

Application

Payment Amount: \$ _____ Payment Frequency: _____

1
NOTE AND COMPLETE

Check the appropriate boxes to indicate the type of account(s) and type of credit for which you are applying. Married Applicants may apply for a separate account.

- LOANLINER Account/Loan
 VISA Gold Credit Card VISA Classic Credit Card Visa Secured Credit Card
 Individual Credit: Complete Applicant section. Complete Co-Applicant, Spouse, Guarantor (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, or (3) if there is a guarantor on this account. Please check box to indicate whom the information is about.
 Joint Credit: Provide information about both of you by completing Applicant and Other section.

Amount Requested \$ _____ Purpose: _____

Collateral: _____
 Repayment: Payroll Deduction Cash Automatic Payment Military Allotment _____

NOTICE 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.

PAYMENT PROTECTION

Are you interested in having your loan protected? Yes 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.

2
APPLICANT INFORMATION

APPLICANT		<input type="checkbox"/> CO-APPLICANT <small>Referred to as "Other"</small>		<input type="checkbox"/> SPOUSE <small>Use "SAA" if information is "Same As Applicant"</small>		<input type="checkbox"/> GUARANTOR	
NAME (Last - First - Initial)		NAME (Last - First - Initial)		NAME (Last - First - Initial)		NAME (Last - First - Initial)	
DRIVER'S LICENSE NUMBER/STATE		DRIVER'S LICENSE NUMBER/STATE		DRIVER'S LICENSE NUMBER/STATE		DRIVER'S LICENSE NUMBER/STATE	
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	ACCOUNT NUMBER	SOCIAL SECURITY NUMBER
BIRTH DATE	HOME PHONE	BIRTH DATE	HOME PHONE	BIRTH DATE	HOME PHONE	BIRTH DATE	HOME PHONE
BUSINESS PHONE/EXT.		BUSINESS PHONE/EXT.		BUSINESS PHONE/EXT.		BUSINESS PHONE/EXT.	
PRESENT ADDRESS (Street - City - State - Zip)		PRESENT ADDRESS (Street - City - State - Zip)		PRESENT ADDRESS (Street - City - State - Zip)		PRESENT ADDRESS (Street - City - State - Zip)	
LENGTH OF RESIDENCE		LENGTH OF RESIDENCE		LENGTH OF RESIDENCE		LENGTH OF RESIDENCE	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT		<input type="checkbox"/> OWN <input type="checkbox"/> RENT		<input type="checkbox"/> OWN <input type="checkbox"/> RENT		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
PREVIOUS ADDRESS (Street - City - State - Zip)		PREVIOUS ADDRESS (Street - City - State - Zip)		PREVIOUS ADDRESS (Street - City - State - Zip)		PREVIOUS ADDRESS (Street - City - State - Zip)	
LENGTH OF RESIDENCE		LENGTH OF RESIDENCE		LENGTH OF RESIDENCE		LENGTH OF RESIDENCE	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT		<input type="checkbox"/> OWN <input type="checkbox"/> RENT		<input type="checkbox"/> OWN <input type="checkbox"/> RENT		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:				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)		<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)		<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)		<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)				LIST AGES OF DEPENDENTS NOT LISTED BY APPLICANT (Exclude Self)			

3
EMPLOYMENT INFORMATION

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

MILITARY

4
REFERENCES

Please include Street, City, State and Zip.

NAME AND ADDRESS OF CREDITOR(S) OF DEBTS PAID OFF		NAME AND ADDRESS OF CREDITOR(S) OF DEBTS PAID OFF	
TELEPHONE		TELEPHONE	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			
RELATIONSHIP	HOME PHONE	RELATIONSHIP	HOME PHONE
NAME AND ADDRESS OF PERSONAL FRIEND - - NOT A RELATIVE			
HOME PHONE		HOME PHONE	

APPLICANT

OTHER (CO-APPLICANT, SPOUSE, GUARANTOR)

5 INCOME INFORMATION	NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.		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	EMPLOYMENT INCOME	OTHER INCOME
	\$ PER <input type="checkbox"/> NET <input type="checkbox"/> GROSS	\$ PER SOURCE	\$ PER <input type="checkbox"/> NET <input type="checkbox"/> GROSS	\$ PER SOURCE

