

CREDIT APPLICATION

LOAN AMOUNT REQUESTED \$	TO BE REPAYED IN (estimated) MONTHS	REQUESTED PERIODIC PAYMENT \$	PURPOSE OF LOAN AND COLLATERAL OFFERED	<input type="checkbox"/> OPEN END
				<input type="checkbox"/> CLOSED END

TYPE OF ACCOUNT WANTED

Married applicants may apply for individual accounts. Indicate below the type of credit wanted.

INDIVIDUAL CREDIT: Complete Information About You Section. Complete other section if the following applies: You live in a community property state (AK, AZ, CA, ID, LA, NM, NV, P.R., TX, WA, WI) or your spouse will use the account or you are relying on your spouse/Co-Applicant's or guarantor income as a source of repayment.

JOINT CREDIT: Provide information about both of you.

If you intend to apply for joint credit, you understand that the Credit Union may need to document any non-member as a guarantor/co-signer as explained above.

Applicants Signature _____ Other Applicants Signature _____

INFORMATION ABOUT PROTECTION FOR YOUR LOANS

Group Credit Insurance is available on loans made to Credit Union members. Insurance is voluntary and not required to obtain credit. If you would like information about Group Credit Insurance, check below.

Age _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Single Credit Life Insurance	Age _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Joint Credit Life Insurance	Age _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Credit Disability Insurance
--	---	---

The Credit Union will disclose the cost of this Voluntary Insurance to you if you checked Yes. A separate election disclosing the terms and conditions of the Credit Insurance must be signed for the coverage to be effective. If you have attained or are over the ages indicated, you are not eligible for coverage.

INFORMATION ABOUT YOU

Complete for secured credit or if you live in a community property state

MARRIED SEPARATED UNMARRIED (Single, Divorced, Widowed)

APPLICANT NAME		DATE OF BIRTH	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)	COUNTY	HOW LONG	
		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
PREVIOUS ADDRESS(ES) LAST FIVE YEARS			
		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
EMPLOYEE NO.	HOME PHONE () ()	BUSINESS PHONE () ()	EXT.
ACCOUNT NO.	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	
NUMBER OF DEPENDENTS—EXCLUDE SELF ANY LISTED BY CO-APPLICANT			
AGES			

INFORMATION ABOUT YOUR CO-APPLICANT OR GUARANTOR/CO-SIGNER

Complete for secured credit or if you live in a community property state

MARRIED SEPARATED UNMARRIED (Single, Divorced, Widowed)

OTHER APPLICANT NAME		DATE OF BIRTH	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)	COUNTY	HOW LONG	
		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
PREVIOUS ADDRESS(ES) LAST FIVE YEARS			
		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
EMPLOYEE NO.	HOME PHONE () ()	BUSINESS PHONE () ()	EXT.
ACCOUNT NO.	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	
NUMBER OF DEPENDENTS—EXCLUDE SELF ANY LISTED BY CO-APPLICANT			
AGES			

ADDITIONAL INFORMATION ABOUT YOU AND YOUR OTHER APPLICANT'S EMPLOYMENT AND INCOME

PRESENT EMPLOYER		
EMPLOYER ADDRESS (STREET, CITY, STATE, ZIP)		
JOB TITLE/GRADE	SUPERVISOR	SUPERVISOR PHONE
DATE EMPLOYED	TYPE OF BUSINESS	SELF-EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO
IS MILITARY DUTY STATION TRANSFER EXPECTED WITHIN NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	ETS DATE
*You need not reveal income from alimony, child support, or separate maintenance payments unless you want it considered in evaluating this credit application.		
EMPLOYMENT INCOME \$ _____ PER _____ <input type="checkbox"/> NET <input type="checkbox"/> GROSS	OTHER INCOME*	SOURCE OF OTHER INCOME*
PREVIOUS EMPLOYER(S) NAME/ADDRESS	STARTING DATE	ENDING DATE

PRESENT EMPLOYER		
EMPLOYER ADDRESS (STREET, CITY, STATE, ZIP)		
JOB TITLE/GRADE	SUPERVISOR	SUPERVISOR PHONE
DATE EMPLOYED	TYPE OF BUSINESS	SELF-EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO
IS MILITARY DUTY STATION TRANSFER EXPECTED WITHIN NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	ETS DATE
*You need not reveal income from alimony, child support, or separate maintenance payments unless you want it considered in evaluating this credit application.		
EMPLOYMENT INCOME \$ _____ PER _____ <input type="checkbox"/> NET <input type="checkbox"/> GROSS	OTHER INCOME*	SOURCE OF OTHER INCOME*
PREVIOUS EMPLOYER(S) NAME/ADDRESS	STARTING DATE	ENDING DATE

ASSETS

CURRENT DEPOSITS AT OTHER FINANCIAL INSTITUTIONS		
ACCOUNT NO.	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING	NAME AND ADDRESS OF INSTITUTION
ACCOUNT NO.	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING	NAME AND ADDRESS OF INSTITUTION
ACCOUNT NO.	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING	NAME AND ADDRESS OF INSTITUTION
DESCRIPTION OF CLEAR TITLE ASSETS (CAR, PROPERTY)	VALUE \$	Pledged As Collateral <input type="checkbox"/> YES <input type="checkbox"/> NO
(OTHER ASSETS)	VALUE \$	<input type="checkbox"/> YES <input type="checkbox"/> NO

