

# Application

**1**  
**NOTE AND COMPLETE**

**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.

**WISCONSIN RESIDENTS ONLY:** (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are **not** applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned. **X**

SIGNATURE FOR WISCONSIN RESIDENTS ONLY \_\_\_\_\_ DATE \_\_\_\_\_

- 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.

Married Applicants may apply for a separate account.

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", the credit union will disclose the cost to protect your loan. The protection is voluntary and does not affect your loan approval. In order for your loan to be covered, you will need to sign a separate application that explains the terms and conditions.

**2**  
**APPLICANT INFORMATION**

**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)		LENGTH AT RESIDENCE
<input type="checkbox"/> OWN <input type="checkbox"/> RENT		
PREVIOUS ADDRESS (Street - City - State - Zip)		LENGTH AT RESIDENCE
<input type="checkbox"/> OWN <input type="checkbox"/> RENT		
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)		

**OTHER**  **CO-APPLICANT**  **SPOUSE**

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)		LENGTH AT RESIDENCE
<input type="checkbox"/> OWN <input type="checkbox"/> RENT		
PREVIOUS ADDRESS (Street - City - State - Zip)		LENGTH AT RESIDENCE
<input type="checkbox"/> OWN <input type="checkbox"/> RENT		
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		

**MILITARY**

**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.

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				YES
HOME*		\$		NO
		\$		NO
		\$		NO

**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	IS ANYONE OTHER THAN YOUR SPOUSE A PART OWNER OF YOUR HOME? <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	

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

**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

DO YOU HAVE ANY OUTSTANDING JUDGMENTS? \_\_\_\_\_

HAVE YOU EVER FILED FOR BANKRUPTCY OR HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13? \_\_\_\_\_

HAVE YOU HAD PROPERTY FORECLOSED UPON OR GIVEN A DEED IN LIEU OF FORECLOSURE 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): \_\_\_\_\_

APPLICANT		OTHER	
YES	NO	YES	NO

**9 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

**10 CREDIT UNION INFORMATION**

LOAN OFFICER      ADVANCE APPROVED:  YES  NO       COUNTER OFFER WILL BE MADE, IF ACCEPTED, ADVANCE APPROVED

CREDIT COMMITTEE OR OTHER      OUTSIDE INFORMATION CONSIDERED:  YES  NO      IF YES, ATTACH ADDITIONAL SHEET AND DESCRIBE

\$ \_\_\_\_\_ APPROVED LIMIT      \_\_\_\_\_ DEBT RATIO

REFERRED TO/REASON(S) FOR REFERRAL: \_\_\_\_\_

DESCRIBE COUNTER OFFER: \_\_\_\_\_

SPECIFIC REASON(S) FOR REJECTION: \_\_\_\_\_

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

LOAN OFFICER      X \_\_\_\_\_ DATE \_\_\_\_\_ X \_\_\_\_\_ DATE \_\_\_\_\_

CREDIT COMMITTEE      X \_\_\_\_\_ DATE \_\_\_\_\_ X \_\_\_\_\_ DATE \_\_\_\_\_

ECOA NOTICE AND REASON FOR REJECTION SENT OR DELIVERED ON \_\_\_\_\_ (DATE) BY \_\_\_\_\_ (INITIALS)