

Application

Married Applicants: May apply for a separate account.
Individual Credit: You must complete the **Applicant** section about yourself and the **Other** section about your spouse if:
 1. you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI),
 2. your spouse will use the account, or
 3. you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the **Other** section to the extent possible about the person on whose payments you are relying.
Joint Credit: If you are applying with another person, complete the **Applicant** and **Other** sections.
Guarantor: Complete the **Other** section if you are a guarantor on an account/loan.

LOANLINER Account/Loan: <i>(Including ATM/Debit Card Access to the Account if Available)</i> Amount Requested \$ _____ Purpose/Collateral: _____ Repayment:	Credit Card Account: <i>(See Disclosure Table or Agreement for Terms)</i> Credit Limit Requested \$ _____ If Authorized User, Name: _____
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PAYMENT PROTECTION	30-Day Elimination Period	Single Disability	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.
	Single Life		
	Joint Life		

APPLICANT		
NAME		
MOTHER'S MAIDEN NAME	ACCOUNT NUMBER	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE	
AGES OF DEPENDENTS		
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.
EMAIL ADDRESS		
PRESENT ADDRESS	LENGTH AT RESIDENCE	
PREVIOUS ADDRESS	LENGTH AT RESIDENCE	
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:		
MARITAL STATUS:		
EMPLOYMENT/INCOME	\$ _____	
NAME AND ADDRESS OF EMPLOYER		
TITLE/GRADE	START DATE	HOURS AT WORK
SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS	
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.		
OTHER INCOME		
\$ _____	SOURCE	
\$ _____	SOURCE	
\$ _____	SOURCE	
\$ _____	SOURCE	
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR?		
WHERE	ENDING/SEPARATION DATE	
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS	STARTING DATE	
	ENDING DATE	
REFERENCE	RELATIONSHIP	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	HOME PHONE	

OTHER		
NAME		
MOTHER'S MAIDEN NAME	ACCOUNT NUMBER	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE	
AGES OF DEPENDENTS		
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.
EMAIL ADDRESS		
PRESENT ADDRESS	LENGTH AT RESIDENCE	
PREVIOUS ADDRESS	LENGTH AT RESIDENCE	
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:		
MARITAL STATUS:		
EMPLOYMENT/INCOME	\$ _____	
NAME AND ADDRESS OF EMPLOYER		
TITLE/GRADE	START DATE	HOURS AT WORK
SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS	
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.		
OTHER INCOME		
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MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR?		
WHERE	ENDING/SEPARATION DATE	
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS	STARTING DATE	
	ENDING DATE	
REFERENCE	RELATIONSHIP	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	HOME PHONE	

