

Married Applicants: May apply for a separate account.

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.

| | |
|--|---|
| <input type="checkbox"/> LOANLINER Account/Loan: <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 | <input type="checkbox"/> Credit Card Account: <input type="checkbox"/> Individual <input type="checkbox"/> Joint Credit Limit Requested \$ _____ If Authorized User, Name: _____ |
|--|---|

| | |
|---------------------------|--|
| PAYMENT PROTECTION | Are you interested in having your loan protected? <input type="checkbox"/> Yes <input type="checkbox"/> 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 | | |
| 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 | OTHER INCOME | |
| \$ _____ Per _____ | \$ _____ 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 | RELATIONSHIP | |
| NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU | HOME PHONE | |

| | | |
|--|---|---------------------|
| OTHER | <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER | |
| NAME | | |
| 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 | OTHER INCOME | |
| \$ _____ Per _____ | \$ _____ 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 | RELATIONSHIP | |
| NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU | HOME PHONE | |

