



Cloquet: 101-14th St., Cloquet, MN 879-3304  
 Aitkin: 18 First St., Northeast, Aitkin, MN 927-3789  
 Central: 630 E. 4th St., Duluth, MN 727-8497  
 Spirit Valley: 215 North 40th Ave. W, Duluth, MN 625-8500  
 Miller Hill: 1600 Miller Trunk Hwy, Duluth, MN 625-8500  
 McGregor: 149 W. Hwy 210, McGregor, MN 768-3607



## Application and Plan Signature

\* NOTE: ALL SECTIONS OF THE APPLICATION MUST BE FULLY COMPLETED.

**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.

**LOANLINER Account/Loan:**  Individual  Joint  
*(Including ATM/Debit Card Access to the Account if Available)*  
 Home Equity - Second Mortgage  Home Equity Line of Credit

Amount Requested \$ \_\_\_\_\_ Purpose of Loan: \_\_\_\_\_  
 Collateral: \_\_\_\_\_

Repayment:  Payroll Deduction  Cash  Military Allotment  Automatic Payment

Is Members Cooperative Credit Union your primary Financial Institution?  Yes  No

If No, who is? \_\_\_\_\_

<b>APPLICANT</b>	
NAME _____	
MEMBER NUMBER _____	BIRTH DATE _____
SOCIAL SECURITY NUMBER _____	HOME PHONE _____
AGES OF DEPENDENTS _____	EMAIL ADDRESS _____
BUSINESS PHONE/EXT. _____	CELL PHONE _____
PRESENT 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)	
<b>EMPLOYMENT/INCOME</b>	
NAME AND ADDRESS OF EMPLOYER _____	
TITLE _____	START DATE _____
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.	
EMPLOYMENT INCOME (GROSS) \$ _____ Per _____	OTHER INCOME (GROSS) \$ _____ Per _____ SOURCE _____
<b>REFERENCE</b>	RELATIONSHIP _____
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____	HOME PHONE _____
<b>REFERENCE</b>	RELATIONSHIP _____
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____	HOME PHONE _____

<b>OTHER</b> <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER <input type="checkbox"/> OWNER OF COLLATERAL	
NAME _____	
MEMBER NUMBER _____	BIRTH DATE _____
SOCIAL SECURITY NUMBER _____	HOME PHONE _____
AGES OF DEPENDENTS _____	EMAIL ADDRESS _____
BUSINESS PHONE/EXT. _____	CELL PHONE _____
PRESENT 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)	
<b>EMPLOYMENT/INCOME</b>	
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EMPLOYMENT INCOME (GROSS) \$ _____ Per _____	OTHER INCOME (GROSS) \$ _____ Per _____ SOURCE _____
<b>REFERENCE</b>	RELATIONSHIP _____
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____	HOME PHONE _____
<b>REFERENCE</b>	RELATIONSHIP _____
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____	HOME PHONE _____

