



National Federation of Community Development Credit Unions
 39 Broadway, Suite 2140, New York, NY 10006
 Tel. 212-809-1850 / fax 212-809-3274 / www.cdca.coop

**National Federation of Community Development Credit Unions
 Community Development Investment Program for CDCUs
 NON-MEMBER/NOMINEE DEPOSIT APPLICATION**

Date: _____

Credit Union: _____

Charter Number: _____ Year Chartered: _____

Contact Person: _____ Title : _____

Telephone: (____) _____ Fax: (____) _____ E-mail _____

Mailing Address: _____

1. LOW INCOME DESIGNATION.

Have you been officially designated as a "low-income credit union" by the National Credit Union Administration or the equivalent State regulatory agency?

___ Yes. (Attach or mail a copy of NCUA (or State Agency) correspondence designating your credit union as low-income.)

___ No, but our application is pending. Expected completion will be _____

Note: If neither applies, your credit union is not eligible for a non-member deposit at this time.

2. AMOUNT REQUESTED.

Total non-member/nominee deposit requested. (Limit is \$250,000 per credit union for each type of deposit):

Amount \$ _____ Term: _____ Rate: _____

3. If the Federation awards you the amount you request, will you need a **waiver** from NCUA to accept these funds? (Waivers are usually required when a credit union has more than 20% or \$1.5 million of its share deposits from non-members.)

___ No ___ Yes

If yes, please explain: _____

4. Please estimate the percentage of your loan dollars used for the following purposes:

- _____ % housing (renovation, rehabilitation, or purchase)
- _____ % small, minority, or women-owned business
- _____ % personal (medical, household, etc.)
- _____ % education
- _____ % nonprofit organizations
- _____ % other type: (_____)

5. Please estimate the percentage of your membership that falls within the following categories.

- | | | | |
|-----------------|---------|------------------------------|---------|
| Asian-American | _____ % | Female | _____ % |
| Black | _____ % | Male | _____ % |
| Hispanic | _____ % | | |
| Native American | _____ % | Public Assistance Recipients | _____ % |
| White | _____ % | | |

6. Please estimate the percentage of your membership that falls within the following income levels?

- _____ % Less than \$10,000
- _____ % Equal to or greater than \$10,000, but less than \$19,999
- _____ % Equal to or greater than \$20,000, but less than \$29,999
- _____ % Equal to or greater \$30,000, but less than \$39,999
- _____ % Equal to or greater than \$40,000

Please check one:

The above income levels are based on _____ **individual income** or _____ **household income**.

7. NARRATIVE: YOUR CREDIT UNION'S PLANS.

Briefly describe the neighborhood or community you serve: its special problems, its needs, and its goals. Are there any loans that your credit union feels made a difference in the community or to the individual? Describe your credit union's accomplishments in serving your community, your overall growth plans and how, specifically, the Federation deposits will help you meet the needs of your community.

8. REQUIRED SUPPORTING DOCUMENTATION.

Please attach or mail copies of the following documents with your application.

_____ Your **most recent** monthly financial and statistical report. It **must** include all loan and delinquency information.

_____ A copy of your charter (indicating your field-of-membership) and your low-income designation letter from NCUA or State Agency.

_____ Any additional material which you feel will help us to better understand your credit union and your community. This may include brochures, newspaper articles, etc.

9. ADDITIONAL CONTACT INFORMATION.

Please provide contact information for all of the following officers:

CEO / President / Manager Name: _____

Signature: _____

Home Phone: (____) _____ **Cell Phone:** (____) _____

Personal E-mail _____

Home Address: _____

Board President / Chair Name: _____

Signature: _____

Home Phone: (____) _____ **Cell Phone:** (____) _____

Personal E-mail _____

Home Address: _____

Board Secretary Name: _____

Signature: _____

Home Phone: (____) _____ **Cell Phone:** (____) _____

Personal E-mail _____

Home Address: _____

I certify that the information in this application is accurate to the best of my knowledge.

Name

Title

Date

THANK YOU FOR YOUR COOPERATION

Please return completed applications to:

National Federation of Community Development Credit Unions, Inc.
Attn.: Community Development Investment Program
39 Broadway, Suite 2140, New York, NY 10006
Tel: (800) 437-8711 or (212) 809-1850
Fax: (212) 809-3274
Email: cdinvestment@cdcu.coop

**If you have any questions, please contact the Community Development Investment Program at
(800) 437-8711 or (212) 809-1850**