

- HOW TO APPLY**
- Please complete front and back of application
  - Sign on back page
  - Return completed application to credit union
  - An incomplete or unsigned application may delay processing

**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. If you are relying on income from alimony, child support, or separate maintenance, complete the **Other** section to the extent possible about the person on whose payments you are relying.  
**Joint Credit:** Each Applicant must **individually** complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.  
**Guarantor:** Complete the **Other** section if you are a guarantor on an account/loan.

Check below to indicate the type of account(s) and type of credit for which you are applying. Married Applicants may apply for a separate account.

**LOANLINER® Account/Loan:**  Individual  Joint Amount Requested \$ \_\_\_\_\_ Purpose/Collateral: \_\_\_\_\_  
*(Including ATM/Debit Card Access to the Account if Available)*

**Repayment:**  Payroll Deduction  Cash  Military Allotment  Automatic Payment

<b>Applicant</b>			<b>Other:</b> <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Guarantor		
NAME (Last - First - Initial)		MOTHER'S MAIDEN NAME	NAME (Last - First - Initial)		MOTHER'S MAIDEN NAME
ACCOUNT NUMBER		SOCIAL SECURITY NUMBER	ACCOUNT NUMBER		SOCIAL SECURITY NUMBER
DRIVER'S LICENSE NUMBER / STATE		LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)	DRIVER'S LICENSE NUMBER / STATE		LIST AGES OF DEPENDENTS NOT LISTED BY APPLICANT (Exclude Self)
BIRTH DATE	HOME PHONE	BUSINESS PHONE/ EXT.	BIRTH DATE	HOME PHONE	BUSINESS PHONE/ EXT.
E-MAIL ADDRESS			E-MAIL ADDRESS		
PRESENT ADDRESS (Street - City - State - Zip)			PRESENT ADDRESS (Street - City - State - Zip)		
<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS			<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS		
PREVIOUS ADDRESS (Street - City - State - Zip)			PREVIOUS ADDRESS (Street - City - State - Zip)		
<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS			<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS		
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)					
<b>Employment/Income</b>					
NAME AND ADDRESS OF EMPLOYER					
TITLE/GRADE		START DATE	HOURS AT WORK		
SUPERVISOR'S NAME		IF SELF EMPLOYED, TYPE OF BUSINESS			
<b>NOTICE:</b> ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.					
EMPLOYMENT INCOME			OTHER INCOME		
\$ _____ PER _____			\$ _____ PER _____		
<input type="checkbox"/> NET <input type="checkbox"/> GROSS			SOURCE		
<b>MILITARY:</b> IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ ENDING/SEPARATION DATE _____					
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS			STARTING DATE		
_____			_____		
_____			ENDING DATE		
_____			_____		