

LOAN APPLICATION

(Please complete both sides)

NOTICE: Married applicants may apply for separate accounts. Check the box indication 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 payment to establish credit.

Joint Credit: 10 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 sent on: _____
Credit Committee or Loan Officer: _____	
Signature _____	Date _____

Amount Requested \$ _____	Purpose and Collateral _____
---------------------------	------------------------------

APPLICANT			CO-APPLICANT	SPOUSE	GUARANTOR
Name			Name		
Account Number	Drivers License Number	Social Security Number	Account Number	Drivers License Number	Social Security Number
Birth Date	Home Phone	Business Phone	Birth Date	Home Phone	Business Phone
Present Address (Street, City, State, Zip)		Years at this address	Present Address (Street, City, State, Zip)		Years At this address
		<input type="checkbox"/> Own <input type="checkbox"/> Rent			<input type="checkbox"/> Own <input type="checkbox"/> Rent
Last Previous Address (Street, City, State, Zip)		Years at this address	Last Previous Address (Street, City, State, Zip)		Years at this address
		<input type="checkbox"/> Own <input type="checkbox"/> Rent			<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			Employment and Income Information		
Name and address of employer			Name and address of employer		
Position	Supervisor		Position	Supervisor	
Starting Date	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Business	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			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 \$ _____ per	Other Income \$ _____ per	Source	Employment Income <input type="checkbox"/> Gross <input type="checkbox"/> Net \$ _____ per	Other Income \$ _____ per	Source
If employed in current position less than five years, complete the following:					
Previous employer name & address		Starting date	Previous employer name & address		Starting date
		Ending Date			Ending Date
Position	Supervisor		Position	Supervisor	

THESE QUESTIONS APPLY TO BOTH APPLICANT & CO-APPLICANT

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

REFERENCES		REFERENCES	
Name & address of nearest relative not living with you	Relationship	Name & address of nearest relative not living with you	Relationship
	Home Phone		Home Phone
Name & address of personal friend – not a relative	Home Phone	Name and 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 Dur
<input type="checkbox"/> A <input type="checkbox"/> C	Rent				
<input type="checkbox"/> A <input type="checkbox"/> C	Home Mortgage				
<input type="checkbox"/> A <input type="checkbox"/> C	Second Mortgage	Market Value \$			
<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	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

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-Applicants Signature	Date
X		X	

YOU MUST COMPLETE INFORMATION ON REVERSE SIDE OF THIS APPLICATION