

LOAN AMOUNT REQUESTED \$	TO BE REPAYED IN (estimated) MONTHS	REQUESTED PERIODIC PAYMENT \$	PURPOSE OF LOAN AND COLLATERAL OFFERED	<input type="checkbox"/> OPEN END <input type="checkbox"/> CLOSED END
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TYPE OF ACCOUNT WANTED
 Married applicants may apply for individual accounts. Indicate below the type of credit wanted.

INDIVIDUAL CREDIT: Complete Information About You Section. Complete other section if the following applies: You live in a community property state (AK, AZ, CA, ID, LA, NM, NV, P.R., TX, WA, WI) or your spouse will use the account or you are relying on your spouse/Co-Applicant's or guarantor income as a source of repayment.

JOINT CREDIT: Provide information about both of you.

INFORMATION ABOUT YOU
 Complete for secured credit or if you live in a community property state

MARRIED SEPARATED UNMARRIED (Single, Divorced, Widowed)

INFORMATION ABOUT YOUR CO-APPLICANT OR GUARANTOR
 Complete for secured credit or if you live in a community property state

MARRIED SEPARATED UNMARRIED (Single, Divorced, Widowed)

APPLICANT NAME		DATE OF BIRTH	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)		COUNTY	HOW LONG
		<input type="checkbox"/> OWN	<input type="checkbox"/> RENT
PREVIOUS ADDRESS(ES) LAST FIVE YEARS			
		<input type="checkbox"/> OWN	<input type="checkbox"/> RENT
EMPLOYEE NO.	HOME PHONE () ()	BUSINESS PHONE () ()	EXT.
ACCOUNT NO.	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	
NUMBER OF DEPENDENTS—EXCLUDE SELF ANY LISTED BY CO-APPLICANT			
AGES			

CO-APPLICANT NAME		DATE OF BIRTH	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)		COUNTY	HOW LONG
		<input type="checkbox"/> OWN	<input type="checkbox"/> RENT
PREVIOUS ADDRESS(ES) LAST FIVE YEARS			
		<input type="checkbox"/> OWN	<input type="checkbox"/> RENT
EMPLOYEE NO.	HOME PHONE () ()	BUSINESS PHONE () ()	EXT.
ACCOUNT NO.	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	
NUMBER OF DEPENDENTS—EXCLUDE SELF ANY LISTED BY CO-APPLICANT			
AGES			

ADDITIONAL INFORMATION ABOUT YOU AND YOUR CO-APPLICANT'S EMPLOYMENT AND INCOME

PRESENT EMPLOYER		
EMPLOYER ADDRESS (STREET, CITY, STATE, ZIP)		
JOB TITLE/GRADE	SUPERVISOR	SUPERVISOR PHONE
DATE EMPLOYED	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 want it considered in evaluating this credit application.		
EMPLOYMENT INCOME \$ PER <input type="checkbox"/> NET <input type="checkbox"/> GROSS	OTHER INCOME*	SOURCE OF OTHER INCOME*
PREVIOUS EMPLOYER(S) NAME/ADDRESS	STARTING DATE	ENDING DATE

PRESENT EMPLOYER		
EMPLOYER ADDRESS (STREET, CITY, STATE, ZIP)		
JOB TITLE/GRADE	SUPERVISOR	SUPERVISOR PHONE
DATE EMPLOYED	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 want it considered in evaluating this credit application.		
EMPLOYMENT INCOME \$ PER <input type="checkbox"/> NET <input type="checkbox"/> GROSS	OTHER INCOME*	SOURCE OF OTHER INCOME*
PREVIOUS EMPLOYER(S) NAME/ADDRESS	STARTING DATE	ENDING DATE

ASSETS

CURRENT DEPOSITS AT OTHER FINANCIAL INSTITUTIONS

ACCOUNT NO.	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING	NAME AND ADDRESS OF INSTITUTION
ACCOUNT NO.	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING	NAME AND ADDRESS OF INSTITUTION
ACCOUNT NO.	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING	NAME AND ADDRESS OF INSTITUTION
DESCRIPTION OF CLEAR TITLE ASSETS (CAR, PROPERTY)	VALUE \$	Pledged As Collateral <input type="checkbox"/> YES <input type="checkbox"/> NO
(OTHER ASSETS)	VALUE \$	<input type="checkbox"/> YES <input type="checkbox"/> NO

