

YOU ARE APPLYING FOR INDIVIDUAL CREDIT. THE INFORMATION ON THIS APPLICATION WILL BE USED TO EVALUATE YOUR CREDIT REQUEST.

AMOUNT AND TYPE OF CREDIT REQUESTED

REPAYMENT THROUGH

CREDIT AMOUNT REQUESTED (ACTUAL)	PURPOSE AND COLLATERAL (IF ANY) OFFERED	<input type="checkbox"/> CASH <input type="checkbox"/> PAYROLL DEDUCTION
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CREDIT INSURANCE STATEMENT OF INTENT

Check Coverage(s) Desired: CREDIT DISABILITY CREDIT LIFE
 The Credit Union will disclose the cost of this voluntary coverage to you prior to loan closing. A separate insurance election which discloses the terms and conditions of the credit insurance must be signed in order for the coverage to become effective.

APPLICANT

APPLICANT NAME		DATE OF BIRTH	
PRESENT STREET ADDRESS (STREET, CITY, STATE, ZIP)		HOW LONG? <input type="checkbox"/> OWN <input type="checkbox"/> RENT	
PREVIOUS STREET ADDRESS (LAST 5 YEARS)		HOW LONG? <input type="checkbox"/> OWN <input type="checkbox"/> RENT	
ACCOUNT NUMBER	HOME PHONE	BUSINESS PHONE	MOBILE PHONE
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER & STATE	NUMBER OF DEPENDENTS & AGES. EXCLUDE SELF (& ANY LISTED BY OTHER PARTY)	

EMPLOYMENT/INCOME

PRESENT EMPLOYER			
EMPLOYER'S ADDRESS (STREET, CITY, STATE, ZIP)			
JOB TITLE/GRADE	SUPERVISOR	SUPERVISOR'S PHONE	
DATE HIRED	TYPE OF BUSINESS	SELF-EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS MILITARY DUTY STATION TRANSFER EXPECTED WITHIN NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	ETS DATE	
You need not reveal income from alimony, child support or separate maintenance payments unless you wish it considered in evaluating this application for credit.			
EMPLOYMENT INCOME \$ _____ PER _____ <input type="checkbox"/> NET <input type="checkbox"/> GROSS	OTHER INCOME \$ _____ PER _____	SOURCE OF OTHER INCOME	
PREVIOUS EMPLOYER'S NAME/ADDRESS	STARTING DATE	ENDING DATE	

BANK ACCOUNTS

		CURRENT DEPOSITS AT OTHER FINANCIAL INSTITUTIONS	
ACCOUNT NUMBER	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	NAME AND ADDRESS OF INSTITUTION	
ACCOUNT NUMBER	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	NAME AND ADDRESS OF INSTITUTION	
ACCOUNT NUMBER	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	NAME AND ADDRESS OF INSTITUTION	

REFERENCES

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP
	PHONE
NAME AND ADDRESS OF CLOSE PERSONAL FRIEND. NOT A RELATIVE	PHONE

CONTINUED ON REVERSE SIDE

LIST ALL ASSETS AND DEBTS – ATTACH OTHER SHEETS IF NECESSARY

ASSETS

DESCRIBE (I.E. AUTO, STOCKS, SAVINGS, ETC.)	MARKET VALUE	PLEGDED AS COLLATERAL FOR ANOTHER LOAN
HOME		<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO

OUTSTANDING DEBTS AND OBLIGATIONS

List everything owed. Use separate sheet if necessary. You may also want to indicate debts which have been recently paid off

Indicate debts recently paid off with a check mark

CREDITOR'S NAME	ACCT NO.	PAST DUE (Y/N)	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT
HOUSE PAYMENT OR RENT					
OTHER MORTGAGE OR DEED OF TRUST					
ASSOCIATION DUES					
AUTO LOAN					
CHILD CARE					
ALIMONY/SUPPORT					
CREDIT CARDS					
LOAN PAYMENTS/OTHER DEBTS OR OBLIGATIONS					



LIST ANY OTHER NAME(S) UNDER WHICH WE CAN CHECK YOUR CREDIT AND REFERENCES	TOTALS
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Have you ever filed a petition for bankruptcy? (<input type="checkbox"/> Personal <input type="checkbox"/> Business) Yr. _____ Are any suits pending, judgments filed, alimony or support awarded against you? Have you ever had any auto, furniture or any property repossessed? Are you party in a lawsuit? Is any income you have shown likely to reduce in the next two years?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, LIST STATUS EXPLAIN ANY YES ANSWER ON A SEPARATE SHEET
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ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, FOR WHOM (NAME OF OTHERS OBLIGATED)	NAME OF CREDITOR	AMOUNT OF PAYMENT
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You agree that everything stated in this application is correct to the best of your knowledge, including your list of debts. The Credit Union is authorized to investigate your credit worthiness, employment history, and to obtain a credit report and to answer questions about their credit experience with you. You understand that any false or misleading statements in your application may cause any loan or extension of credit to be in default. You understand that it is a federal crime to willfully and deliberately provide wrong or misleading information to a Federal Credit Union on loan applications. The Credit Union will retain this application whether or not it is approved.

APPLICANT'S SIGNATURE	DATE
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DO NOT WRITE BELOW – FOR CREDIT UNION USE ONLY

DATE	APPROVED LIMITS	SIGNATURE	LINE OF CREDIT	OTHER	DEBT RATIO
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LOAN OFFICER

ADVANCE APPROVED YES NO COUNTEROFFER WILL BE MADE AND IF ACCEPTED, ADVANCE APPROVED

DESCRIBE COUNTER OFFER

SPECIFIC REASONS FOR REJECTION

OUTSIDE INFORMATION CONSIDERED YES NO

LOAN OFFICER'S SIGNATURE

DATE

EOA NOTICE AND REASON FOR REJECTION SENT OR DELIVERED ON (DATE) BY (INITIALS)