

## Application

<p><b>Married Applicants:</b> May apply for a separate account.  <b>Individual Credit:</b> You must complete the <b>Applicant</b> section about yourself and the <b>Other</b> 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 <b>Other</b> section to the extent possible about the person on whose payments you are relying.  <b>Joint Credit:</b> Each Applicant must <b>individually</b> complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.  <b>Guarantor:</b> Complete the <b>Other</b> section if you are a guarantor on an account/loan.</p>			
<input type="checkbox"/> <b>LOANLINER Account/Loan:</b> <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			
<b>PAYMENT PROTECTION</b>		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.	
<b>APPLICANT</b>		<b>OTHER</b> <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)			
<b>EMPLOYMENT/INCOME</b>		<b>EMPLOYMENT/INCOME</b>	
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	
<b>REFERENCE</b>		<b>REFERENCE</b>	
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	

