



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. Joint Credit: Each Applicant must individually complete the appropriate section below. Guarantor: Complete the Other section if you are a guarantor on an account/loan.

LOANLINER Account/Loan: Individual Joint Credit Card Account: Individual Joint Amount Requested \$ Purpose/Collateral: Credit Limit Requested \$ If Authorized User, Name: Repayment: Payroll Deduction Cash Military Allotment Automatic Payment

PAYMENT PROTECTION 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.

APPLICANT NAME MOTHER'S MAIDEN NAME ACCOUNT NUMBER SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER/STATE AGES OF DEPENDENTS EMAIL ADDRESS BIRTH DATE HOME PHONE BUSINESS PHONE/EXT. PRESENT ADDRESS RENT \$ LENGTH AT RESIDENCE PREVIOUS ADDRESS RENT \$ LENGTH AT RESIDENCE 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. EMPLOYMENT INCOME OTHER INCOME NET GROSS SOURCE MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? YES NO WHERE ENDING/SEPARATION DATE PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS REFERENCE NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU HOME PHONE

OTHER CO-APPLICANT SPOUSE OTHER NAME MOTHER'S MAIDEN NAME ACCOUNT NUMBER SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER/STATE AGES OF DEPENDENTS EMAIL ADDRESS BIRTH DATE HOME PHONE BUSINESS PHONE/EXT. PRESENT ADDRESS RENT \$ LENGTH AT RESIDENCE PREVIOUS ADDRESS RENT \$ LENGTH AT RESIDENCE 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. EMPLOYMENT INCOME OTHER INCOME NET GROSS SOURCE MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? YES NO WHERE ENDING/SEPARATION DATE PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS REFERENCE NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU HOME PHONE

Please include a recent pay stub showing your year to date income from each applicant and a previous year W-2. (If self employed, the last two years complete tax returns).

