

# LOAN APPLICATION

This application is designed to be completed by the applicant(s) with the Lender's assistance. Applicants should complete this form as "Borrower" or "Co-Borrower, as applicable. Co-Borrower information must also be provided (and the appropriate box checked) when the income or assets of a person other than the Borrower (including the Borrower's spouse) will be used as a basis for loan qualification or the income or assets of the Borrower's spouse or other person who has community property rights pursuant to state law will not be used as a basis for loan qualification, but his or her liabilities must be considered because the spouse or other person has community property rights pursuant to applicable law and Borrower resides in a community property state, the security property is located in a community property state, or the Borrower is relying on other property located in a community property state as a basis for repayment of the loan.

If this is an application for joint credit, Borrower and Co-Borrower each agree that we intend to apply for joint credit (sign below):

Primary Applicant: \_\_\_\_\_  Individual Credit  
 Joint Applicant: \_\_\_\_\_  Joint Credit

|  |                          |  |                            |
|--|--------------------------|--|----------------------------|
| Loan Amount<br>\$  | Purpose of Loan          | Security Offered   | Account Number             |
| <b>A. APPLICANT'S PERSONAL INFORMATION</b>   |                          |  |                            |
| Check one if you reside in or are relying on property in a community property state or if you are applying for other than individual unsecured credit.<br><input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated |                          | Name   | Date of Birth              |
| Present Street Address, City, State & Zip  |                          | How Long?  | Home Phone #               |
| Previous Street Address (if present address is less than 2 years), City, State & Zip   |                          | How Long?  | County of Residence        |
| <b>B. INFORMATION REGARDING APPLICANT</b>  |                          |  |                            |
| Present Employer's Name &  |                          |  | Date Employed              |
| Occupation   | Supervisor's Name        | Work Phone #   | Monthly Gross Pay<br>\$    |
| Previous Employer's Name & Address   |                          | How Long?  | Occupation                 |
| Real Estate Owned (include home)   |                          | Date Purchased   | Estimated Value<br>\$      |
| OTHER INCOME NOTICE: Do not list alimony, child or spousal support or separate maintenance payments unless you wish them considered as a base for repayment of the credit requested. If listed, verification may be requested.                                   |                          |  |                            |
| Source of Other Income   |                          | Other Income Amount<br>\$  | Total Monthly Income<br>\$ |
| <b>C. INFORMATION REGARDING</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Former Spouse <input type="checkbox"/> Co-Applicant   |                          |  |                            |
| Name   |                          | Date of Birth  | Social Security #          |
| Address, City, State & Zip   |                          | Occupation   | Monthly Gross Pay<br>\$    |
| Present Employer   |                          | Date Employed  | Work Phone #               |
| OTHER INCOME NOTICE: Do not list alimony, child or spousal support or separate maintenance payments unless you wish them considered as a base for repayment of the credit requested. If listed, verification may be requested.                                   |                          |  |                            |
| Source of Other Income   |                          | Other Income Amount<br>\$  | Total Monthly Income<br>\$ |
| <b>D. FINANCIAL INFORMATION AND REFERENCES</b>   |                          |  |                            |
| Name of Bank or Other Financial Institution  |                          | Type of Accounts<br><input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan |                            |
| NAME OF RELATIVE NOT LIVING WITH YOU   | Name and Present Address | Relationship   | Phone #                    |
| PERSONAL REFERENCE NOT RELATED TO APPLICANT  | Name and Present Address |  | Phone #                    |

## LOAN APPLICATION (continued)

**E. LIST ALL EXISTING DEBTS OF APPLICANT** (and Spouse, Co-Applicant or Guarantor if any part of section C is applicable)

