

PERSONAL LOAN APPLICATION

MEMBER NUMBER	DATE
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Applicant Information PRINT OR TYPE ALL INFORMATION

1. If You live in a community property state, are You:

☐ Married ☐ Separated ☐ Unmarried (Includes Single, Divorced and Widowed)

2. Married applicants can apply for individual credit. Indicate if You would like:

☐ Individual Credit ☐ Joint Credit with Your Spouse/Co-Applicant

3. Method of Payment: ☐ Payroll Deduction ☐ Automatic Share Transfer ☐ Cash Payment

Credit Applied For:

Type of credit _____ Amount Requested \$ _____
Purpose _____ Collateral Offered _____

Spouse/Co-Applicant Information

4. Complete Spouse/Co-Applicant Information only if:

- This is for joint credit with Your Spouse or other Co-Applicant;
- Your Spouse will use Your Account;
- You are relying on Your Spouse's income as a source of repayment for the credit requested; or
- You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (or Puerto Rico).

5. Definitions:

Whenever used in this application, the words "You" and "Your" refer to the Applicant(s) or Spouse/Co-Applicant and the words "We," "Us," and "Our" refer to the Lender.

APPLICANT/CO-SIGNER/GUARANTOR

FIRST NAME	INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER		BIRTHDATE	
CURRENT STREET ADDRESS		APT. NO.	YEARS THERE
CITY		STATE	ZIP
EMAIL ADDRESS			
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)			YEARS THERE
HOME PHONE	CELL PHONE	SECONDARY PHONE	
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	MOTHER'S MAIDEN NAME	NO. OF DEP.	AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST FRIEND/RELATIVE NOT LIVING WITH YOU			
NAME, ADDRESS AND TELEPHONE OF OTHER NEARBY FRIEND/RELATIVE NOT LIVING WITH YOU			

SPOUSE/CO-APPLICANT

FIRST NAME	INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER		BIRTHDATE	
CURRENT STREET ADDRESS		APT. NO.	YEARS THERE
CITY		STATE	ZIP
EMAIL ADDRESS			
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)			YEARS THERE
HOME PHONE	CELL PHONE	SECONDARY PHONE	
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	MOTHER'S MAIDEN NAME	NO. OF DEP.	AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST FRIEND/RELATIVE NOT LIVING WITH YOU			
NAME, ADDRESS AND TELEPHONE OF OTHER NEARBY FRIEND/RELATIVE NOT LIVING WITH YOU			

EMPLOYMENT AND INCOME If self-employed, attach financial statement or income tax returns.

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP		SUPERVISOR'S NAME
WORK TELEPHONE	POSITION	MO. GROSS INCOME
FORMER EMPLOYER	POSITION	YEARS THERE

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP		SUPERVISOR'S NAME
WORK TELEPHONE	POSITION	MO. GROSS INCOME
FORMER EMPLOYER	POSITION	YEARS THERE

OTHER INCOME You need not list income from alimony, child support or separate maintenance payments unless You want it considered in evaluating this credit application.

TYPE OF OTHER INCOME	MONTHLY AMOUNT
NAME AND ADDRESS OF PAYER	

TYPE OF OTHER INCOME	MONTHLY AMOUNT
NAME AND ADDRESS OF PAYER	

ASSETS AND DEPOSITS Attach a separate sheet if necessary.

DESCRIPTION	ACCOUNT NUMBER/TYPE	BALANCE/VALUE

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CREDIT INFORMATION Please list all open accounts with or without a balance. Attach separate sheet if necessary.

A=Applicant/Co-Signer/Guarantor C=Spouse/Co-Applicant
D=Debts to be paid off if loan is granted.

[illegible]

OPTIONAL CREDIT INSURANCE An appropriate application/disclosure will be furnished at the time Your credit is approved.

PLEASE CHECK ONE OF THE BOXES BELOW.

You are interested in Credit Insurance ☐

You are not interested in Credit Insurance ☐

SIGNATURES

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature

You hereby acknowledge Your intent to apply for joint credit _____

Applicant's Initials	Co-Applicant's Initials
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<div style="display: flex; justify-content: space-between; align-items: center;"> X </div>	<div style="display: flex; justify-content: space-between; align-items: center;"> X </div>
<div style="display: flex; justify-content: space-between;"> Signature of Applicant/Co-Signer/Guarantor Date </div>	<div style="display: flex; justify-content: space-between;"> Signature of Spouse/Co-Applicant Date </div>

LOAN OFFICER			
<div> <div>LOAN APPROVED</div> <div> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> </div>			
SPECIFIC REASON(S) FOR REJECTION/APPROVAL			
APPROVING LOAN OFFICER SIGNATURE		DATE	CREDIT LIMIT \$ <div>OTHER APPROVED CREDIT LIMIT \$</div>
<input type="checkbox"/> ECOA NOTICE AND REASON FOR REJECTION OR UNACCEPTED COUNTER OFFER SENT OR DELIVERED ON <div>(DATE) BY</div>			