

## HOW TO APPLY

- Please complete sections 1 through 8
- Sign and complete section 9
- Return this application to your credit union
- An incomplete or unsigned form may delay processing

## 1 NOTE AND COMPLETE

Married Applicants may apply for a separate account. Check the appropriate box to indicate Individual Credit or Joint Credit.

**NOTICE TO OHIO APPLICANTS:** The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

**Individual Credit:** Complete **Applicant** section. Complete **Co-Applicant, Spouse** (referred to as "Other") section: (1) about your spouse if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), or (2) if your spouse will use the Account. Please check box to indicate whom the information is about.

**Joint Credit:** Each Applicant must **individually** complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.

**Amount Requested \$** \_\_\_\_\_ **Purpose:** \_\_\_\_\_

**Repayment:**  Payroll Deduction  Cash  Automatic Payment  Military Allotment  \_\_\_\_\_

## STATEMENT OF INTENT

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

## 2 APPLICANT INFORMATION

### APPLICANT

Please print in ink or type.

### CO-APPLICANT SPOUSE

Use "SAA" if information is "Same As Applicant".

NAME (Last - First - Initial)	
DRIVER'S LICENSE NUMBER / STATE	
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER
BIRTH DATE	HOME PHONE
	BUSINESS PHONE / EXT.
PRESENT ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT	
	YEARS AT THIS ADDRESS
PREVIOUS ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT	
	YEARS AT THIS ADDRESS
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)	
LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)	

NAME (Last - First - Initial)	
DRIVER'S LICENSE NUMBER / STATE	
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER
BIRTH DATE	HOME PHONE
	BUSINESS PHONE / EXT.
PRESENT ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT	
	YEARS AT THIS ADDRESS
PREVIOUS ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT	
	YEARS AT THIS ADDRESS
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)	
LIST AGES OF DEPENDENTS NOT LISTED BY APPLICANT (Exclude Self)	

## 3 EMPLOYMENT INFORMATION

NAME AND ADDRESS OF EMPLOYER	
YOUR TITLE / GRADE	
SUPERVISOR'S NAME	
START DATE	HOURS AT WORK
	IF SELF EMPLOYED, TYPE OF BUSINESS
IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS	
	STARTING DATE
	ENDING DATE
IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE	
	ENDING / SEPARATION DATE

NAME AND ADDRESS OF EMPLOYER	
YOUR TITLE / GRADE	
SUPERVISOR'S NAME	
START DATE	HOURS AT WORK
	IF SELF EMPLOYED, TYPE OF BUSINESS
IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS	
	STARTING DATE
	ENDING DATE
IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE	
	ENDING / SEPARATION DATE

## 4 INCOME INFORMATION

**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	

**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	

## 5 REFERENCES

Please include Street, City, State and Zip.

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP
	HOME PHONE
NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE	HOME PHONE

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP
	HOME PHONE
NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE	HOME PHONE

APPLICANT

OTHER (CO-APPLICANT, SPOUSE)

6A ASSETS/PROPERTY Check box for Applicant/Other. List all assets and account number(s) - Attach other sheets if necessary.

Form for Section 6A: Assets/Property. Includes fields for Share Draft or Checking Amount, Savings Amount, and a table for listing home and other items with market value and collateral status.

6B\* This section must be completed for the property which will be given as security, if applicable.

Form for Section 6B: List Every Lien Against Your Home. Includes fields for First Mortgage Held By, Present Balance, and questions about principal dwelling and other owners.

7 DEBTS In addition to Rent/Mortgage list all other debts (for example, auto loans, credit cards, second mortgage, home assoc. dues, alimony, child support, child care, medical, utilities, auto insurance, IRS liabilities, etc.) Please use a separate line for each credit card and auto loan. Attach other sheets if necessary.

Form for Section 7: Debts. Table with columns for Debtor Name and Address, Account Number, Original Balance, Present Balance, Monthly Payment, and If Past Due.

8 FINANCIAL INFORMATION These questions apply to both Applicant and Other.

Form for Section 8: Financial Information. Includes questions about outstanding judgments, bankruptcy, foreclosure, lawsuits, citizenship, income decline, and co-maker status.

9 SIGNATURES

Form for Section 9: Signatures. Includes a declaration of truthfulness and signature lines for Applicant and Other.

10 CREDIT UNION INFORMATION Do not write in this section - for credit union use only. Check applicable box(es).

Form for Section 10: Credit Union Information. Includes checkboxes for Loan Officer or Credit Committee, advance approval questions, and fields for referred to/reason for referral, counter offer, and specific reasons for rejection.