

Application

HOW TO APPLY

- Please complete red sections 1 through 8
- Sign section 9
- Return this application to the Credit Union

1 NOTE AND COMPLETE

Married Applicants may apply for a separate account. Check the appropriate box to indicate Individual Credit or Joint Credit.
 Individual Credit: Complete **Applicant** section. Complete **Co-Applicant, Spouse, Guarantor** (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, or (3) if there is a guarantor on this account. Please check box to indicate whom the information is about.
 Joint Credit: Provide information about both of you by completing **Applicant** and **Other** section.

Amount Requested \$ _____ **Purpose:** _____

Collateral:

Repayment: Payroll Deduction Cash Automatic Payment Military Allotment _____

STATEMENT OF INTENT

Check if desired.

- Credit Disability Insurance
- Single Credit Life Insurance
- Joint Credit Life Insurance

Check coverage(s) desired. The credit union will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions must be signed for coverage to become effective.

2 APPLICANT INFORMATION

APPLICANT

Please print in ink or type.

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

CO-APPLICANT **SPOUSE** **GUARANTOR**
Use "SAA" if information is "Same As 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) <input type="checkbox"/> OWN <input type="checkbox"/> RENT		
..... YEARS AT THIS ADDRESS		
PREVIOUS ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT		
..... YEARS AT THIS ADDRESS		
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		

4 REFERENCES

Please include Street, City, State and Zip.

NAME AND ADDRESS OF CREDITOR(S) OF DEBTS PAID OFF		TELEPHONE
.....	
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 CREDITOR(S) OF DEBTS PAID OFF		TELEPHONE
.....	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP
.....	
.....		HOME PHONE
NAME AND ADDRESS OF PERSONAL FRIEND -NOT A RELATIVE		HOME PHONE
.....	

