



Application

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NOTE AND COMPLETE
Married Applicants may apply for a separate account.

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 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.

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APPLICANT INFORMATION

APPLICANT		<input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE	
NAME (Last - First - Initial)		<i>Referred to as "Other"</i> <i>Use "SAA" if information is "Same as Applicant"</i>	
DRIVER'S LICENSE NUMBER/STATE		DRIVER'S LICENSE NUMBER/STATE	
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	ACCOUNT NUMBER	SOCIAL SECURITY NUMBER
BIRTH DATE	HOME PHONE	BIRTH DATE	HOME PHONE
BUSINESS PHONE/EXT.		BUSINESS PHONE/EXT.	
PRESENT ADDRESS (Street - City - State - Zip)		PRESENT ADDRESS (Street - City - State - Zip)	
LENGTH AT RESIDENCE		LENGTH AT RESIDENCE	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT MONTHS		<input type="checkbox"/> OWN <input type="checkbox"/> RENT MONTHS	
PREVIOUS ADDRESS (Street - City - State - Zip)		PREVIOUS ADDRESS (Street - City - State - Zip)	
LENGTH AT RESIDENCE		LENGTH AT RESIDENCE	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT MONTHS		<input type="checkbox"/> OWN <input type="checkbox"/> RENT MONTHS	
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)			
LIST AGES OF DEPENDENTS NOT LISTED BY APPLICANT (Exclude Self)			

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EMPLOYMENT INFORMATION

NAME AND ADDRESS OF EMPLOYER		NAME AND ADDRESS OF EMPLOYER	
YOUR TITLE/GRADE		YOUR TITLE/GRADE	
SUPERVISOR'S NAME		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			
WHERE			
ENDING/SEPARATION DATE			

MILITARY

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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	PER	PER
<input type="checkbox"/> NET	<input type="checkbox"/> GROSS	<input type="checkbox"/> NET	<input type="checkbox"/> GROSS
SOURCE		SOURCE	

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REFERENCES
Please include Street, City, State and Zip.

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

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		
OTHER									
<input type="checkbox"/>	<input type="checkbox"/>	HOME*					<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

6B*

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

LIST EVERY LIEN AGAINST YOUR HOME
A lien is a legal claim filed against property as security for payment of a debt. Liens include mortgages, deeds of trust, land contracts, judgments and past due taxes.

FIRST MORTGAGE HELD BY	OTHER LIENS (Describe)
PRESENT BALANCE	
IS THE PROPERTY DESCRIBED IN THIS SECTION: YOUR PRINCIPAL DWELLING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
LISTED AS THE APPLICANT'S ADDRESS IN THE "APPLICANT INFORMATION" SECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS ANYONE OTHER THAN YOUR SPOUSE A PART OWNER OF YOUR HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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

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FINANCIAL INFORMATION
These questions apply to both Applicant and Other.

IF A "YES" ANSWER IS GIVEN TO A QUESTION, EXPLAIN ON AN ATTACHED SHEET

DO YOU HAVE ANY OUTSTANDING JUDGMENTS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HAVE YOU EVER FILED FOR BANKRUPTCY OR HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HAVE YOU HAD PROPERTY FORECLOSED UPON OR GIVEN A DEED IN LIEU OF FORECLOSURE IN THE LAST 7 YEARS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ARE YOU A PARTY IN A LAWSUIT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ARE YOU OTHER THAN A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FOR WHOM (Name of Others Obligated on Loan):			TO WHOM (Name of Creditor):		

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SIGNATURES

You 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.

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.

X _____ **X** _____
 APPLICANT'S SIGNATURE DATE OTHER SIGNATURE DATE

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CREDIT UNION INFORMATION

<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: _____ APPROVED LIMIT _____	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH ADDITIONAL SHEET AND DESCRIBE DEBT RATIO _____
REFERRED TO/REASON(S) FOR REFERRAL: _____		
DESCRIBE COUNTER OFFER: _____		
SPECIFIC REASON(S) FOR REJECTION: _____		
SIGNATURES:	DATE	DATE
<input type="checkbox"/> LOAN OFFICER X	_____	X _____
	DATE	DATE
<input type="checkbox"/> CREDIT COMMITTEE X	_____	X _____
<input type="checkbox"/> ECOA NOTICE AND REASON FOR REJECTION SENT OR DELIVERED ON _____	(DATE) BY _____	(INITIALS) _____