

# SONOMA COUNTY GRANGE CREDIT UNION

304 Sutton Place, Santa Rosa, CA 95407 (707) 584-0384 Fax (707)584-3811

Dear \_\_\_\_\_,

Account # \_\_\_\_\_

Date \_\_\_\_\_

In order to process your loan, please send us the following:

\_\_\_\_\_ Current loan application, please complete **BOTH** sides of the form and sign

## Proof of Income:

- \_\_\_\_\_ Two (2) current pay stubs and/or a copy of your 2009 W-2 for **each** applicant  
\_\_\_\_\_ If **Self Employed**, a copy of the past two (2) years-Federal Tax Returns 2008/2009  
\_\_\_\_\_ Other: \_\_\_\_\_

## DMV/Registration Info:

### Dealer:

\_\_\_\_\_ Purchase Order

### Private Party:

- \_\_\_\_\_ Copy of **current** registration (If there is a lien holder/loss payee, you must fill out the authorization for payoff)  
\_\_\_\_\_ Registration fees if due (within next 60 days)  
\_\_\_\_\_ Certificate of Title (after sale)  
\_\_\_\_\_ Proof of smog (Seller is responsible, unless a smog certificate has been issued within the last 60 days)  
\_\_\_\_\_ Bill of Sale\*, 9.25%\*\* sales tax of purchase price and transfer fee of \$15.00  
\*Buyer and Seller must sign including the Power of Attorney (DMV Reg262)  
\*\*Tax is dependent on the city where the vehicle is to be registered

## Loan Payoff Info:

- \_\_\_\_\_ Authorization for payoff (Seller must sign)  
\_\_\_\_\_ Name, Address, and Phone # of bank that currently holds the title  
\_\_\_\_\_ Loan # at above institution  
\_\_\_\_\_ Bank Address where payoff is to be mailed  
\_\_\_\_\_ 10-day payoff amount

## Insurance Info:

- \_\_\_\_\_ Proof of insurance (**full coverage required** on all vehicles)  
\_\_\_\_\_ Gap Protection--\$243.00 (84 Months \$50,000.00 max. term/amount)  
\_\_\_\_\_ Truth-in-Lending Disclosure/Insurance Agreement – member must signed  
\_\_\_\_\_ Credit Life and/or Disability Insurance is optional – may be added or deleted at any time – member must sign
- Single Credit Life - \$.68 per \$1,000.00 based on current loan balance
  - Joint Credit Life - \$1.16 per \$1,000.00 based on current loan balance
  - **Both of these coverage's pay upon death of the borrower**
  - Disability Insurance - \$2.60 per \$1,000.00 based on current loan balance  
After the first 30 days of disability, the first payment will be made
- \_\_\_\_\_ Other: \_\_\_\_\_

***Please be sure all items requested on this form are completed and signed. Thank you***

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