

# SONOMA COUNTY GRANGE CREDIT UNION

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

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

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

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 2007 W-2 for **each** applicant
- \_\_\_ If **Self Employed**, a copy of the past two (2) years-Federal Tax Returns 2006/2007
- \_\_\_ 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\*, 8.00%\*\* 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)
- \_\_\_ Green Card for insurance
- \_\_\_ Gap Protection--\$243.00 (84 Months \$50,000.00 max. term/amount)
- \_\_\_ Truth-in-Lending Disclosure/Insurance Agreement – member must sign
- \_\_\_ 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 coverages 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***