

Application

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.

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.

LOANLINER Account/Loan: Individual Joint
(Including ATM/Debit Card Access to the Account if Available)

Amount Requested \$ _____

Purpose/Collateral: _____

Repayment: Payroll Deduction Cash Military Allotment Automatic Payment

PAYMENT PROTECTION Are you interested in having your loan protected? Yes No
 If you answer "yes", then the credit union will disclose the cost of this voluntary payment protection to you. A separate election which discloses the terms and conditions must be signed for protection to be effective.

| | |
|---|---|
| APPLICANT | |
| NAME _____ | |
| PASSWORD _____ | ACCOUNT NUMBER _____ |
| SOCIAL SECURITY NUMBER _____ | DRIVER'S LICENSE NUMBER/STATE _____ |
| AGES OF DEPENDENTS _____ | EMAIL ADDRESS _____ |
| BIRTH DATE _____ HOME PHONE _____ BUSINESS PHONE/EXT. _____ | |
| PRESENT ADDRESS (Street - City - State - Zip) _____ | <input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____ |
| PREVIOUS ADDRESS (Street - City - State - Zip) _____ | <input type="checkbox"/> OWN <input type="checkbox"/> RENT 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 | |
| NAME AND ADDRESS OF EMPLOYER _____ | |
| TITLE/GRADE _____ | START 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"/> NET <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 FIVE YEARS _____ | STARTING DATE _____ ENDING DATE _____ |
| REFERENCE | |
| NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____ | |
| | RELATIONSHIP _____ HOME PHONE _____ |

| | | |
|---|---|---|
| OTHER | | <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER |
| NAME _____ | | |
| PASSWORD _____ | ACCOUNT NUMBER _____ | |
| SOCIAL SECURITY NUMBER _____ | DRIVER'S LICENSE NUMBER/STATE _____ | |
| AGES OF DEPENDENTS _____ | EMAIL ADDRESS _____ | |
| BIRTH DATE _____ HOME PHONE _____ BUSINESS PHONE/EXT. _____ | | |
| PRESENT ADDRESS (Street - City - State - Zip) _____ | <input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____ | |
| PREVIOUS ADDRESS (Street - City - State - Zip) _____ | <input type="checkbox"/> OWN <input type="checkbox"/> RENT 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 | | |
| NAME AND ADDRESS OF EMPLOYER _____ | | |
| TITLE/GRADE _____ | START 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"/> NET <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 FIVE YEARS _____ | STARTING DATE _____ | ENDING DATE _____ |
| REFERENCE | | |
| NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____ | | |
| | RELATIONSHIP _____ | HOME PHONE _____ |

