

Loan Application

Individual Joint Amount Requested \$ _____ Purpose/Collateral: _____

Repayment: Payroll Deduction Cash Automatic Payment

Single Credit Disability Insurance (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

APPLICANT

Name (Last - First - Initial) Password

Account Number Social Security Number

Driver's License Number/State List Ages of Dependents

Birth Date Home Phone Business Phone/Ext.

e-mail address

Present Address (Street - City - State - Zip) Own
 Rent

 Years at this address

Previous Address (Street - City - State - Zip) Own
 Rent

 Years at this Address

Complete for joint credit, secured credit or if you live in a community property state:
 Married Separated Unmarried (Single - Divorced - Widowed)

EMPLOYMENT/INCOME

Name & Address of Employer

Title/Grade Start Date Hour At Work

Supervisor's Name If Self Employed - Type of Business

Employment Income Other Income
 \$ _____ Per _____ \$ _____ Per _____
 Net Gross

Previous Employer Name and Address if Employed Less than Five Years Starting Date

 Ending Date

APPLICANT REFERENCE

Name and Address Relationship
 Of nearest relative -----
 Not living with you Home Phone

OTHER INFORMATION ABOUT YOU

If you answer "yes" to any question other than #1, Explain on an attached sheet

- Are you a U.S. Citizen or Permanent Resident Alien? YES NO
- Do you currently have any outstanding judgments 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? YES NO
- Is your income likely to decline in the next two years? YES NO
- Are you a co-maker, co-signer or guarantor on any loan not listed above? If yes - for whom? _____ YES NO

OTHER: Co-Applicant Spouse

Name (Last - First - Initial) Password

Account Number Social Security Number

Driver's License Number/State List Ages of Dependents

Birth Date Home Phone Business Phone/Ext.

e-mail address

Present Address (Street - City - State - Zip) Own
 Rent

 Years at this address

Previous Address (Street - City - State - Zip) Own
 Rent

 Years at this Address

Complete for joint credit, secured credit or if you live in a community property state:
 Married Separated Unmarried (Single - Divorced - Widowed)

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OTHER INFORMATION ABOUT YOU

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- Do you currently have any outstanding judgments 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? YES NO
- Is your income likely to decline in the next two years? YES NO
- Are you a co-maker, co-signer or guarantor on any loan not listed above? If yes - for whom? _____ YES NO

What You Owe	Creditor Name (Attach additional sheet(s) if necessary)	Int. Rate	Present Balance	Monthly Payment	Applicant	Other
<input type="checkbox"/> Rent <input type="checkbox"/> Mortgage						
2 nd Mortgage						
1 st Auto Loan						
2 nd Auto Loan						
Child Care						
Child Support						
Credit Card						
Credit Card						
Other						
Other						
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED		TOTAL				

What You Own	List Location of Property or Financial Institution	Market Value	Pledged As Collateral	Applicant	Other
Home					
Auto					
Savings					
Checking					
Other					

Other Information About You	If you answer "YES" to any questions other than #1, explain on an attached sheet	<u>APPLICANT</u>		<u>OTHER</u>	
		YES	NO	YES	NO
1. Are you a U.S. Citizen or Permanent Resident Alien?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you currently have any outstanding judgments or have you ever filed Bankruptcy, had A debt adjustment plan confirmed under Chapter 13, had property repossessed in the last 7 years, of been a party in a lawsuit?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is your income likely to decline in the next two years?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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): _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 of extension of the credit received. You understand that the Credit Union will rely on the information 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 of state chartered credit unions insured by NCUA.

X APPLICANT'S SIGNATURE _____ DATE _____	X OTHER SIGNATURE _____ DATE _____
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CREDIT UNION USE ONLY						
Date	<input type="checkbox"/> Approved	Approved Limits:	SIGNATURE	LINE OF CREDIT	OTHER	DEBT TO INCOME RATIO
	<input type="checkbox"/> Denied (Adverse Action Notice Sent)		\$ _____	\$ _____	\$ _____	AFTER _____
Loan Officer Comments:						
Signatures: _____			Date		Signatures: _____	
X					X	