the Credit Union.** This card authorizes the Credit Union to open future subaccounts and/or services in the names of the owners or Account Title listed on the front.

I [We] agree with each other and the S.C. State Federal Credit Union that: 1-The credit union is requested and authorized to recognize either signature as having equal authority when there is more than one owner; 2-This account will be established with full right of survivorship when there is more than one owner; 3- I [We] authorize you to obtain information, including a consumer credit report, to check my credit or other banking records, to determine other credit union services that may be available; 4-I [We] hereby pledge all funds in this account toward any transaction made by either of us in this or any other account either of us may have with the credit union; 5-Any or all owners of this account may pledge any specific portion of shares [deposits] in this account as collateral to secure a loan with the credit union.

**ACCOUNT OWNERSHIP (APPLICABLE IF JOINT OWNERS LISTED ON FRONT):**

The owners intend to and do hereby create a joint tenancy with rights of survivorship; and specifically agree to the terms set forth in the Consolidated Agreements & Disclosures Booklet including but not limited to the Credit Union's rights to pay or transfer any deposits by the order of any owner, to accept a pledge of all sums deposited now or in the future from any owner, and to enforce any legal or contractual lien rights as to any owner's obligations.

**CONSENT TO ELECTRONIC DISCLOSURES:** If I use, apply for or access any electronic services of the Credit Union, I agree to receive disclosures electronically, and have the ability to do so, as described in "TERMS AND CONSENT APPLICABLE TO ELECTRONIC SIGNATURES" of the Consolidated Agreements & Disclosures Booklet. Accounts opened via telephonic or electronic means will rely on the signatures set forth on this card as the physical signature of the owners/authorized users of this/these accounts as applicable.

**INTERNAL REVENUE CODE AND BANK SECRECY ACT DISCLOSURES:** The Internal Revenue Service (IRS) does not require the applicant's consent to any provision of this document other than the certification required to avoid backup withholding below. I understand and agree that the Patriot's Act of 2001 obligates all persons seeking to open an account to fully comply with the identity verification requirements of the Bank Secrecy Act, as amended from time to time. TRANSACTIONS TO/FROM ANY ACCOUNTS MAY BE LIMITED UNTIL ID VERIFICATION OF ALL APPLICABLE PERSONS IS COMPLETED.

1. _____ Signature Date	2. _____ Signature Date
3. _____ Signature Date	4. _____ Signature Date

**PAYABLE ON DEATH (POD): COMPLETE ONLY IF POD - NOT TO BE USED FOR IRA OR OTHER RETIREMENT PLAN ACCOUNTS.**

1. Name:	Relationship:	Beneficiary's SSN:
Address:	Birth date:	
2. Name:	Relationship:	Beneficiary's SSN:
Address:	Birth date:	

This POD Designation Only applies to the Account(s) Listed on the Reverse Side. I/we understand that I/we can individually or jointly withdraw the money in these accounts during my/our lifetime. I understand that these accounts will belong to the named beneficiary(ies), and will not be inherited by my/our heirs, or controlled by will. The provisions set forth in the Membership Agreement with the Credit Union will govern payment.

**FEDERAL TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING CERTIFICATION:**

**For U.S. Citizens and Resident Aliens:** In addition to my agreement with the Credit Union, by signing this Account Card, I certify under the penalties of perjury that: (1) The Taxpayer Identification Number (TIN) or Social Security Number (SSN) on the front side of this Card is my/the correct TIN/SSN (or that I am waiting for a number to be issued); (2) I am NOT subject to backup withholding because: (a) I am exempt, (b) I have not been notified by the IRS that I am subject to backup withholding, or (c) The IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including a U.S. resident alien).

**Certification Instructions:** You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of your failure to report all dividends and interest on your tax returns. **If you are not a U.S. person:** You must complete and provide to the Credit Union IRS Form W-8BEN, which is incorporated herein by reference. **Note: If you own the income or account jointly with one or more other persons, the income or account will be treated by the withholding agent as owned by a foreign person if Forms W-8BEN are provided by all of the owners. If the withholding agent receives a Form W-9 from any of the joint owners, the payment must be treated as made to a U.S. person.**

**Member/Owner/User Identification Verified via:**

1.  Driver's License.  Other: \_\_\_\_\_ Verified By: \_\_\_\_\_

2.  Driver's License.  Other: \_\_\_\_\_ Verified By: \_\_\_\_\_

3.  Driver's License.  Other: \_\_\_\_\_ Verified By: \_\_\_\_\_

4.  Driver's License.  Other: \_\_\_\_\_ Verified By: \_\_\_\_\_

**FOR CREDIT UNION USE ONLY**

Savings Acct # \_\_\_\_\_ Checking Acct # \_\_\_\_\_ Money Market Acct # \_\_\_\_\_

Date \_\_\_\_\_ Opened/App'd by \_\_\_\_\_ Branch location \_\_\_\_\_

*SCU Employee Signature*

Qualified for:  Loan \$ \_\_\_\_\_  Visa \$ \_\_\_\_\_  Overdraft LOC \$ \_\_\_\_\_  Visa Check Card  Other

Requested: *(Initial when set up/information provided)*  DEBIT/ATM (Sent app to Plastics) \_\_\_\_\_  Telephone Teller PIN \_\_\_\_\_  SCU  
Online Instructions \_\_\_\_\_

Direct Deposit Instructions \_\_\_\_\_  Check order \_\_\_\_\_  Monthly statement (checking) \_\_\_\_\_

SCSCU-036 (03/14)

**\*State Credit Union is a trade name for S. C. State Federal Credit Union**

**State Credit Union WorkAbility Loan  
Disclosure Authorization**

I/We \_\_\_\_\_, by my/our signatures, authorize representatives of the State Credit Union to disclose matters relating to my personal finances including, but not limited to, my credit report to representatives of the South Carolina WorkAbility Loan Program for the express purpose of obtaining a loan.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date



## Loan Program Resolution Agreement

All application approvals will be contingent upon the agreement by way of signature below, by the applicant (and co-applicant), of the following terms:

If the South Carolina WorkAbility Loan Program approves your application based on our guidelines, you will be held to an affirmative responsibility and obligation to pay this loan on time and in full.

I have been advised and clearly understand that as a borrower, if I default on a South Carolina WorkAbility Loan Program guaranteed loan, legal action can include but may not be limited to the pursuit of collections to the extent the law allows, a court judgment, wage garnishment, collection agency action and reporting, and documentation forwarded to all applicable credit bureaus of the default in your credit file.

I, \_\_\_\_\_ (applicant) and \_\_\_\_\_ (co-applicant) clearly understand that for the purpose of processing the loan application and ongoing credit management of your account, the South Carolina WorkAbility Loan Program will consider your application and determine a final approval or denial based on the Loan Program Guidelines and Loan Review Panel, if necessary.

I/We also agree to keep in contact with the South Carolina WorkAbility Loan Program should any contact information change with regards to the applicant's or co-applicant's address, phone number, email, employment, income changes, etc.

I/We agree to cooperate with the terms of this agreement until the approved loan is paid in full on or before the loan's maturity.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date