

PRINT CLEARLY

APPLICATION FOR CREDIT

PLEASE NOTICE: THIS CREDIT UNION COMPLIES WITH THE EQUAL CREDIT OPPORTUNITY ACT:

Married members may apply for credit individually. Answer the questions in Red Ink only if you are applying for credit jointly with the co-applicant.

DATE _____

MEMBER ACCT. NO. _____

NOTE NO. _____

Please check the appropriate box as to the type of credit:

open-end credit, line-of-credit, or special loan plan

application for a closed-end loan

Refinanced amount: _____

application for a co-signer

Co-signer for: _____

AMT. REQUESTED _____

Credit Life Insurance PAYABLE IN _____

Credit Disability Ins. INSTALLMENTS OF _____ EACH INCLUDING INTEREST PLUS INTEREST

BI-WEEKLY WEEKLY SEMI-MONTHLY MONTHLY

DUE ON THE _____ OF EACH _____

PURPOSE OF LOAN _____

CO-MAKER, CO-SIGNER, OR SECURITY OFFERED (show names in which security is owned or titled)

NAME First _____ Initial _____ Last _____ Birth Date _____

RESIDENCE ADDRESS Street _____ City _____ State _____ Zip _____ How Long _____

Phone No. _____ Social Security No. _____ No. of Dependents _____ Co-Applicant's Name _____

PREVIOUS ADDRESS (List all addresses in last 3 yrs. Use Misc. Info. section if additional space is needed.)

Street _____ City _____ State _____ How Long _____

EMPLOYED BY: _____

How Long _____ Position _____ TAKE HOME PAY — Before Credit Union Deduction

WEEKLY SEMI-MONTHLY

BI-WEEKLY MONTHLY

Are you self-employed? Yes No If yes, please provide financial statements and tax returns.

Type of business: _____

Business Address _____ Telephone at Work _____ Dept. or Payroll No. _____ Driver's License No. _____

PREVIOUS EMPLOYER (List all employers in last 5 years. Use Misc. Info. section if additional space is needed.)

Address _____ Position _____ Yrs. There _____ Monthly Income \$ _____

OTHER INCOME (do not include alimony, child support, maintenance payments or co-applicant's income)

SOURCE: _____ Date Source Began: _____ Amount Monthly: _____

SOURCE: _____ Date Source Began: _____ Amount Monthly: _____

ALIMONY, CHILD SUPPORT OR MAINTENANCE INCOME You need not disclose the following sources of income; but if you want the credit union to consider such income in connection with this loan application, please complete the following:

Alimony \$ _____ Person Liable _____ Child Support \$ _____ Person Liable _____

Maintenance Payments \$ _____ Person Liable _____

Ages of Children: _____ Income received pursuant to a written agreement court decree (check one)

How long have alimony, child support or maintenance payments been made? _____ Are all payments up-to-date? Yes No

PLEASE INCLUDE DATA ABOUT CO-APPLICANT

IF APPLICATION IS FOR JOINT CREDIT WITH CO-APPLICANT, OR IF APPLICANT WILL RELY ON CO-APPLICANT'S INCOME — REGARDING CO-APPLICANT

Co-applicant's name _____ Birth Date _____ Soc. Sec. No. _____

Address if different from yours _____ Telephone No. _____

Co-applicant's Employer _____ How long employed? _____ yrs. _____ months

Employer's address _____ Employer's Telephone No. _____

Position or Title _____ Take Home Salary \$ _____ WEEKLY SEMI-MONTHLY BI-WEEKLY MONTHLY Date of pay days _____

Required only if applicant wishes to rely on co-applicant's alimony, child support or maintenance payments to obtain credit.

Co-applicant's Other Income: Kind of income: _____ Amount per month \$ _____ How often paid _____ When started _____

NEAREST RELATIVE NOT LIVING WITH YOU

Name	Complete Address	Telephone	Relationship
<input type="checkbox"/> DOWN <input type="checkbox"/> BUYING <input type="checkbox"/> RENT	LANDLORD OR MORTGAGE HOLDER	NAME in which titled	Value
		Balance	Mo. Payment

MAKE OF AUTO

YEAR	IF FINANCED by whom	NAME in which titled	Value	Balance	Mo. Payment
1.					
2.					

STATEMENT OF TOTAL INDEBTEDNESS AND LIABILITIES for which you are obligated in any manner. Use blank space below if necessary.

Names in which acct. appears	NAME OF CREDITOR	ACCT. NO.	ADDRESS	ORIG. AMT.	SECURITY	BALANCE	MO. PYMTS.

MISCELLANEOUS INFORMATION

Use this space for additional previous addresses, outstanding debts, etc. Use separate sheet if necessary.

Checking Accounts: _____ Savings Accounts: _____ Stocks & Bonds _____

1. _____ where acct. number _____ \$ _____ bal. _____ 1. _____ where acct. number _____ \$ _____ bal. _____ 1. _____ name, # of shares, value _____ net worth \$ _____

ARE YOU A CO-SIGNER ON ANY OTHER LOANS? YES NO Do you pay alimony, child support or maintenance payments NO YES HOW MUCH _____

ANY LEGAL PROCEEDINGS AGAINST YOU? YES NO Have you ever filed bankruptcy [] Yes [] No When _____ Reason _____

I/We swear or affirm, UNDER THE PENALTIES OF PERJURY, that all information contained on this application is true and accurate. I/We further swear or affirm that the statement of debts contained in this application is true, accurate, and a complete listing of all my/our debts and obligations. This application is presented to induce the credit union to extend credit to me/us on my/our behalf.

I/We authorize you to check my/our credit and employment history from time to time as you deem necessary and to answer questions from others about your credit experience with me/us.

Applicant's Signature _____ Date _____ Co-Applicant's Signature _____ Date _____

ATTN. LOAN OFFICER: REFER TO REVERSE SIDE FOR GOVERNMENT MONITORING INFORMATION.