

### Application

#### Credit Union

#### Credit Union Use Only

Applicant Account No.		Loan/Note No.
Type of Credit Requested		Amount of Credit Requested \$
Periodic Payment (if applicable)		Payment Frequency
Purpose of Loan (if applicable)	First Payment Date (if applicable)	Loan Term (if applicable)

You are applying for credit in accordance with the terms of the Credit Union's Equity Value Plan loan program.

#### Type of Credit Account Requested

- Individual (Complete this application in its entirety except for the Joint Applicant/Employment Information section.)
  Joint (Complete this application in its entirety. Note: A Co-Borrower must be a member of the credit union before borrowing privileges can be extended to that person.)

#### Applicant/Employment Information

Please type or print in dark ink

Full Name	Birth Date	Social Security No.	Driver's License No.
Street Address			Years at this Address
City	State	Zip Code	Telephone No. ( )

#### If you have lived at the above address less than two years, where did you live before?

Street Address	<input type="checkbox"/> Own <input type="checkbox"/> Live with Parents <input type="checkbox"/> Rent <input type="checkbox"/> Other	Years at this Address
City	State	Zip Code

#### Marital Status

- Married
  Separated
  Unmarried (including single, divorced, or widowed)

Number of Dependents (excluding self)	Ages of Dependents		
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Address	Years with this Employer
City	State	Zip Code	Telephone No. ( )
Position/Title	Department	Name of Supervisor	Payroll No.

#### If you have worked for your present employer less than two years, where did you work before?

Previous Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Address	Years with this Employer
City	State	Zip Code	Telephone No. ( )
Position/Title	Department	Name of Supervisor	

#### Joint Applicant/Employment Information

Full Name	Birth Date	Social Security No.	Driver's License No.
Street Address			Years at this Address
City	State	Zip Code	Telephone No. ( )

#### If you have lived at the above address less than two years, where did you live before?

Street Address	<input type="checkbox"/> Own <input type="checkbox"/> Live with Parents <input type="checkbox"/> Rent <input type="checkbox"/> Other	Years at this Address
City	State	Zip Code

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**Joint Applicant/Employment Information (Con't.)**

**Marital Status**

Married  Separated  Unmarried (including single, divorced, or widowed)

Number of Dependents (excluding self)		Ages of Dependents	
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Address	Years with this Employer
City	State	Zip Code	Telephone No. ( )
Position/Title	Department	Name of Supervisor	Payroll No.

**If you have worked for your present employer less than two years, where did you work before?**

Previous Employer		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Street Address		Years with this Employer	
City	State	Zip Code	Telephone No. ( )				
Position/Title	Department	Name of Supervisor					

**Income Information**

**Applicant's Wages / Salary**

\$ \_\_\_\_\_ Per \_\_\_\_\_  Gross *\*If take-home pay is disclosed, include all payroll deductions.*  Take Home\* Hours Worked Per Week \_\_\_\_\_ Payroll Frequency  Monthly  Bi-Weekly  Semi-Monthly  Weekly

**Joint Applicant's Wages / Salary**

\$ \_\_\_\_\_ Per \_\_\_\_\_  Gross *\*If take-home pay is disclosed, include all payroll deductions.*  Take Home\* Hours Worked Per Week \_\_\_\_\_ Payroll Frequency  Monthly  Bi-Weekly  Semi-Monthly  Weekly

**Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying any obligations incurred under the Equity Value Plan.**

**Other Income:** \$ \_\_\_\_\_ Per \_\_\_\_\_ Source \_\_\_\_\_  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ Source \_\_\_\_\_  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ Source \_\_\_\_\_

If alimony, child support, or separate maintenance income is disclosed as "Other Income", are payments being received under  court order  written agreement, or  oral understanding?