6 ASSETS Check box for Applicant/Other. List all assets and account number(s)-- Attach other sheets if necessary.	SHARE DRAFT OR CHECKING AMOUNT	NAME AND ADDRESS OF DEPOSITORY	SHARE DRAFT OR CHECKING AMOUNT	NAME AND ADDRESS OF DEPOSITORY
	\$		\$	
	SAVINGS AMOUNT	NAME AND ADDRESS OF DEPOSITORY	SAVINGS AMOUNT	NAME AND ADDRESS OF DEPOSITORY
	\$		\$	

APPLICANT	LIST HOME AND ALL OTHER ITEMS YOU OWN AND LOCATION OF PROPERTY For Example: Auto, Boat, Stocks, Bonds, Cash, Household Goods, Real Estate, etc.	MARKET VALUE	PLEGGED AS COLLATERAL FOR ANOTHER LOAN	
<input type="checkbox"/> OTHER				
<input type="checkbox"/> HOME	SEE ATTACHED	\$	YES	NO
		\$	YES	NO
	SEE ATTACHED	\$	YES	NO

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.	APPLICANT	CREDITOR NAME AND ADDRESS	ACCOUNT NUMBER	ORIGINAL BALANCE	PRESENT BALANCE	MONTHLY PAYMENT	PAST DUE	
	<input type="checkbox"/> OTHER <input type="checkbox"/> RENT <input type="checkbox"/> MORTGAGE (Incl. Tax & Ins.)							
		SEE ATTACHED			\$	\$	\$	
					\$	\$	\$	
					\$	\$	\$	
					\$	\$	\$	
					\$	\$	\$	
					\$	\$	\$	
					\$	\$	\$	
					\$	\$	\$	
					\$	\$	\$	
	LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED							
TOTALS				\$	\$	\$		

8 FINANCIAL INFORMATION These questions apply to both Applicant and Other.	IF A "YES" ANSWER IS GIVEN TO A QUESTION, EXPLAIN ON AN ATTACHED SHEET				APPLICANT		OTHER	
	DO YOU HAVE ANY OUTSTANDING JUDGMENTS?				YES	NO	YES	NO
	HAVE YOU EVER FILED FOR BANKRUPTCY OR HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13?							
	HAVE YOU HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST 7 YEARS?							
	ARE YOU A PARTY IN A LAWSUIT?							
	ARE YOU OTHER THAN A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?							
	IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS?							
	ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE?							
	FOR WHOM (Name of Others Obligated on Loan):							
	TO WHOM (Name of Creditor):							

9 SIGNATURES If there are any important changes, you will notify us in writing immediately. You also agree to notify us of any change in your name, address or employment within a reasonable time thereafter.	You understand that when applicable, a Personal Identification Number (PIN) may be issued. This PIN, when validated will allow you, the co-applicant and any authorized users, to access your credit union's CREDIT CARD/ATM accounts through participating Automated Teller Machine (ATM) networks, subject to the terms and disclosures of the Credit Card Agreement and the Electronic Funds Transfer Disclosure for CREDIT CARD/ATM Access Card. You understand that use of your credit card will constitute acknowledgment of receipt and agreement to the terms of the CREDIT CARD/ATM Access Card disclosures.		You also promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of all your debts and obligations. You authorize the credit union to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. If you request, the credit union will tell you the name and address of any credit bureau from which it received a credit report on you. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to Federal Credit Unions or State Chartered Credit Unions insured by NCUA.	
	X	APPLICANT'S SIGNATURE	DATE	X

10 CREDIT UNION INFORMATION	APPROVED LIMITS	\$	\$	\$	\$	DEBT RATIO
	DATE	SIGNATURE	LINE OF CREDIT	OTHER	OTHER	
	<input type="checkbox"/> LOAN OFFICER	ADVANCE APPROVED:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> COUNTER OFFER WILL BE MADE, IF ACCEPTED, ADVANCE APPROVED		
	<input type="checkbox"/> CREDIT COMMITTEE OR OTHER	OUTSIDE INFORMATION CONSIDERED:	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ATTACH ADDITIONAL SHEET AND DESCRIBE		
	REFERRED TO/REASON(S) FOR REFERRAL:					
	DESCRIBE COUNTER OFFER:					
	SPECIFIC REASON(S) FOR REJECTION:					
	SIGNATURES:					
	<input type="checkbox"/> LOAN OFFICER	X	DATE	X	DATE	
	<input type="checkbox"/> CREDIT COMMITTEE	X	DATE	X	DATE	
<input type="checkbox"/> ECOA NOTICE AND REASON FOR REJECTION SENT OR DELIVERED ON (DATE) BY (INITIALS)						