

loan application

**INCOME VERIFICATION REQUIRED**

NOTICE: MEMBER HAVING BORROWING PRIVILEGE MAY, IF MARRIED, APPLY FOR A SEPARATE ACCOUNT <input type="checkbox"/> SEPARATELY <input type="checkbox"/> JOINTLY	ACCOUNT NUMBER
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I/WE HEREBY APPLY FOR A LOAN OF \$ \_\_\_\_\_ FOR THE FOLLOWING PURPOSE: \_\_\_\_\_

FULL NAME APPLICANT			SOCIAL SECURITY NUMBER			TO BE REPAYED IN _____MOS. BY <input type="checkbox"/> PAYROLL DED. <input type="checkbox"/> OTHER		
ADDRESS (STREET & NUMBER)			CITY			STATE	ZIP	HOW LONG YRS. MO.
PREVIOUS ADDRESS (IF ADDRESS IS LESS THAN 5 YEARS)			CITY			STATE	ZIP	HOW LONG YRS. MO.
DATE OF BIRTH	<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED	NO. OF DEP.	LIST AGES		DRIVER'S LICENSE NUMBER		STATE	HOME PHONE

APPLICANT'S EMPLOYER			HOW LONG		POSITION			
BUSINESS ADDRESS (STREET & NUMBER)			CITY			STATE	ZIP	BUSINESS PHONE
PREVIOUS EMPLOYER (IF LESS THAN 5 YEARS)			HOW LONG		POSITION			
BUSINESS ADDRESS (STREET & NUMBER)			CITY			STATE	ZIP	BUSINESS PHONE

FULL NAME CO-APPLICANT			SOCIAL SECURITY NUMBER			TO BE REPAYED IN _____MOS. BY <input type="checkbox"/> PAYROLL DED. <input type="checkbox"/> OTHER		
ADDRESS (STREET & NUMBER)			CITY			STATE	ZIP	HOW LONG YRS. MO.
PREVIOUS ADDRESS (IF ADDRESS IS LESS THAN 5 YEARS)			CITY			STATE	ZIP	HOW LONG YRS. MO.
DATE OF BIRTH	<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED	NO. OF DEP.	LIST AGES		DRIVER'S LICENSE NUMBER		STATE	HOME PHONE

CO-APPLICANT'S EMPLOYER			HOW LONG		POSITION			
BUSINESS ADDRESS (STREET & NUMBER)			CITY			STATE	ZIP	BUSINESS PHONE

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	ADDRESS (STREET & NUMBER)			CITY, STATE, ZIP		PHONE
PERSONAL REFERENCE (NOT RELATED)		ADDRESS (STREET & NUMBER)			CITY, STATE, ZIP		PHONE	
PERSONAL REFERENCE (NOT RELATED)		ADDRESS (STREET & NUMBER)			CITY, STATE, ZIP		PHONE	

<b>INCOME</b>	MY <input type="checkbox"/> NET <input type="checkbox"/> GROSS PAY PER		CO-APPLICANT'S <input type="checkbox"/> NET <input type="checkbox"/> GROSS PAY PER		OTHER INCOME (GIVE SOURCE AND EXPECTED DURATION) \$			
	ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE STATED UNLESS YOU CHOOSE TO RELY ON THIS INCOME TO OBTAIN CREDIT.							
	ALIMONY/SUPPORT/MAINTENANCE PAYMENTS \$			ARE PAYMENTS UNDER COURT ORDER?			OTHER \$	
	PERSON LIABLE		ADDRESS (STREET & NUMBER)			CITY		STATE

HOW LONG HAVE PAYMENTS BEEN MADE? \_\_\_\_\_ ARE ALL PAYMENTS UP TO DATE? \_\_\_\_\_ WHEN DO PAYMENTS TERMINATE? \_\_\_\_\_