Is any income listed in this **entire section** likely to be reduced in the next two years?  Yes  No If "Yes", explain: \_\_\_\_\_

**References**

<b>Nearest Relative Not Living with You</b> Name and Relationship	Street Address	City	State	Zip Code	Telephone No. ( )
<b>Personal Friends (not relatives)</b> Name	Street Address	City	State	Zip Code	Telephone No. ( )
Name	Street Address	City	State	Zip Code	Telephone No. ( )

**Information About Your Savings Accounts and Other Property**

Bank/Credit Union Accounts			
Financial Institution	Type of Account	Account Number	Approximate Balance

Automobile(s)				
Year	Model	Color	Plate Number	Ownership
				<input type="checkbox"/> Owned <input type="checkbox"/> Leased
				<input type="checkbox"/> Owned <input type="checkbox"/> Leased

Real Estate				
Street Address	City & State	Date Acquired	Purchase Price	Market Value

**Other** (List stocks, bonds, mutual funds, boats, recreational vehicles, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

**Debt Information** (List all debts, including credit union loans. Attach a separate sheet, if necessary.)

Loan or Debt	Creditor	Account Number	Original Amount/ Credit Limit	Current Balance	Monthly Payment
Mortgage / Rent					
Second Mortgage / Home Equity					
Automobile					
Automobile					
Credit Card					
Credit Card					
Credit Card					
Department Store					
Line-of-Credit					
Other					
Other					

Are you or your Joint Applicant a co-maker, endorser, or guarantor on any debt obligation not listed above?  Yes  No If "Yes", provide debtor's name, current loan balance, and other details (including name and address of any creditors):

Are there any unsatisfied judgements, garnishments, or lawsuits pending against you or your Joint Applicant?  Yes  No If "Yes", provide dollar amount and details:

Have you or your Joint Applicant declared bankruptcy in the last 10 years?  Yes  No If "Yes", provide date and place of filing:

Have you or your Joint Applicant ever been granted credit in another name?  Yes  No If "Yes", what was that name and where was the credit granted:

Are you or your Joint Applicant presently liable for any alimony, child support, or separate maintenance payments?  Yes  No If "Yes", what is the amount and frequency of those payments:

Do you or your Joint Applicant have any other loan or credit applications pending?  Yes  No If "Yes", provide creditor name(s) and dollar amount(s):

Have you or your Joint Applicant had property foreclosed upon or given up title or deed in lieu thereof in the last 10 years?  Yes  No If "Yes", provide date, property address and other details.

Have you or your Joint Applicant been denied credit in the last six months?  Yes  No

**Group Credit Insurance**

**Group credit insurance is voluntary and not a requirement of your loan.**

To be eligible for Group Credit Life and/or Disability Insurance, you must be less than 65 years old on the effective date of insurance and satisfactorily complete a Statment of Insurability. Additionally, to be eligible for Credit Disability Insurance, you must be actively at work and gainfully employed at least 20 hours per week.

Assuming your application for credit is approved and you are eligible for insurance, the credit union will disclose its cost to you. You will also be asked to sign a separate cost disclosure, statement of insurability, and request for coverage form.

Indicate which credit insurance option(s) you desire:

- Joint Credit Life Insurance for you and your Co-Borrower.  Single Credit Life Insurance for one borrower only.  Single Credit Disability Insurance for one borrower only.

**Payroll Deduction Privileges**

In many instances, loan obligations under the Equity Value Plan can be repaid through **voluntary** payroll deduction made available to the credit union by your employer. The credit union will tell you if your loan can be repaid in this manner. Assuming it can be, check the appropriate box below:

- I **want** voluntary payroll deduction.  I **do not want** voluntary payroll deduction.

**Address for Notices**

All notices in connection with this application and any loan that may be given to you, including any notice of expiration of a commitment or lock-in period, will be sent to you at your home address set forth in this application. A duplicate notice will not be sent to the Joint Applicant.

**Representations & Authorizations**

You represent everything stated in this application is correct to the best of your knowledge. You further represent you have provided a complete listing of all your debts and obligations.

You authorize the credit union to investigate your credit record, verify your employment and income information, and answer questions regarding your credit history. You also authorize the credit union to obtain credit reports in connection with this application and for any update, renewal or extension of the credit received. If you request it, the credit union will tell you the name and address of any credit bureau from which it received a credit report on you.

**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 the National Credit Union Administration.**

By signing your name below, you agree to the above Representations & Authorizations and acknowledge receipt of a copy of this Equity Value Plan Application.

**X** \_\_\_\_\_  
Applicant's Signature Date Witness (if requested by Credit Union) Date

**X** \_\_\_\_\_  
Joint Applicant's Signature Date Witness (if requested by Credit Union) Date

\_\_\_\_\_  
Credit Union Representative Date

We intend to apply for joint credit. Applicant Initials \_\_\_\_\_ Joint Applicant Initials \_\_\_\_\_