| A  | C                        | NAME AND ADDRESS OF CREDITOR                           | PURPOSE   | ORIGINAL AMOUNT             | PRESENT BALANCE | MONTHLY PAYMENT                  |
|--|--------------------------|--|---|-----------------------------|-----------------|----------------------------------|
| <input type="checkbox"/>   | <input type="checkbox"/> | Home Mortgage or Landlord                              | <input type="checkbox"/> Renting<br><input type="checkbox"/> Buying | \$                          | \$              | \$                               |
| <input type="checkbox"/>   | <input type="checkbox"/> | Automobile Loans                                       | Automobile Year, Make & Model                                       |                             | \$              | \$                               |
| <input type="checkbox"/>   | <input type="checkbox"/> | Additional Creditors                                   |   | \$                          | \$              | \$                               |
| <input type="checkbox"/>   | <input type="checkbox"/> |  |   | \$                          | \$              | \$                               |
| <input type="checkbox"/>   | <input type="checkbox"/> |  |   | \$                          | \$              | \$                               |
| <input type="checkbox"/>   | <input type="checkbox"/> |  |   | \$                          | \$              | \$                               |
| <input type="checkbox"/>   | <input type="checkbox"/> |  |   | \$                          | \$              | \$                               |
| <input type="checkbox"/>   | <input type="checkbox"/> |  |   | \$                          | \$              | \$                               |
| <input type="checkbox"/>   | <input type="checkbox"/> |  |   | \$                          | \$              | \$                               |
| <input type="checkbox"/>   | <input type="checkbox"/> |  |   | \$                          | \$              | \$                               |
| <input type="checkbox"/>   | <input type="checkbox"/> |  |   | \$                          | \$              | \$                               |
| <input type="checkbox"/>   | <input type="checkbox"/> |  |   | \$                          | \$              | \$                               |
| <input type="checkbox"/>   | <input type="checkbox"/> |  |   | \$                          | \$              | \$                               |
| <input type="checkbox"/>   | <input type="checkbox"/> |  |   | \$                          | \$              | \$                               |
| <input type="checkbox"/>   | <input type="checkbox"/> | List Alimony, Child Support or Child Care paid monthly |   |                             |                 | \$                               |
|  |                          |  |   |                             |                 | <b>Total Monthly Obligations</b> |
|  |                          |  |   |                             |                 | \$                               |
| Are any of your debts past due?  |                          |  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |                 |                                  |
| Have you had your auto, furniture, or property repossessed?                |                          |  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |                 |                                  |
| Have you or your Co-applicant ever declared bankruptcy?                    |                          |  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |                 |                                  |
| Are you Currently a Co-maker on a loan?                                    |                          |  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |                 |                                  |
| If you answer "yes" to any of the questions above, please provide details: |                          |  |   |                             |                 |                                  |

**PLEASE READ BEFORE SIGNING:** All the information in this application is true. I understand that section 1014 Title 18 U.S. Code makes it a federal crime to knowingly make a false statement on this application. You have my permission to check it. You may retain this application even if not approved. I understand that you may receive information from others about my credit and you may answer questions and requests from others seeking credit or experience information about me or my accounts with you. If this application is approved, I agree to honor the provisions of the credit or loan agreement and security agreement covering my account or loan. (If this application is for two of us, this statement applies to both of us).

|                       |       |
|-----------------------|-------|
| APPLICANT'S SIGNATURE | DATE  |
| X _____               | _____ |

|  |       |
|--|-------|
| JOINT APPLICANT'S SIGNATURE (where applicable) | DATE  |
| X _____  | _____ |

| INSURANCE INFORMATION   |  |   |  |
|---|--|---|--|
| Credit Life and Credit Disability insurance is available to protect your loan. Credit Life insurance can reduce or pay off your loan if you die. Credit Disability insurance can help make your loan payments if you should become disable and unable to work.  |  |   |  |
| To be eligible for Group Credit Life Insurance:   |  | To be eligible for Group Credit Disability Insurance:   |  |
| <ul style="list-style-type: none"> <li>You and your co-applicant must presently be under age 70 to apply for Credit Life insurance coverage.</li> </ul>   |  | <ul style="list-style-type: none"> <li>You and your co-applicant must presently be under age 66 to apply for Credit Disability insurance coverage.</li> </ul> |  |
| I understand that this is not an application for insurance. This insurance is voluntary and is not a condition for approval of my loan or credit plan. I would like to apply for the insurance coverage(s) checked below. Insurance coverage will become effective after I apply and meet the eligibility requirements of the group policies, when my loan is approved. |  |   |  |
| Single Credit Life  | Joint Credit Life  | Single Credit Disability  | Joint Credit Disability                                  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I have read and understand the eligibility requirements of the insurance coverages.   |  | Initials X _____  | Initials X _____   |
| FOR CREDIT UNION USE ONLY   |  |   |  |
| <input type="checkbox"/> Approved   | \$ _____   | <input type="checkbox"/> Rejected   | Reason: _____  |
| Loan Officer  | _____  | Date  | _____  |