ASSETS

CURRENT DEPOSITS AT OTHER FINANCIAL INSTITUTIONS		
ACCOUNT NO.	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING	NAME AND ADDRESS OF INSTITUTION
ACCOUNT NO.	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING	NAME AND ADDRESS OF INSTITUTION
ACCOUNT NO.	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING	NAME AND ADDRESS OF INSTITUTION
DESCRIPTION OF CLEAR TITLE ASSETS (CAR, PROPERTY)	VALUE \$	Pledged As Collateral <input type="checkbox"/> YES <input type="checkbox"/> NO
(OTHER ASSETS)	VALUE \$	<input type="checkbox"/> YES <input type="checkbox"/> NO

REFERENCES

NAME AND ADDRESS NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP
	PHONE

NAME AND ADDRESS NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP
	PHONE

OUTSTANDING DEBTS AND OBLIGATIONS—LIST EVERYTHING OWED, USE SEPARATE SHEET IF NEEDED

CHECK ONE OR MORE	NAME AND ADDRESS OF CREDITOR	ACCT. NO.	PAST DUE	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENT
	HOUSE PAYMENT OR RENT					
	HOUSE PAYMENT OR RENT					
	AUTO LOAN					
	AUTO LOAN					
	DEPARTMENT STORES					
	CHILD SUPPORT					
	CHILD CARE					
	CREDIT CARDS					
	LOAN PAYMENTS					
	MISC. EXPENSES (UTILITIES, TELEPHONE, INSURANCE, ETC.)					

ATTACH SEPARATE SHEET IF NECESSARY **TOTALS** \$ \$ \$

Have you ever filed a petition for bankruptcy (Personal <input type="checkbox"/> Business <input type="checkbox"/>)? Have you ever filed a petition for Chapter 13 Bankruptcy? Are any suits pending, judgements filed, alimonys or support awards against you? Have you ever had any auto, furniture, or any property repossessed? Are you a party in a lawsuit? Do you have any outstanding judgements? Is any income you have shown likely to reduce in the next two years? Are you a co-maker or co-signer on any loan? If so, whom? NAME OF OTHERS OBLIGATED ON LOAN AND NAME OF CREDITOR IF ANY YES ANSWERS TO QUESTIONS, EXPLAIN ON SEPARATE SHEET	<table border="0"> <tr> <td>APPLICANT</td> <td>OTHER APPLICANT</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	APPLICANT	OTHER APPLICANT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU A UNITED STATES CITIZEN? APPLICANT <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER APPLICANT <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO LIST STATUS
APPLICANT	OTHER APPLICANT																	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																	

It is the Credit Union's policy to not discriminate against any applicant with respect to race, color, religion, national origin, sex, marital status, age, the receipt of public assistance, part time income, or exercising rights under any consumer protection credit act. In addition, it is our policy not to discriminate based on familial status or a handicap in the extension of credit for housing. It is the Credit Union's intent to comply with all consumer credit protection statutes and regulations.

NOTICE: You agree and attest that your name and address shown herein is your legal name and the place of your residence, and such address is the proper address for all notice(s) required by this Application, and you further understand that any changes in this address must be submitted to us in writing to be effective.

YOU AGREE THAT EVERYTHING STATED IN THIS APPLICATION WHETHER ORAL, WRITTEN, OR THROUGH A FAX MACHINE IS CORRECT TO THE BEST OF YOUR KNOWLEDGE. THE CREDIT UNION IS AUTHORIZED TO INVESTIGATE YOUR CREDIT-WORTHINESS, EMPLOYMENT HISTORY, AND TO OBTAIN A CREDIT REPORT AND TO ANSWER QUESTIONS ABOUT THEIR CREDIT EXPERIENCE WITH YOU. YOU UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS IN YOUR APPLICATION MAY CAUSE ANY LOAN OR EXTENSION TO BE IN DEFAULT. YOU UNDERSTAND THAT 18 U.S.C. §1014 MAKES IT A FEDERAL CRIME TO KNOWINGLY MAKE ANY FALSE STATEMENT ON THIS APPLICATION.

To help the government fight the funding of Terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license and other identifying information.

APPLICANT SIGNATURE _____	DATE _____	OTHER APPLICANT SIGNATURE _____	DATE _____
----------------------------------	------------	--	------------

CREDIT COMMITTEE/LOAN OFFICER ACTION

Loan Officer:
 Approved. Referred to C.C. Reason _____
 LO signature _____
 Credit Committee: Date _____
 Approved. Rejected. Specific reason(s) for rejection _____
 Outside information considered No Yes (describe) _____
 Conditions, if any: _____
 Signed _____
 Signed _____
 Signed _____
 ECOA notice and Reason for Rejection sent or delivered on _____
 Signed _____