

1.	CREDIT LIMIT REQUESTED: \$ _____ (Minimum Credit Limit \$250 – Maximum Credit Limit \$2,500)
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2. CHECK THE APPROPRIATE BOX TO INDICATE WHETHER YOU ARE APPLYING FOR INDIVIDUAL CREDIT OR JOINT CREDIT

<input type="checkbox"/> INDIVIDUAL CREDIT: Provide information about yourself. Complete Sections 3 and 5.
<input type="checkbox"/> JOINT CREDIT: Provide information about both of you. Complete Sections 3, 4 and 5.

3. APPLICANT INFORMATION

NAME (First, M.I., Last)		SOCIAL SECURITY NO.	DATE OF BIRTH	CREDIT UNION MEMBER NO.
CURRENT STREET ADDRESS		CITY	STATE	ZIP CODE
				YEARS THERE
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	AGES OF DEPENDENTS
HOME PHONE NO. ()	WORK PHONE NO. ()	CELL PHONE NO. ()	E-MAIL ADDRESS	
CURRENT EMPLOYER (Name and Address)		STARTING DATE	POSITION OR JOB TITLE	
CURRENT SALARY (Gross Amount) \$ _____	<input type="checkbox"/> YEARLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY	OTHER INCOME (Gross Amount) \$ _____ PER	SOURCE(S) OF OTHER INCOME	
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.				

4. CO-APPLICANT INFORMATION

NAME (First, M.I., Last)		SOCIAL SECURITY NO.	DATE OF BIRTH	RELATIONSHIP TO APPLICANT
CURRENT STREET ADDRESS		CITY	STATE	ZIP CODE
				YEARS THERE
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	AGES OF DEPENDENTS
HOME PHONE NO. ()	WORK PHONE NO. ()	CELL PHONE NO. ()	E-MAIL ADDRESS	
CURRENT EMPLOYER (Name and Address)		STARTING DATE	POSITION OR JOB TITLE	
CURRENT SALARY (Gross Amount) \$ _____	<input type="checkbox"/> YEARLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY	OTHER INCOME (Gross Amount) \$ _____ PER	SOURCE(S) OF OTHER INCOME	
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. 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, increase, renewal or extension of the credit received. I authorize the Credit Union to answer questions about its credit experience with me. 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 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 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: _____