

LOAN APPLICATION

(Please complete both sides) *Proof of income is required*

NOTICE: Married applicants may apply for separate accounts. Check the box indicating the type of credit you are applying for: **Individual Credit:** 1) Complete applicant section if you are relying only on your own income and assets to establish credit. 2) Complete other applicant section providing information about your spouse or former spouse if you reside in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI) or if you are relying on alimony, child support or separate maintenance payments to establish credit. **Joint Credit:** 1) Complete applicant and co-applicant section providing information about you and the other party.

FOR CREDIT UNION USE ONLY	
<input type="checkbox"/> Approved \$ _____	
<input type="checkbox"/> Rejected - ECOA notice send on: _____	
Credit Committee or Loan Officer: _____	
Signature _____	Date _____

Loans Granted At Prevailing Interest Rate On Transaction Date

Amount Requested \$ _____	Purpose and Collateral _____
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APPLICANT **CO-APPLICANT** **SPOUSE** **GUARANTOR**

Name _____		
Account Number _____	Drivers License Number _____	Social Security Number _____
Birth Date _____	Home Phone _____	Business Phone _____
Present Address (Street, City, State, Zip) _____		Years at this address _____
		<input type="checkbox"/> Own <input type="checkbox"/> Rent
Last Previous Address (Street, City, State, Zip) _____		Years at this address _____
		<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)		
Number of Dependents other than listed by Co-Applicant (exclude self) _____		Ages _____

Name _____		
Account Number _____	Drivers License Number _____	Social Security Number _____
Birth Date _____	Home Phone _____	Business Phone _____
Present Address (Street, City, State, Zip) _____		Years at this address _____
		<input type="checkbox"/> Own <input type="checkbox"/> Rent
Last Previous Address (Street, City, State, Zip) _____		Years at this address _____
		<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)		
Number of Dependents other than listed by Co-Applicant (exclude self) _____		Ages _____

Employment and Income Information

Name and address of employer _____		
Position _____		Supervisor _____
Starting Date _____	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Business _____
Military: Is duty station transfer expected during next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.		
Employment income <input type="checkbox"/> Gross <input type="checkbox"/> Net	Other income _____	Source _____
\$ _____ per _____	\$ _____ per _____	
If employed in current position less than five years, complete the following:		
Previous employer name & address _____		Starting date _____
		Ending date _____
Position _____		Supervisor _____

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Position _____		Supervisor _____
Starting Date _____	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Business _____
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\$ _____ per _____	\$ _____ per _____	
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Previous employer name & address _____		Starting date _____
		Ending date _____
Position _____		Supervisor _____

THESE QUESTIONS APPLY TO BOTH APPLICANT & CO-APPLICANT

If a "YES" answer is given to a question, explain on an attached sheet			Applicant		Co-Applicant	
			Yes	No	Yes	No
Have you any outstanding judgements against you?						
In the last 10 years, have you filed a petition for relief under the bankruptcy code?						
Have you had property foreclosed upon or given title or deed in lieu thereof, in the last 7 years?						
Are you a party in a law suit?						
Are you other than a U.S. Citizen or Permanent Resident Alien?						
Is your income likely to be reduced in the future?						
Are you a co-signer/guarantor on any loan? If yes, answer next two questions.						
For whom (name of others obligated on loan):						
To whom (name of creditor):						

REFERENCES

Name & address of nearest relative not living with you _____	Relationship _____
	Home Phone _____
Name & Address of personal friend - not a relative _____	Home phone _____

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	Home Phone _____
Name & Address of personal friend - not a relative _____	Home phone _____

PLEASE CONTINUE ON REVERSE SIDE ►

ASSETS

A = Applicant C = Co-Applicant	Name of Depository	Address	Balance
<input type="checkbox"/> A <input type="checkbox"/> C	Checking Account(s)		
<input type="checkbox"/> A <input type="checkbox"/> C	Savings Account(s)		
<input type="checkbox"/> A <input type="checkbox"/> C	Certificate(s) of Deposit		
<input type="checkbox"/> A <input type="checkbox"/> C	IRA		
<input type="checkbox"/> A <input type="checkbox"/> C	Annuities		
<input type="checkbox"/> A <input type="checkbox"/> C	Stocks/Bonds		
<input type="checkbox"/> A <input type="checkbox"/> C	Life Insurance		
<input type="checkbox"/> A <input type="checkbox"/> C	Other		
<input type="checkbox"/> A <input type="checkbox"/> C	Other		
<input type="checkbox"/> A <input type="checkbox"/> C	Other		
<input type="checkbox"/> A <input type="checkbox"/> C	Other		
<input type="checkbox"/> A <input type="checkbox"/> C	Auto(s) Owned	Make	Model Year
<input type="checkbox"/> A <input type="checkbox"/> C	Auto(s) Owned	Make	Model Year

OUTSTANDING DEBTS (List everything, attach other sheets if necessary)

A = Applicant C = Co-Applicant	Creditor Name & Address	Account Number	Present Balance	Monthly Payment	Number of Months Past Due
<input type="checkbox"/> A <input type="checkbox"/> C	Rent				
<input type="checkbox"/> A <input type="checkbox"/> C	Home Mortgage		Market Value \$		
<input type="checkbox"/> A <input type="checkbox"/> C	Second Mortgage				
<input type="checkbox"/> A <input type="checkbox"/> C	Real Estate Other Than Home				
<input type="checkbox"/> A <input type="checkbox"/> C	Alimony and Child Support				
<input type="checkbox"/> A <input type="checkbox"/> C	Auto Loan	Make	Year		
<input type="checkbox"/> A <input type="checkbox"/> C	Auto Loan	Make	Year		
<input type="checkbox"/> A <input type="checkbox"/> C	Banks				
<input type="checkbox"/> A <input type="checkbox"/> C	Credit Unions				
<input type="checkbox"/> A <input type="checkbox"/> C	Savings & Loans				
<input type="checkbox"/> A <input type="checkbox"/> C	Finance Company				
<input type="checkbox"/> A <input type="checkbox"/> C	Finance Company				
<input type="checkbox"/> A <input type="checkbox"/> C	Credit Card				
<input type="checkbox"/> A <input type="checkbox"/> C	Credit Card				
<input type="checkbox"/> A <input type="checkbox"/> C	Credit Card				
<input type="checkbox"/> A <input type="checkbox"/> C	Credit Card				
<input type="checkbox"/> A <input type="checkbox"/> C	Other				
<input type="checkbox"/> A <input type="checkbox"/> C	Other				
<input type="checkbox"/> A <input type="checkbox"/> C	Other				
<input type="checkbox"/> A <input type="checkbox"/> C	Other				

List any names under which credit has previously been received.

TOTALS

COMMENTS

*Credit Disability Insurance Check coverage(s) desired. The credit union will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions must be signed for coverage to become effective.

*Single Credit Life Insurance

*Joint Credit Life Insurance

I (we) certify that all information contained in this application is correct to the best of my (our) knowledge and I (we) have disclosed all outstanding obligations currently owed. I (we) hereby give the Credit Union authorization to check on my (our) credit; employment history; obtain a credit report; and to answer questions about our credit experience with you. I (we) understand that it may be a federal crime punishable by fine or imprisonment (or both) to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code.			
Applicant's Signature	Date	Co-Applicant's Signature	Date
X		X	

YOU MUST COMPLETE INFORMATION ON REVERSE SIDE OF THIS APPLICATION.