

## Application

### 1 NOTE AND COMPLETE

Married Applicants may apply for a separate account. Check the appropriate box to indicate Individual Credit or Joint Credit.  
 **Individual Credit:** Complete **Applicant** section. Complete **Co-Applicant, Spouse, Guarantor** (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, or (3) if there is a guarantor on this account. Please check box to indicate whom the information is about.  
 **Joint Credit:** Provide information about both of you by completing **Applicant** and **Other** section.

**Amount Requested \$** \_\_\_\_\_ **Purpose:** \_\_\_\_\_

**Collateral:**

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

### STATEMENT OF INTENT

- Credit Disability Insurance  
 Single Credit Life Insurance  
 Joint Credit Life Insurance

Check coverage(s) desired. The credit union will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions must be signed for coverage to become effective.

### 2 APPLICANT INFORMATION

#### APPLICANT

Please print in ink or type.

NAME (Last - First - Initial)	
DRIVER'S LICENSE NUMBER/STATE	
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER
BIRTH DATE	HOME PHONE BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT	
YEARS AT THIS ADDRESS	
PREVIOUS ADDRESS (Street - City - State - Zip) <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)	
LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)	

#### CO-APPLICANT SPOUSE GUARANTOR

Use "SAA" if information is "Same As Applicant".

NAME (Last - First - Initial)	
DRIVER'S LICENSE NUMBER/STATE	
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER
BIRTH DATE	HOME PHONE BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT	
YEARS AT THIS ADDRESS	
PREVIOUS ADDRESS (Street - City - State - Zip) <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)	
LIST AGES OF DEPENDENTS NOT LISTED BY APPLICANT (Exclude Self)	

### 3 EMPLOYMENT INFORMATION

NAME AND ADDRESS OF EMPLOYER		
YOUR TITLE / GRADE SUPERVISOR'S NAME		
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		
STARTING DATE		ENDING DATE
IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE ENDING / SEPARATION DATE		

NAME AND ADDRESS OF EMPLOYER		
YOUR TITLE / GRADE SUPERVISOR'S NAME		
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		
STARTING DATE		ENDING DATE
IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE ENDING / SEPARATION DATE		

MILITARY

### 4 REFERENCES

Please include Street, City, State and Zip.

NAME AND ADDRESS OF CREDITOR(S) OF DEBTS PAID OFF	TELEPHONE
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP
HOME PHONE	
NAME AND ADDRESS OF PERSONAL FRIEND -NOT A RELATIVE	HOME PHONE

NAME AND ADDRESS OF CREDITOR(S) OF DEBTS PAID OFF	TELEPHONE
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP
HOME PHONE	
NAME AND ADDRESS OF PERSONAL FRIEND -NOT A RELATIVE	HOME PHONE

