

# Loan Application

AMOUNT \$	# OF MONTHS	PAYMENT DATE DESIRED	PURPOSE
WANT TO REPAY: <input type="checkbox"/> Monthly <input type="checkbox"/> Single Pay		SECURITY OFFERED:	
YEAR	MAKE	MODEL	VIN/SERIAL #

## TYPES OF ACCOUNT REQUESTED

CHECK APPROPRIATE BOX

<input type="checkbox"/> I am applying for an individual account in my own name and am relying on my own income or assets and not the income or assets of another person as the basis for repayment of the credit requested. Complete all sections except Co-Applicant	<input type="checkbox"/> I am applying for a joint account or an account that I and another person will use. Complete all sections	<input type="checkbox"/> I am applying for an individual account but am relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested. Complete all Sections to the extent possible, providing information in Co-Applicant Section about the person on who alimony, support, or maintenance payments or income or assets you are relying.
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## PERSONAL INFORMATION

APPLICANT				CO-APPLICANT			
NAME		DATE OF BIRTH		NAME		DATE OF BIRTH	
ACCOUNT NUMBER		SOCIAL SECURITY NUMBER		ACCOUNT NUMBER		SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NO./STATE		ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ARE YOU A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVER'S LICENSE NO./STATE		ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ARE YOU A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)		HOW LONG? YRS <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LIVE W/REL <input type="checkbox"/> OTHER		PRESENT ADDRESS (STREET, CITY, STATE, ZIP)		HOW LONG? YRS <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LIVE W/REL <input type="checkbox"/> OTHER	
PREVIOUS ADDRESS		HOW LONG? YRS <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LIVE W/REL <input type="checkbox"/> OTHER		PREVIOUS ADDRESS		HOW LONG? YRS <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LIVE W/REL <input type="checkbox"/> OTHER	
AGES OF DEPENDENTS LIVING WITH YOU:	NUM OF DEP	HOME PHONE NO. ( )		AGES OF DEPENDENTS LIVING WITH YOU:	NUM OF DEP	HOME PHONE NO. ( )	
PLEASE INDICATE MARITAL STATUS IF YOU RESIDE IN A COMMUNITY PROPERTY STATE: AZ, CA, ID, LA, NM, NV, TX, WA, WI				PLEASE INDICATE MARITAL STATUS IF YOU RESIDE IN A COMMUNITY PROPERTY STATE: AZ, CA, ID, LA, NM, NV, TX, WA, WI			

## EMPLOYMENT INFORMATION

PRESENT EMPLOYER		PRESENT EMPLOYER	
EMPLOYER ADDRESS (STREET, CITY, STATE, ZIP)		EMPLOYER ADDRESS (STREET, CITY, STATE, ZIP)	
PHONE NO. ( )		PHONE NO. ( )	
HOW LONG?		HOW LONG?	
POSITION <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> TEMPORARY <input type="checkbox"/> DISABLED <input type="checkbox"/> RETIRED		POSITION <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> TEMPORARY <input type="checkbox"/> DISABLED <input type="checkbox"/> RETIRED	
SUPERVISOR		SUPERVISOR	
PREVIOUS EMPLOYER		PREVIOUS EMPLOYER	
PREVIOUS EMPLOYER ADDRESS		PREVIOUS EMPLOYER ADDRESS	
PHONE NO. ( )		PHONE NO. ( )	
HOW LONG?		HOW LONG?	
POSITION	SUPERVISOR	POSITION	SUPERVISOR

## INCOME INFORMATION

APPLICANT'S MONTHLY INCOME FROM EMPLOYMENT	OTHER INCOME MONTHLY AMOUNT
GROSS \$	\$
SOURCE OF OTHER INCOME*	
*Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.	
IF INCOME PROPERTY, ENTER DETAILS ON SEPARATE STATEMENT OF INCOME & EXPENSE.	

# YOUR CREDIT HISTORY

**APPLICANT****CO-APPLICANT**

Have you ever had property repossessed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever had property repossessed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you every been sued for debts?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you every been sued for debts?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you obligated to make alimony or child support payments?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you obligated to make alimony or child support payments?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever filed bankruptcy or chapter XIII? When? _____ Where? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever filed bankruptcy or chapter XIII? When? _____ Where? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you the guarantor on any other loans? Name _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you the guarantor on any other loans? Name _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## REFERENCES

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU	NAME OF NEAREST RELATIVE NOT LIVING WITH YOU
ADDRESS	ADDRESS
PHONE # ( ) RELATIONSHIP	PHONE # ( ) RELATIONSHIP
NAME	NAME
ADDRESS	ADDRESS
PHONE # ( ) RELATIONSHIP	PHONE # ( ) RELATIONSHIP

## OUTSTANDING DEBTS

CREDITOR/PAYEE	ACCOUNT NUMBER	SECURITY	ORIGINAL BALANCE	PRESENT BALANCE	MONTHLY PAYMENT
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> RENT PAYMENT <input type="checkbox"/> MORTGAGE				
			TOTAL		

## ASSETS

WHAT YOU OWN	LIST LOCATION OF PROPERTY OR FINANCIAL INSTITUTION	MARKET VALUE	PLEGDED AS COLLATERAL FOR ANOTHER LOAN	OWNED BY	
				APPLICANT	OTHER
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			

## SIGNATURES

By signing below you acknowledge that the information on this Application is complete and true and is submitted for the purpose of obtaining credit. You authorize the Credit Union (I) to use credit reporting agencies, or otherwise verify the information you have provided for the purpose of an extension of credit to you or the review or collection of a credit account of yours, and (II) to exchange information with others about your credit history and performance. (If this Application is taken orally, your verbal authorization is acknowledged below by the Credit Union, and the Credit Union may require your subsequential written authorization.) You agree all notices and statements from the Credit Union may be sent to the address shown on this Application until you provide a new or correct

<b>X</b>		<b>X</b>	
APPLICANT'S LEGAL SIGNATURE	DATE	CO-APPLICANT'S LEGAL SIGNATURE	DATE

## FOR CREDIT UNION USE ONLY

DATE	<input type="checkbox"/> APPROVED	<input type="checkbox"/> LOAN OFFICER	INSURANCE REQUIRED ON SECURITY
	<input type="checkbox"/> DENIED (Adverse Action Notice Sent)	<input type="checkbox"/> LENDING COMMITTEE	<input type="checkbox"/> YES <input type="checkbox"/> NO

SIGNATURES:  
**X** \_\_\_\_\_  
DATE

SIGNATURES:  
**X** \_\_\_\_\_  
DATE

SIGNATURES:  
**X** \_\_\_\_\_  
DATE

SIGNATURES:  
**X** \_\_\_\_\_  
DATE