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

________________________________________ Date
Title

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