

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.

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** **CO-APPLICANT** **SPOUSE**

NAME (Last - First - Initial) _____ NAME (Last - First - Initial) _____

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) OWN RENT _____ LENGTH AT RESIDENCE _____ PRESENT ADDRESS (Street - City - State - Zip) OWN RENT _____ LENGTH AT RESIDENCE _____

PREVIOUS ADDRESS (Street - City - State - Zip) OWN RENT _____ LENGTH AT RESIDENCE _____ PREVIOUS ADDRESS (Street - City - State - Zip) OWN RENT _____ LENGTH AT RESIDENCE _____

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:
 MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed) MARRIED SEPARATED 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 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 YES NO WHERE _____ ENDING/SEPARATION DATE _____ MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR YES NO WHERE _____ ENDING/SEPARATION DATE _____

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 \$ _____ PER _____ NET GROSS NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered. EMPLOYMENT INCOME \$ _____ PER _____ NET GROSS

OTHER INCOME \$ _____ PER _____ SOURCE _____ OTHER INCOME \$ _____ PER _____ SOURCE _____

REFERENCES 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 _____ HOME PHONE _____ NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE _____ HOME PHONE _____

NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE _____ HOME PHONE _____ NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE _____ HOME PHONE _____

NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE _____ HOME PHONE _____ NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE _____ HOME PHONE _____

NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE _____ HOME PHONE _____ NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE _____ HOME PHONE _____

NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE _____ HOME PHONE _____ NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE _____ HOME PHONE _____

NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE _____ HOME PHONE _____ NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE _____ HOME PHONE _____

NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE _____ HOME PHONE _____ NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE _____ 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	
				\$		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 type="checkbox"/> NO			IS ANYONE OTHER THAN YOUR SPOUSE A PART OWNER OF YOUR HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO					
LISTED AS THE APPLICANT'S ADDRESS IN THE "APPLICANT INFORMATION" SECTION? <input type="checkbox"/> YES <input 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.)			\$	\$	\$	
					\$	\$	\$	
					\$	\$	\$	
					\$	\$	\$	
					\$	\$	\$	
					\$	\$	\$	
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	X
<input type="checkbox"/> CREDIT COMMITTEE X	X
<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