



- 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
  - Verification of Income is required

**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

**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"/> Guarantor
NAME (Last - First - Initial) _____	NAME (Last - First - Initial) _____
PASSWORD _____	PASSWORD _____
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 ( ) _____ BUSINESS PHONE/ EXT. ( ) _____	BIRTH DATE _____ HOME PHONE ( ) _____ BUSINESS PHONE/ EXT. ( ) _____
E-MAIL ADDRESS _____	E-MAIL ADDRESS _____
PRESENT ADDRESS (Street - City - State - Zip) _____ <input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS _____	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 _____	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)	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>	<b>Employment/Income</b>
NAME AND ADDRESS OF EMPLOYER _____	NAME AND ADDRESS OF EMPLOYER _____
TITLE/GRADE _____ START DATE _____ HOURS AT WORK _____	TITLE/GRADE _____ START DATE _____ HOURS AT WORK _____
SUPERVISOR'S NAME _____ IF SELF EMPLOYED, TYPE OF BUSINESS _____	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.	<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 _____	EMPLOYMENT INCOME _____ OTHER INCOME _____ \$ _____ PER _____ \$ _____ PER _____
<input type="checkbox"/> NET <input type="checkbox"/> GROSS SOURCE _____	<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 _____	<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 _____	PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS _____ STARTING DATE _____
_____ ENDING DATE _____	_____ ENDING DATE _____