<b>EXPENSES</b>	<b>LIST BELOW ALL CREDIT REFERENCES, DEBTS AND RECURRING EXPENSES. USE A SEPARATE SHEET IF NECESSARY. IF NONE, STATE "NONE".</b>					
	ACCOUNT #	NAME OF REFERENCE & BRANCH OR LOCATION	PURPOSE	ORIGINAL AMOUNT	BALANCE DUE	MONTHLY PAYMENT
			1. HOME MORTGAGE OR RENT			
			2.			
			1. CAR FINANCING			
			2.			
			1. CREDIT CARD			
			2.			
			3.			
	ARE YOU LIABLE FOR ALIMONY, CHILD, OR SPOUSAL SUPPORT?			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			ALL OTHER DEBTS			
ARE ALL PAYMENTS CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, EXPLAIN: _____			<b>TOTALS</b>			

REAL ESTATE OWNED (STREET & NUMBER)	CITY	STATE	ZIP	HOW LONG
FAIR MARKET VALUE	AMOUNT OWED			
REAL ESTATE OWNED (STREET & NUMBER)	CITY	STATE	ZIP	HOW LONG
FAIR MARKET VALUE	AMOUNT OWED			

BANK	CHECKING BALANCE
BANK	SAVINGS BALANCE

HAVE YOU OR YOUR CO-APPLICANT HAD JUDGEMENT TAKEN AGAINST YOU FOR A DEBT(S)?  YES  NO DATE \_\_\_\_\_ SATISFACTION FILED?  YES  NO  
 FILED BANKRUPTCY?  YES  NO DATE \_\_\_\_\_ FILED CHAP. 13?  YES  NO DATE \_\_\_\_\_ ARE YOU COMAKER, ENDORSER, GUARANTOR ON A LOAN?  YES  NO PRESENT BALANCE \$ \_\_\_\_\_

HAVE YOU EVER APPLIED FOR CREDIT UNDER A DIFFERENT NAME?  YES  NO IF YES, NAME: \_\_\_\_\_

DO YOU KNOW OF ANYTHING THAT IS LIKELY TO REDUCE YOUR MAIN SOURCE OF INCOME DURING THE TIME PAYMENTS ARE DUE ON THIS LOAN?  
 YES  NO IF YES, PLEASE EXPLAIN: \_\_\_\_\_

ARE YOU A U.S. CITIZEN?  YES  NO IF NO, PLEASE EXPLAIN YOUR IMMIGRATION STATUS: \_\_\_\_\_

ADDITIONAL INFORMATION	

**NOTICE TO APPLICANT(S):** THE CALIFORNIA CIVIL CODE PROVIDES THAT NO PERSON SHALL APPLY FOR CREDIT WHEN SUCH PERSON KNOWS THERE IS NO REASONABLE PROBABILITY OF SUCH PERSON'S BEING ABLE, OR SUCH PERSON THEN LACKS THE INTENTION TO PAY THE OBLIGATION CREATED THEREBY IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE CREDIT EXTENSION OR KNOWINGLY SUBMIT FALSE OR INACCURATE INFORMATION OR WILLFULLY CONCEAL ADVERSE INFORMATION BEARING UPON SUCH PERSON'S CREDIT WORTHINESS, CREDIT STANDING OR CREDIT CAPACITY.

SIGNATURES	I/We understand that it is a felony to willfully and deliberately provide incomplete or incorrect information on loan applications presented to federal credit unions or state licensed credit unions and that it is mandatory for credit union officers to report any such occurrences to the FBI or state law enforcement agencies for investigation. I/We authorize you to obtain such information as you may require concerning the statements contained in this application and agree that the application shall remain your property whether or not the loan is granted. I/We hereby certify that all statements in this application are true and complete and are made for the purpose of obtaining credit.	
	SIGNATURE OF APPLICANT <b>X</b>	SIGNATURE OF CO-APPLICANT <b>X</b>
	DATED _____	DATED _____

**SECTION BELOW FOR CREDIT UNION USE ONLY**

Collateral insurance company _____
Local agent name & phone _____
Title verified by _____
Loan officer comments _____ _____ _____ _____
Approved by _____ Date _____
Credit manager comments _____ _____ _____ _____
Check One: _____ Approved _____ Counter-offer _____ Denied _____
Signature _____ Date _____