

# 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.

**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", then the credit union will disclose the cost of this voluntary payment protection to you. A separate election which discloses the terms and conditions must be signed for protection to be effective.

**2 APPLICANT INFORMATION**

<p><b>APPLICANT</b></p> <p>NAME (Last - First - Initial) _____</p> <p>DRIVER'S LICENSE NUMBER/STATE _____</p> <p>ACCOUNT NUMBER _____ SOCIAL SECURITY NUMBER _____</p> <p>BIRTH DATE _____ HOME PHONE _____ BUSINESS PHONE/EXT. _____</p> <p>PRESENT ADDRESS (Street - City - State - Zip) _____ LENGTH AT RESIDENCE _____  <input type="checkbox"/> OWN <input type="checkbox"/> RENT</p> <p>PREVIOUS ADDRESS (Street - City - State - Zip) _____ LENGTH AT RESIDENCE _____  <input type="checkbox"/> OWN <input type="checkbox"/> RENT</p> <p>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)</p> <p>LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)</p>	<p><input type="checkbox"/> <b>CO-APPLICANT</b> <input type="checkbox"/> <b>SPOUSE</b></p> <p><i>Referred to as "Other" Use "SAA" if information is "Same as Applicant"</i></p> <p>NAME (Last - First - Initial) _____</p> <p>DRIVER'S LICENSE NUMBER/STATE _____</p> <p>ACCOUNT NUMBER _____ SOCIAL SECURITY NUMBER _____</p> <p>BIRTH DATE _____ HOME PHONE _____ BUSINESS PHONE/EXT. _____</p> <p>PRESENT ADDRESS (Street - City - State - Zip) _____ LENGTH AT RESIDENCE _____  <input type="checkbox"/> OWN <input type="checkbox"/> RENT</p> <p>PREVIOUS ADDRESS (Street - City - State - Zip) _____ LENGTH AT RESIDENCE _____  <input type="checkbox"/> OWN <input type="checkbox"/> RENT</p> <p>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)</p> <p>LIST AGES OF DEPENDENTS NOT LISTED BY APPLICANT (Exclude Self)</p>
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**3 EMPLOYMENT INFORMATION**

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

**4 INCOME INFORMATION**

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

Please include Street, City, State and Zip.

<p>NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____</p> <p>RELATIONSHIP _____ HOME PHONE _____</p> <p>NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE _____</p> <p>HOME PHONE _____</p>	<p>NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____</p> <p>RELATIONSHIP _____ HOME PHONE _____</p> <p>NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE _____</p> <p>HOME PHONE _____</p>
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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.

Table with columns: SHARE DRAFT OR CHECKING AMOUNT, NAME AND ADDRESS OF DEPOSITORY, SAVINGS AMOUNT, MARKET VALUE, PLEDGED AS COLLATERAL FOR ANOTHER LOAN.

6B\*

This section must be completed for the property which will be given as security, if applicable.

LIST EVERY LIEN AGAINST YOUR HOME

Form for listing liens: FIRST MORTGAGE HELD BY, PRESENT BALANCE, IS THE PROPERTY DESCRIBED IN THIS SECTION...

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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.

Table with columns: APPLICANT, CREDITOR NAME AND ADDRESS, ACCOUNT NUMBER, ORIGINAL BALANCE, PRESENT BALANCE, MONTHLY PAYMENT, PAST DUE.

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FINANCIAL INFORMATION

These questions apply to both Applicant and Other.

Form with questions: 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?

Table for Applicant and Other responses: YES/NO columns for each question.

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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. 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.

Signature and date lines for Applicant and Other.

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CREDIT UNION INFORMATION

Form with questions: LOAN OFFICER, CREDIT COMMITTEE OR OTHER, ADVANCE APPROVED, COUNTER OFFER WILL BE MADE, IF ACCEPTED, ADVANCE APPROVED.

REFERRED TO/REASON(S) FOR REFERRAL:

DESCRIBE COUNTER OFFER:

SPECIFIC REASON(S) FOR REJECTION:

Form for signatures and dates: SIGNATURES, DATE, ECOA NOTICE AND REASON FOR REJECTION SENT OR DELIVERED ON.