ASSETS

CURRENT DEPOSITS AT OTHER FINANCIAL INSTITUTIONS

ACCOUNT NO.	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING	NAME AND ADDRESS OF INSTITUTION
ACCOUNT NO.	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING	NAME AND ADDRESS OF INSTITUTION
ACCOUNT NO.	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING	NAME AND ADDRESS OF INSTITUTION
DESCRIPTION OF CLEAR TITLE ASSETS (CAR, PROPERTY)	VALUE \$	Pledged As Collateral <input type="checkbox"/> YES <input type="checkbox"/> NO
(OTHER ASSETS)	VALUE \$	<input type="checkbox"/> YES <input type="checkbox"/> NO

REFERENCES

NAME AND ADDRESS NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP
	PHONE
NAME AND ADDRESS CLOSE PERSONAL FRIEND—NOT RELATIVE	HOME PHONE
	WORK PHONE

REFERENCES

NAME AND ADDRESS NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP
	PHONE
NAME AND ADDRESS CLOSE PERSONAL FRIEND—NOT RELATIVE	HOME PHONE
	WORK PHONE

CONTINUED ON THE REVERSE

OUTSTANDING DEBTS AND OBLIGATIONS—LIST EVERYTHING OWED, USE SEPARATE SHEET IF NEEDED

APPLICANT	CO-APPLICANT	CHECK ONE OR MORE	NAME AND ADDRESS OF CREDITOR	ACCT. NO.	PAST DUE	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENT
			HOUSE PAYMENT OR RENT					
			HOUSE PAYMENT OR RENT					
			AUTO LOAN					
			AUTO LOAN					
			DEPARTMENT STORES					
			CHILD SUPPORT					
			CHILD CARE					
			CREDIT CARDS					
			LOAN PAYMENTS					
			MISC. EXPENSES (UTILITIES, TELEPHONE, INSURANCE, ETC.)					

ATTACH SEPARATE SHEET IF NECESSARY

TOTALS \$

\$

\$

- Have you ever filed a petition for bankruptcy (Personal Business)?
- Have you ever filed a petition for Chapter 13 Bankruptcy?
- Are any suits pending, judgements filed, alimonys or support awards against you?
- Have you ever had any auto, furniture, or any property repossessed?
- Are you a party in a lawsuit?
- Do you have any outstanding judgements?
- Is any income you have shown likely to reduce in the next two years?
- Are you a co-maker or co-signer on any loan? If so, whom?

	APPLICANT		CO-APPLICANT	
<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	<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	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

ARE YOU A UNITED STATES CITIZEN?
 APPLICANT YES NO
 CO-APPLICANT YES NO
 IF NO LIST STATUS

IF ANY YES ANSWERS TO QUESTIONS, EXPLAIN ON SEPARATE SHEET

It is the Credit Union's policy to not discriminate against any applicant with respect to race, color, religion, national origin, sex, marital status, age, the receipt of public assistance, part time income, or exercising rights under any consumer protection credit act. In addition, it is our policy not to discriminate based on familial status or a handicap in the extension of credit for housing. It is the Credit Union's intent to comply with all consumer credit protection statutes and regulations.

NOTICE: You agree and attest that your name and address shown herein is your legal name and the place of your residence, and such address is the proper address for all notice(s) required by this Application, and you further understand that any changes in this address must be submitted to us in writing to be effective.

YOU AGREE THAT EVERYTHING STATED IN THIS APPLICATION WHETHER ORAL, WRITTEN, OR THROUGH A FAX MACHINE IS CORRECT TO THE BEST OF YOUR KNOWLEDGE. 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 TO BE IN DEFAULT. YOU UNDERSTAND THAT 18 U.S.C. §1014 MAKES IT A FEDERAL CRIME TO KNOWINGLY MAKE ANY FALSE STATEMENT ON THIS APPLICATION.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

CREDIT COMMITTEE/LOAN OFFICER ACTION

Loan Officer:

Approved. Referred to C.C. Reason _____

LO signature _____

Credit Committee: Date _____

Approved. Rejected. Specific reason(s) for rejection _____

Outside information considered No Yes (describe) _____

Line of Credit Limit \$ _____

Conditions, if any: _____

Signed _____

Signed _____

Signed _____

ECOA notice and Reason for Rejection sent or delivered on _____

Signed _____