



Application

1 NOTE AND COMPLETE

Married Applicants may apply for a separate account.

NOTICE TO OHIO APPLICANTS: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

- Individual Credit:** Complete **Applicant** section. Complete **Co-Applicant, Spouse**, (referred to as "Other") section: (1) about your spouse if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), or (2) if your spouse will use the Account. Please check box to indicate whom the information is about.
- Joint Credit:** Each Applicant must **individually** complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.

Amount Requested \$ _____ Purpose: _____

Repayment: Payroll Deduction Cash Automatic Payment Military Allotment _____

STATEMENT OF INTENT

Are you interested in having your loan protected? Yes No
 If you answer "yes", then the credit union will disclose the cost of this voluntary payment protection to you. A separate election which discloses the terms and conditions must be signed for protection to be effective.

2 APPLICANT INFORMATION

APPLICANT

NAME (Last - First - Initial)			
DRIVER'S LICENSE NUMBER/STATE			
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER		
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.	
PRESENT ADDRESS (Street - City - State - Zip)			LENGTH AT RESIDENCE
<input type="checkbox"/> OWN <input type="checkbox"/> RENT			
PREVIOUS ADDRESS (Street - City - State - Zip)			LENGTH AT RESIDENCE
<input type="checkbox"/> OWN <input type="checkbox"/> RENT			
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)			
LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)			

CO-APPLICANT SPOUSE

Referred to as "Other" Use "SAA" if information is "Same as Applicant"

NAME (Last - First - Initial)			
DRIVER'S LICENSE NUMBER/STATE			
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER		
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.	
PRESENT ADDRESS (Street - City - State - Zip)			LENGTH AT RESIDENCE
<input type="checkbox"/> OWN <input type="checkbox"/> RENT			
PREVIOUS ADDRESS (Street - City - State - Zip)			LENGTH AT RESIDENCE
<input type="checkbox"/> OWN <input type="checkbox"/> RENT			
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)			
LIST AGES OF DEPENDENTS NOT LISTED BY APPLICANT (Exclude Self)			

3 EMPLOYMENT INFORMATION

NAME AND ADDRESS OF EMPLOYER		
YOUR TITLE/GRADE	SUPERVISOR'S NAME	
START DATE	HOURS AT WORK	IF SELF EMPLOYED, TYPE OF BUSINESS
IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS		
STARTING DATE	ENDING DATE	
IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO		
WHERE ENDING/SEPARATION DATE		

NAME AND ADDRESS OF EMPLOYER		
YOUR TITLE/GRADE	SUPERVISOR'S NAME	
START DATE	HOURS AT WORK	IF SELF EMPLOYED, TYPE OF BUSINESS
IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS		
STARTING DATE	ENDING DATE	
IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO		
WHERE ENDING/SEPARATION DATE		

MILITARY

4 INCOME INFORMATION

NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

EMPLOYMENT INCOME	OTHER INCOME
\$ _____	\$ _____
PER <input type="checkbox"/> NET <input type="checkbox"/> GROSS	PER SOURCE

NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

EMPLOYMENT INCOME	OTHER INCOME
\$ _____	\$ _____
PER <input type="checkbox"/> NET <input type="checkbox"/> GROSS	PER SOURCE

5 REFERENCES

Please include Street, City, State and Zip.

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	
RELATIONSHIP	HOME PHONE
NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE	
HOME PHONE	

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	
RELATIONSHIP	HOME PHONE
NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE	
HOME PHONE	

