

Application

1 NOTE AND COMPLETE

NOTICE TO OHIO APPLICANTS: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

WISCONSIN RESIDENTS ONLY: (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are **not** applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned. **X**

SIGNATURE FOR WISCONSIN RESIDENTS ONLY _____

DATE _____

- Individual Credit:** Complete **Applicant** section. Complete **Co-Applicant, Spouse**, (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. Please check box to indicate whom the information is about.
- Joint Credit:** Each Applicant must **individually** complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.

Married Applicants may apply for a separate account.

Amount Requested \$ _____ Purpose: _____
Repayment: Payroll Deduction Cash Automatic Payment Military Allotment

STATEMENT OF INTENT

Are you interested in having your loan protected? Yes No
If you answer "yes", the credit union will disclose the cost to protect your loan. The protection is voluntary and does not affect your loan approval. In order for your loan to be covered, you will need to sign a separate application that explains the terms and conditions.

2 APPLICANT INFORMATION

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) | | LENGTH AT RESIDENCE |
| <input type="checkbox"/> OWN <input type="checkbox"/> RENT | | |
| PREVIOUS ADDRESS (Street - City - State - Zip) | | LENGTH AT RESIDENCE |
| <input type="checkbox"/> OWN <input type="checkbox"/> RENT | | |
| 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) | | |

OTHER

CO-APPLICANT SPOUSE

| | | |
|--|------------------------|---------------------|
| 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) | | LENGTH AT RESIDENCE |
| <input type="checkbox"/> OWN <input type="checkbox"/> RENT | | |
| PREVIOUS ADDRESS (Street - City - State - Zip) | | LENGTH AT RESIDENCE |
| <input type="checkbox"/> OWN <input type="checkbox"/> RENT | | |
| 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 INCOME INFORMATION

NOTICE: 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 _____ |

NOTICE: 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 _____ |

5 REFERENCES

Please include Street, City, State and Zip.

| | |
|--|------------|
| 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 NEAREST RELATIVE NOT LIVING WITH YOU | |
| RELATIONSHIP | HOME PHONE |
| NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE | |
| HOME PHONE | |

APPLICANT

OTHER (CO-APPLICANT, SPOUSE)

6A

**ASSETS/
PROPERTY**

Check box for Applicant/Other. List all assets and account number(s)-- Attach other sheets if necessary.

| | | | | | |
|--------------------------------------|--|--------------------------------------|--|-----|----|
| SHARE DRAFT OR CHECKING AMOUNT \$ | NAME AND ADDRESS OF DEPOSITORY | SHARE DRAFT OR CHECKING AMOUNT \$ | NAME AND ADDRESS OF DEPOSITORY | | |
| SAVINGS AMOUNT \$ | NAME AND ADDRESS OF DEPOSITORY | SAVINGS AMOUNT \$ | NAME AND ADDRESS OF DEPOSITORY | | |
| APPLICANT OTHER | LIST HOME AND ALL OTHER ITEMS YOU OWN AND LOCATION OF PROPERTY For Example: Auto, Boat, Stocks, Bonds, Cash, Household Goods, Real Estate, etc. | MARKET VALUE | PLEGDED AS COLLATERAL FOR ANOTHER LOAN | | |
| HOME* | | | \$ | YES | NO |
| | | | \$ | YES | NO |
| | | \$ | YES | NO | |

6B*

This section must be completed for the property which will be given as security, if applicable.

LIST EVERY LIEN AGAINST YOUR HOME

A lien is a legal claim filed against property as security for payment of a debt. Liens include mortgages, deeds of trust, land contracts, judgments and past due taxes.

| | |
|---|--|
| FIRST MORTGAGE HELD BY | OTHER LIENS (Describe) |
| PRESENT BALANCE \$ | |
| IS THE PROPERTY DESCRIBED IN THIS SECTION: YOUR PRINCIPAL DWELLING? LISTED AS THE APPLICANT'S ADDRESS IN THE "APPLICANT INFORMATION" SECTION? | IS ANYONE OTHER THAN YOUR SPOUSE A PART OWNER OF YOUR HOME? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

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DEBTS

In addition to Rent/Mortgage list all other debts (for example, auto loans, credit cards, second mortgage, home assoc. dues, alimony, child support, child care, medical, utilities, auto insurance, IRS liabilities, etc.) Please use a separate line for each credit card and auto loan. Attach other sheets if necessary.

| APPLICANT OTHER | CREDITOR NAME AND ADDRESS | ACCOUNT NUMBER | ORIGINAL BALANCE | PRESENT BALANCE | MONTHLY PAYMENT | PAST DUE |
|---|---------------------------|----------------|------------------|-----------------|-----------------|----------|
| <input type="checkbox"/> RENT <input type="checkbox"/> MORTGAGE (incl. Tax & Ins.) | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED | | | | | | |
| TOTALS | | | \$ | \$ | \$ | |

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FINANCIAL INFORMATION

These questions apply to both Applicant and Other.

IF A "YES" ANSWER IS GIVEN TO A QUESTION, EXPLAIN ON AN ATTACHED SHEET

DO YOU HAVE ANY OUTSTANDING JUDGMENTS? _____

HAVE YOU EVER FILED FOR BANKRUPTCY OR HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13? _____

HAVE YOU HAD PROPERTY FORECLOSED UPON OR GIVEN A DEED IN LIEU OF FORECLOSURE IN THE LAST 7 YEARS? _____

ARE YOU A PARTY IN A LAWSUIT? _____

ARE YOU OTHER THAN A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN? _____

IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS? _____

ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE? _____

FOR WHOM (Name of Others Obligated on Loan): _____ TO WHOM (Name of Creditor): _____

| APPLICANT | | OTHER | |
|-----------|----|-------|----|
| YES | NO | YES | NO |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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SIGNATURES

You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of all your debts and obligations. You authorize the credit union to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. If you request, the credit union will tell you the name and address of any credit bureau from which it received a credit report on

you. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to Federal Credit Unions or State Chartered Credit Unions insured by NCUA.

If there are any important changes, you will notify us in writing immediately. You also agree to notify us of any change in your name, address or employment within a reasonable time thereafter.

X _____ **X** _____
 APPLICANT'S SIGNATURE DATE OTHER SIGNATURE DATE

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CREDIT UNION INFORMATION

LOAN OFFICER ADVANCE APPROVED: YES NO COUNTER OFFER WILL BE MADE, IF ACCEPTED, ADVANCE APPROVED

CREDIT COMMITTEE OR OTHER OUTSIDE INFORMATION CONSIDERED: YES NO IF YES, ATTACH ADDITIONAL SHEET AND DESCRIBE

\$ _____ APPROVED LIMIT _____ DEBT RATIO

REFERRED TO/REASON(S) FOR REFERRAL: _____

DESCRIBE COUNTER OFFER: _____

SPECIFIC REASON(S) FOR REJECTION: _____

SIGNATURES: _____ DATE _____

LOAN OFFICER **X** _____ DATE _____ **X** _____ DATE _____

CREDIT COMMITTEE **X** _____ DATE _____ **X** _____ DATE _____

ECOA NOTICE AND REASON FOR REJECTION SENT OR DELIVERED ON _____ (DATE) BY _____ (INITIALS)