



**A table that includes required credit card disclosures is on a separate document provided with this Application. To obtain any change in the required information since it was printed, write to us at the address stated on this Application.**

- 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  
*(Including ATM/Debit Card Access to the Account if Available)*

Amount Requested \$ \_\_\_\_\_ Credit Limit Requested \$ \_\_\_\_\_  
 Purpose/Collateral: \_\_\_\_\_ If Authorized User, Name: \_\_\_\_\_

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

**Payment Protection**

Single 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.

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