

Application

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 _____

Married Applicants may apply for a separate account.

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.

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.

APPLICANT INFORMATION			APPLICANT			OTHER <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE			
NAME (Last - First - Initial)			NAME (Last - First - Initial)			NAME (Last - First - Initial)			
DRIVER'S LICENSE NUMBER/STATE		BIRTH DATE	DRIVER'S LICENSE NUMBER/STATE		BIRTH DATE	DRIVER'S LICENSE NUMBER/STATE		BIRTH DATE	
ACCOUNT NUMBER		SOCIAL SECURITY NUMBER		ACCOUNT NUMBER		SOCIAL SECURITY NUMBER			
HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.		HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.			
PRESENT ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT			LENGTH AT RESIDENCE	PRESENT ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT			LENGTH AT RESIDENCE		
PREVIOUS ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT			LENGTH AT RESIDENCE	PREVIOUS ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT			LENGTH AT RESIDENCE		
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)				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)				LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)					

EMPLOYMENT INFORMATION			EMPLOYMENT INFORMATION		
NAME AND ADDRESS OF EMPLOYER			NAME AND ADDRESS OF EMPLOYER		
YOUR TITLE/GRADE		SUPERVISOR'S NAME	YOUR TITLE/GRADE		SUPERVISOR'S NAME
START DATE	HOURS AT WORK	IF SELF EMPLOYED, TYPE OF BUSINESS	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			IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS		
STARTING DATE	ENDING DATE		STARTING DATE	ENDING DATE	
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	WHERE	MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	WHERE
	ENDING/SEPARATION DATE			ENDING/SEPARATION DATE	

INCOME INFORMATION			INCOME INFORMATION		
NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.			NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.		
EMPLOYMENT INCOME \$	PER	<input type="checkbox"/> NET <input type="checkbox"/> GROSS	EMPLOYMENT INCOME \$	PER	<input type="checkbox"/> NET <input type="checkbox"/> GROSS
OTHER INCOME \$	PER	SOURCE	OTHER INCOME \$	PER	SOURCE

REFERENCES		REFERENCES	
Please include Street, City, State and Zip.		Please include Street, City, State and Zip.	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	
RELATIONSHIP	HOME PHONE	RELATIONSHIP	HOME PHONE
NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE		NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE	
HOME PHONE		HOME PHONE	

ASSETS/PROPERTY		Check box for Applicant/Other. List all assets and account number(s)-- Attach other sheets if necessary.						
APPLICANT			OTHER (CO-APPLICANT, SPOUSE)					
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	OTHER		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	PLEGDED AS COLLATERAL FOR ANOTHER LOAN			
		HOME*		\$		YES	NO	
				\$		YES	NO	
			SEE ATTACHED	\$		YES	NO	
*LIST EVERY LIEN AGAINST YOUR HOME -- This section must be completed for the property which will be given as security, if applicable. 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 checked="" type="checkbox"/> NO			IS ANYONE OTHER THAN YOUR SPOUSE A PART OWNER OF YOUR HOME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
LISTED AS THE APPLICANT'S ADDRESS IN THE "APPLICANT INFORMATION" SECTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
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.)			\$	\$	\$	
			SEE ATTACHED		\$	\$	\$	
					\$	\$	\$	
					\$	\$	\$	
					\$	\$	\$	
					\$	\$	\$	
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED					TOTALS	\$	\$	\$

FINANCIAL INFORMATION		These questions apply to both Applicant and Other.		APPLICANT		OTHER	
IF A "YES" ANSWER IS GIVEN TO A QUESTION, EXPLAIN ON AN ATTACHED SHEET				YES	NO	YES	NO
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):			

SIGNATURES	
<p>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</p>	<p>report on you. You understand that it is a crime to willfully and deliberately provide incomplete or incorrect information in this application.</p> <p>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.</p>
<div style="border: 1px solid black; padding: 5px; display: inline-block;">X</div> (SEAL)	<div style="border: 1px solid black; padding: 5px; display: inline-block;">X</div> (SEAL)
APPLICANT'S SIGNATURE	OTHER SIGNATURE
DATE	DATE

CREDIT UNION INFORMATION	
<input type="checkbox"/> LOAN OFFICER	ADVANCE APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> CREDIT COMMITTEE OR OTHER	COUNTER OFFER WILL BE MADE, IF ACCEPTED, ADVANCE APPROVED
	OUTSIDE INFORMATION CONSIDERED: <input type="checkbox"/> YES <input type="checkbox"/> 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 _____	
<input type="checkbox"/> LOAN OFFICER	X _____ DATE _____
<input type="checkbox"/> CREDIT COMMITTEE	X _____ DATE _____
<input type="checkbox"/> ECOA NOTICE AND REASON FOR REJECTION SENT OR DELIVERED ON _____	(DATE) BY _____ (INITIALS)
LOAN ORIGINATOR ORGANIZATION	NMLSR ID NUMBER _____
LOAN ORIGINATOR	NMLSR ID NUMBER _____