

1.	AMOUNT REQUESTED: \$ _____	REPAYMENT PERIOD REQUESTED: _____ (No. Of Months)
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2.	PURPOSE OF LOAN: _____
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3. CHECK THE APPROPRIATE BOX TO INDICATE WHETHER YOU ARE APPLYING FOR INDIVIDUAL CREDIT OR JOINT CREDIT

INDIVIDUAL CREDIT: Provide information about yourself. Complete Sections 4 and 6.

JOINT CREDIT: Provide information about both of you. Complete Sections 4, 5 and 6.

4. APPLICANT INFORMATION

NAME (First, M.I., Last)		SOCIAL SECURITY NO.	DATE OF BIRTH	CREDIT UNION MEMBER NO.
CURRENT STREET ADDRESS		CITY	STATE	ZIP CODE
RESIDENCE INFORMATION – DO YOU? <input type="checkbox"/> OWN HOME <input type="checkbox"/> RENT <input type="checkbox"/> OTHER		MONTHLY MORTGAGE OR RENT PAYMENT \$ _____	MORTGAGE HOLDER'S OR LANDLORD'S NAME	NO. OF DEPENDENTS
HOME PHONE NO. () ()		WORK PHONE NO. () ()	CELL PHONE NO. () ()	AGES OF DEPENDENTS
CURRENT EMPLOYER (Name and Address)		STARTING DATE	POSITION OR JOB TITLE	
CURRENT SALARY (Gross Amount) \$ _____		OTHER INCOME (Gross Amount) \$ _____	SOURCE(S) OF OTHER INCOME	
<input type="checkbox"/> YEARLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY		PER		
ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS LOAN.				

5. CO-APPLICANT INFORMATION

NAME (First, M.I., Last)		SOCIAL SECURITY NO.	DATE OF BIRTH	RELATIONSHIP TO APPLICANT
CURRENT STREET ADDRESS		CITY	STATE	ZIP CODE
RESIDENCE INFORMATION – DO YOU? <input type="checkbox"/> OWN HOME <input type="checkbox"/> RENT <input type="checkbox"/> OTHER		MONTHLY MORTGAGE OR RENT PAYMENT \$ _____	MORTGAGE HOLDER'S OR LANDLORD'S NAME	NO. OF DEPENDENTS
HOME PHONE NO. () ()		WORK PHONE NO. () ()	CELL PHONE NO. () ()	AGES OF DEPENDENTS
CURRENT EMPLOYER (Name and Address)		STARTING DATE	POSITION OR JOB TITLE	
CURRENT SALARY (Gross Amount) \$ _____		OTHER INCOME (Gross Amount) \$ _____	SOURCE(S) OF OTHER INCOME	
<input type="checkbox"/> YEARLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY		PER		
ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS LOAN.				

6. SIGNATURE(S)

I certify that everything I have stated in this application for credit is correct to the best of my knowledge. I 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 I request it, the Credit Union will tell me the name and address of any credit bureau from which it received a credit report on me. I authorize the Credit Union to answer questions about its credit experience with me. I understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on applications for credit made to federal credit unions insured by the NCUA.

APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE
X		X	

FOR CREDIT UNION USE

I/WE APPROVE THE CREDIT REQUEST AS SUBMITTED.

THE FOLLOWING COUNTEROFFER WILL BE MADE AND IF ACCEPTED BY THE APPLICANT(S), I/WE APPROVE.

COUNTEROFFER: _____

I/WE DENY THE CREDIT REQUEST AS SUBMITTED.

SPECIFIC REASON(S) FOR DENIAL: _____

DATE ADVERSE ACTION NOTICE MAILED OR DELIVERED TO APPLICANT(S): _____ MAILED OR DELIVERED BY: _____

L.O. SIGNATURE: _____ DATE: _____ L.O. SIGNATURE: _____ DATE: _____