

DEFERRED ACTION CREDIT Application

This Application is in English. We are happy to assist you in Spanish. Please contact our branch staff at
(831) 425-7708.

Due to recent changes SCCCUCU is offering DACA financing for Renewals only.

2-Minute Application

Return this application with pay stub or other proof of income. Additional information may be required.

- Individual Account
 Joint Account with Spouse
 Joint Account with someone other than Spouse

SCCCU Acct. # / Member # _____

\$ _____

Amount _____

Applicant Name _____

() _____

Date of Birth _____ Phone _____

Home Address _____

City _____ State _____ Zip _____

Driver License # _____ Photo ID # _____

\$ _____ \$ _____

Gross Monthly Income* _____ Monthly Rent or Mortgage

Employer _____

Email _____

How long at current job? _____ yrs. _____ mos.

How long in this line of work? _____ yrs. _____ mos.

To complete the process, a credit building and fraud protection workshop is required. What days would be best for you:

- Weekdays Saturday Sunday

Time of day: _____



WWW.SCCCU.ORG

Email: info@scccu.org • 831.425.7708

Spouse / Co-applicant Name _____

() _____

Date of Birth _____ Phone _____

Home Address _____

City _____ State _____ Zip _____

Driver License # _____ Photo ID # _____

\$ _____ \$ _____

Gross Monthly Income* _____ Monthly Rent or Mortgage

Employer _____

Email _____

How long at current job? _____ yrs. _____ mos.

How long in this line of work? _____ yrs. _____ mos.

Which SCCCUCU office would you like to complete your loan?

- Santa Cruz Watsonville

How would you like to be contacted: Email Phone

I/We certify that the information on this application is true and complete and is submitted for the purpose of obtaining credit. I/We authorize the Credit Union to verify this information from whatever sources it deems necessary and may provide others with information regarding my/our credit history with the Credit Union to extent permitted by law. I/We understand and agree that by requesting that monies be disbursed to myself or others that I/we agree and accept all terms and conditions of the loan disclosure statements. VISA CARD NOTE: There are costs associated with SCCCUCU Visa card products. You may contact us to request specific information about these costs.

Name of attorney or organization helping you complete the application: _____

Applicant Signature _____ Date _____

Spouse / Co-applicant Signature _____ Date _____

Mail completed application to: Santa Cruz Community Credit Union,
324 Front Street, Santa Cruz, CA 95060 or fax to: 831.425.4824
Hours: Mon.-Thurs., 9 am to 5 pm • Fri., 9 am to 6 pm

*Alimony, child support or separate income need not be included if you do not wish it to be considered.