

Application

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.			
<input type="checkbox"/> LOANLINER Account/Loan: <input type="checkbox"/> Individual <input type="checkbox"/> Joint <i>(Including ATM/Debit Card Access to the Account if Available)</i> Amount Requested \$ _____ Purpose/Collateral: _____ Repayment: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Cash <input type="checkbox"/> Military Allotment <input type="checkbox"/> Automatic Payment			
PAYMENT PROTECTION		Are you interested in having your loan protected? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer "yes", the credit union will disclose the cost to protect your loan. The protection is voluntary and does not affect your loan approval. In order for your loan to be covered, you will need to sign a separate application that explains the terms and conditions.	
APPLICANT		OTHER <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER	
NAME _____		NAME _____	
ACCOUNT NUMBER _____		ACCOUNT NUMBER _____	
SOCIAL SECURITY NUMBER _____		SOCIAL SECURITY NUMBER _____	
DRIVER'S LICENSE NUMBER/STATE _____		DRIVER'S LICENSE NUMBER/STATE _____	
AGES OF DEPENDENTS _____		AGES OF DEPENDENTS _____	
EMAIL ADDRESS _____		EMAIL ADDRESS _____	
BIRTH DATE _____ HOME PHONE _____		BIRTH DATE _____ HOME PHONE _____	
CELL PHONE _____ BUSINESS PHONE/EXT. _____		CELL PHONE _____ BUSINESS PHONE/EXT. _____	
PRESENT ADDRESS (Street - City - State - Zip) _____		PRESENT ADDRESS (Street - City - State - Zip) _____	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
LENGTH AT RESIDENCE _____		LENGTH AT RESIDENCE _____	
PREVIOUS ADDRESS (Street - City - State - Zip) _____		PREVIOUS ADDRESS (Street - City - State - Zip) _____	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
LENGTH AT RESIDENCE _____		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)			
EMPLOYMENT/INCOME		EMPLOYMENT/INCOME	
NAME AND ADDRESS OF EMPLOYER _____		NAME AND ADDRESS OF EMPLOYER _____	
TITLE/GRADE _____		TITLE/GRADE _____	
START DATE _____		START DATE _____	
HOURS AT WORK _____		HOURS AT WORK _____	
SUPERVISOR'S NAME _____		SUPERVISOR'S NAME _____	
IF SELF EMPLOYED, TYPE OF BUSINESS _____		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		OTHER INCOME	
\$ _____ Per _____		\$ _____ Per _____	
<input type="checkbox"/> NET <input type="checkbox"/> GROSS		<input type="checkbox"/> NET <input type="checkbox"/> GROSS	
SOURCE _____		SOURCE _____	
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WHERE _____		WHERE _____	
ENDING/SEPARATION DATE _____		ENDING/SEPARATION DATE _____	
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS _____		PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS _____	
STARTING DATE _____		STARTING DATE _____	
ENDING DATE _____		ENDING DATE _____	
REFERENCE		REFERENCE	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____		NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____	
RELATIONSHIP _____		RELATIONSHIP _____	
HOME PHONE _____		HOME PHONE _____	

