

Application

- HOW TO APPLY**
- Please complete front and back of application
 - Sign on back page
 - Return completed application to credit union
 - An incomplete or unsigned application may delay processing

Debt Ratio: _____ %

Credit Report: _____

Individual Credit: You must complete the **Applicant** section about yourself and the **Other** section about your spouse if:
1. you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI),
2. your spouse will use the account, or
3. you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the **Other** section to the extent possible about the person on whose payments you are relying.

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

Guarantor: Complete the **Other** section if you are a guarantor on an account/loan.

Check below 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: Individual Joint Amount Requested \$ _____ Purpose/Collateral: _____
(Including ATM/Debit Card Access to the Account if Available)

Repayment: Payroll Deduction Cash Military Allotment Automatic Payment

Applicant

NAME (Last - First - Initial)

ACCOUNT NUMBER SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER / STATE LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)

BIRTH DATE HOME PHONE CELL PHONE BUSINESS PHONE/ EXT.
() () ()

E-MAIL ADDRESS

PRESENT ADDRESS (Street - City - State - Zip) OWN RENT
YEARS AT THIS ADDRESS

PREVIOUS ADDRESS (Street - City - State - Zip) OWN RENT
YEARS AT THIS ADDRESS

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:
 MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed)

Employment/Income

NAME AND ADDRESS OF EMPLOYER

TITLE/GRADE START DATE HOURS AT WORK

SUPERVISOR'S NAME IF SELF EMPLOYED, TYPE OF BUSINESS

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 _____
 NET GROSS SOURCE

MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? YES NO
WHERE ENDING/SEPARATION DATE

PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS STARTING DATE
ENDING DATE

Other: Co-Applicant Spouse Other

NAME (Last - First - Initial)

ACCOUNT NUMBER SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER / STATE LIST AGES OF DEPENDENTS NOT LISTED BY APPLICANT (Exclude Self)

BIRTH DATE HOME PHONE CELL PHONE BUSINESS PHONE/ EXT.
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