

Application

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|---|--|---|--|
| <p>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.</p> | | | |
| <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 | | BIRTH DATE | |
| HOME PHONE | | HOME PHONE | |
| CELL PHONE | | CELL PHONE | |
| BUSINESS PHONE/EXT. | | 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 | | EMPLOYMENT 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 | |

