



LOAN APPLICATION

*** PLEASE SUBMIT WITH A CURRENT PAY STUB**

HOW TO APPLY

- Please complete front and back of application • Sign on back page • Return completed application to credit union
- An incomplete or unsigned application may delay processing

Loan Amount	
Term/Months	

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: If you are applying with another person, complete the **Applicant** and **Other** sections.

Guarantor: Complete the **Other** section if you are a guarantor on an account/loan.

Check below to indicate the type of account(s) and type of credit for which you are applying. Married applicants may apply for a separate account.

Account/Loan: Individual Joint Amount Requested \$ _____ Purpose/Collateral: _____
 (Including ATM/Debit Card access to the account if available)

Repayment: Payroll Deduction Cash Military Allotment Automatic Payment

PAYMENT PROTECTION

Single Credit Disability Insurance
 Single Credit Life Insurance
 Joint Credit Life 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.*

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

Other: <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Guarantor		
NAME (Last - First - Initial)		MOTHER'S MAIDEN NAME
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NUMBER/STATE	LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)	
BIRTH DATE	HOME PHONE () ()	BUSINESS PHONE/EXT. () ()
PRESENT ADDRESS (Street - City - State - Zip)		
<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS		
PREVIOUS ADDRESS (Street - City - State - Zip)		
<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS		
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		
NAME AND ADDRESS OF EMPLOYER		
TITLE/GRADE	STATE 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 _____	
<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 2 YEARS		
STARTING DATE	ENDING DATE	
TITLE		

Employment		
NAME AND ADDRESS OF EMPLOYER		
TITLE/GRADE	STATE 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 _____	
<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 2 YEARS		
STARTING DATE	ENDING DATE	
TITLE		

Applicant Reference	Other Reference
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NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU
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RELATIONSHIP	HOME PHONE	RELATIONSHIP	HOME PHONE
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What You Owe						
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	CREDITOR NAME OTHER THAN THIS CREDIT UNION (Attach additional sheet(s) if necessary)	INTEREST RATE	PRESENT BALANCE	MONTHLY PAYMENT	OWED BY	
					Applicant	Other
<input type="checkbox"/> RENT <input type="checkbox"/> 1ST MTG (Include Tax and Ins.)			\$	\$		
2nd MORTGAGE			\$	\$		
1st AUTO LOAN			\$	\$		
2nd AUTO LOAN			\$	\$		
CHILD SUPPORT			\$	\$		
CREDIT CARD			\$	\$		
CREDIT CARD			\$	\$		
OTHER			\$	\$		
OTHER			\$	\$		
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED:		TOTALS	\$	\$		

What You Own						
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	LIST LOCATION OF PROPERTY OR FINANCIAL INSTITUTION	MARKET VALUE	PLEGGED AS COLLATERAL FOR ANOTHER LOAN			OWNED BY	
			YES	NO	OTHER	Applicant	Other
HOME		\$	YES	NO	OTHER		
AUTO		\$	YES	NO	OTHER		
SAVINGS		\$	YES	NO	OTHER		
CHECKING		\$	YES	NO	OTHER		
OTHER (Describe)		\$	YES	NO	OTHER		

Other Information About You				
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IF YOU ANSWER "YES" TO ANY QUESTION OTHER THAN #1, EXPLAIN ON AN ATTACHED SHEET	APPLICANT		OTHER	
	YES	NO	YES	NO
1. ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?				
2. DO YOU CURRENTLY HAVE ANY OUTSTANDING JUDGMENT OR HAVE YOU EVER FILED FOR BANKRUPTCY, HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13, HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST 7 YEARS, OR BEEN A PARTY IN A LAWSUIT?				
3. IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS?				
4. ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE? FOR WHOM (Name of Others Obligated on Loan): _____ TO WHOM (Name of Creditor): _____				

Signatures	
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You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of what you owe. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.

X	X
(SEAL)	(SEAL)
APPLICANT'S SIGNATURE	APPLICANT'S SIGNATURE
DATE	DATE

For Credit Union Use Only							
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DATE	APPROVED	APPROVED LIMITS	SIGNATURE	LINE OF CREDIT	OTHER	OTHER	DEBT RATIO/SCORE	
	DENIED (Adverse Action Notice Sent)						\$	\$

LOAN OFFICER COMMENTS:

SIGNATURES:

X	X
DATE	DATE