

HOW TO APPLY

- Please complete sections 1 through 8
- Return this application to your credit union
- Sign and complete section 9
- An incomplete or unsigned form may delay processing

1 NOTE AND COMPLETE

Married Applicants may apply for a separate account.

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.

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

CO-APPLICANT **SPOUSE**

NAME (Last - First - Initial) _____

DRIVER'S LICENSE NUMBER/STATE _____

ACCOUNT NUMBER _____ SOCIAL SECURITY NUMBER _____

BIRTH DATE () () () HOME PHONE () () () CELL PHONE () () () BUSINESS PHONE/ EXT. () () ()

PRESENT ADDRESS (Street - City - State - Zip) _____ OWN RENT
..... YEARS AT THIS ADDRESS

PREVIOUS ADDRESS (Street - City - State - Zip) _____ OWN RENT
..... YEARS AT THIS ADDRESS

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:
 MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed)

LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self) _____

NAME (Last - First - Initial) _____

DRIVER'S LICENSE NUMBER/STATE _____

ACCOUNT NUMBER _____ SOCIAL SECURITY NUMBER _____

BIRTH DATE () () () HOME PHONE () () () CELL PHONE () () () BUSINESS PHONE/ EXT. () () ()

PRESENT ADDRESS (Street - City - State - Zip) _____ OWN RENT
..... YEARS AT THIS ADDRESS

PREVIOUS ADDRESS (Street - City - State - Zip) _____ OWN RENT
..... YEARS AT THIS ADDRESS

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:
 MARRIED SEPARATED 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 _____

MILITARY IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR YES 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 YES NO WHERE _____ ENDING/SEPARATION DATE _____

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 \$ _____
 NET PER GROSS \$ SOURCE PER

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EMPLOYMENT INCOME \$ _____ OTHER INCOME \$ _____
 NET PER GROSS \$ SOURCE PER

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 _____