

Application

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| <p>Married Applicants: May apply for a separate account. Individual Credit: You must complete the Applicant section about yourself and the Other section about your spouse if: 1. you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI), 2. your spouse will use the account, or 3. you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the Other section to the extent possible about the person on whose payments you are relying. Joint Credit: Each Applicant must individually complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box. Guarantor: Complete the Other section if you are a guarantor on an account/loan.</p> | | | |
| <input type="checkbox"/> LOANLINER Account/Loan: <input type="checkbox"/> Individual <input type="checkbox"/> Joint <i>(Including ATM/Debit Card Access to the Account if Available)</i> Amount Requested \$ _____ Purpose/Collateral: _____ Repayment: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Cash <input type="checkbox"/> Military Allotment <input type="checkbox"/> Automatic Payment | | | |
| PAYMENT PROTECTION | | Are you interested in having your loan protected? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer "yes", the credit union will disclose the cost to protect your loan. The protection is voluntary and does not affect your loan approval. In order for your loan to be covered, you will need to sign a separate application that explains the terms and conditions. | |
| APPLICANT | | OTHER <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER | |
| NAME _____ | | NAME _____ | |
| ACCOUNT NUMBER _____ | | ACCOUNT NUMBER _____ | |
| SOCIAL SECURITY NUMBER _____ | DRIVER'S LICENSE NUMBER/STATE _____ | SOCIAL SECURITY NUMBER _____ | DRIVER'S LICENSE NUMBER/STATE _____ |
| AGES OF DEPENDENTS _____ | EMAIL ADDRESS _____ | AGES OF DEPENDENTS _____ | EMAIL ADDRESS _____ |
| BIRTH DATE _____ | HOME PHONE _____ | CELL PHONE _____ | BUSINESS PHONE/EXT. _____ |
| PRESENT ADDRESS (Street - City - State - Zip) _____ | <input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____ | PRESENT ADDRESS (Street - City - State - Zip) _____ | <input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____ |
| PREVIOUS ADDRESS (Street - City - State - Zip) _____ | <input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____ | PREVIOUS ADDRESS (Street - City - State - Zip) _____ | <input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____ |
| COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed) | | | |
| EMPLOYMENT/INCOME | | EMPLOYMENT/INCOME | |
| NAME AND ADDRESS OF EMPLOYER _____ | | NAME AND ADDRESS OF EMPLOYER _____ | |
| TITLE/GRADE _____ | START DATE _____ | HOURS AT WORK _____ | |
| SUPERVISOR'S NAME _____ | IF SELF EMPLOYED, TYPE OF BUSINESS _____ | | |
| NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED. | | | |
| EMPLOYMENT INCOME \$ _____ Per _____ | OTHER INCOME \$ _____ Per _____ | EMPLOYMENT INCOME \$ _____ Per _____ | OTHER INCOME \$ _____ Per _____ |
| <input type="checkbox"/> NET <input type="checkbox"/> GROSS | SOURCE _____ | <input type="checkbox"/> NET <input type="checkbox"/> GROSS | SOURCE _____ |
| MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| WHERE _____ | ENDING/SEPARATION DATE _____ | | |
| PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS _____ | STARTING DATE _____ | ENDING DATE _____ | |
| REFERENCE | | REFERENCE | |
| NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____ | | NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____ | |
| RELATIONSHIP _____ | | RELATIONSHIP _____ | |
| HOME PHONE _____ | | HOME PHONE _____ | |

