

LOAN APPLICATION — CONSUMER

DATE	APPLICANT ACCOUNT NUMBER	CO-APPLICANT ACCOUNT NUMBER
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CREDIT UNION LOAN Features applied for:

<input type="checkbox"/> Line of Credit: Limit \$ _____	<input type="checkbox"/> New Account	<input type="checkbox"/> Credit Limit Increase:	Purpose of Loan: _____
<input type="checkbox"/> Collateral Secured	Requested Amount \$ _____	Requested Term _____	
Collateral Offered _____	Owned By _____		

MARRIED APPLICANTS MAY APPLY FOR INDIVIDUAL CREDIT. CHECK BOX TO INDICATE IF YOU ARE APPLYING FOR JOINT CREDIT.

- INDIVIDUAL CREDIT: Complete Applicant Section. Complete other section if the following applies: You live in a community property state (AK, AZ, CA, ID, LA, NM, NV, P.R., TX, WA, WI) or your spouse will use the account - You are relying on your Spouse/Co-Applicant's income as a source of repayment.
- JOINT CREDIT: Provide information about both of you. We intend to apply for joint credit: Applicant _____ (initials) Co-Applicant _____ (initials)

Complete for secured credit or if you live in a community property state

MARRIED SEPARATED UNMARRIED (Single, Divorced, Widowed)

Complete for secured credit or if you live in a community property state

MARRIED SEPARATED UNMARRIED (Single, Divorced, Widowed)

APPLICANT

FIRST NAME		INITIAL	LAST NAME	
SOCIAL SECURITY #	DRIVER'S LICENSE #		BIRTHDATE	
HOME PHONE NUMBER	NO. OF DEP.	AGE OF DEPENDENTS		
CURRENT STREET ADDRESS		APT. NO.	YEARS THERE	
CITY		STATE	ZIP	
FORMER STREET ADDRESS		YEARS THERE		
CITY		STATE	ZIP	

CO-APPLICANT CO-SIGNER/GUARANTOR

FIRST NAME		INITIAL	LAST NAME	
SOCIAL SECURITY #	DRIVER'S LICENSE #		BIRTHDATE	
HOME PHONE NUMBER	NO. OF DEP.	AGE OF DEPENDENTS		
CURRENT STREET ADDRESS		APT. NO.	YEARS THERE	
CITY		STATE	ZIP	
FORMER STREET ADDRESS		YEARS THERE		
CITY		STATE	ZIP	

EMPLOYMENT AND INCOME If self employed, attach financial statement and income tax return.

CURRENT EMPLOYER			HIRE DATE	
STREET ADDRESS				
CITY	STATE	ZIP	WORK PHONE NUMBER	
POSITION			MONTHLY GROSS INCOME	
SUPERVISOR'S NAME AND PHONE #			\$	
FORMER EMPLOYER - Name/Address/Phone			YRS.	

CURRENT EMPLOYER			HIRE DATE	
STREET ADDRESS				
CITY	STATE	ZIP	WORK PHONE NUMBER	
POSITION			MONTHLY GROSS INCOME	
SUPERVISOR'S NAME AND PHONE #			\$	
FORMER EMPLOYER - Name/Address/Phone			YRS.	

OTHER INCOME You need not list income from alimony, child support or separate maintenance unless you wish it considered for purposes of granting this credit.

SOURCE OF OTHER INCOME 1	PHONE NUMBER	MONTHLY INCOME
		\$
SOURCE OF OTHER INCOME 2	PHONE NUMBER	MONTHLY INCOME
		\$

SOURCE OF OTHER INCOME 1	PHONE NUMBER	MONTHLY INCOME
		\$
SOURCE OF OTHER INCOME 2	PHONE NUMBER	MONTHLY INCOME
		\$

PERSONAL REFERENCES INDICATE A = Applicant C = Co-Applicant

A	C	NEAREST RELATIVE NOT LIVING WITH YOU - NAME/ADDRESS/PHONE	RELATIONSHIP
		PERSONAL REFERENCE (Not a Relative) - NAME/ADDRESS/PHONE	KNOWN SINCE

ASSETS AND DEPOSITS

LIST ALL ASSETS - ATTACH SEPARATE SHEET IF NECESSARY A = APPLICANT C = CO-APPLICANT

CHECK A	C	TYPE	FINANCIAL INSTITUTION	APPROXIMATE BALANCE	CHECK A	C	TYPE	FINANCIAL INSTITUTION	APPROXIMATE BALANCE
		CHECKING		\$			MONEY MARKET		\$
		SAVINGS		\$			CD'S		\$
		IRA'S		\$			OTHERS		\$
CAR 1: YEAR/MAKE				VALUE \$	CAR 2: YEAR/MAKE				VALUE \$
REAL ESTATE				VALUE \$	OTHER				VALUE \$

CREDIT INFORMATION

Be sure to list all open accounts with or without a balance. Attach separate sheet if necessary.

A = APPLICANT C = CO-APPLICANT

INDICATE CODE A	C	TYPE OF LOAN	NAME OF CREDITOR	ACCOUNT NUMBER	BALANCE	MONTHLY PAYMENTS
		<input type="checkbox"/> MORT				
		<input type="checkbox"/> RENTAL				
		2ND MORT.				
		AUTO LOAN				
		CREDIT CARD				
		CREDIT CARD				
		OTHER LOAN				
		OTHER LOAN				
		OTHER LOAN				
		OTHER LOAN				
		OTHER LOAN				
		OTHER LOAN				
		<input type="checkbox"/> Alimony <input type="checkbox"/> Child Support				

Please answer the following questions. If a yes answer is given, explain on attached sheet.

Please indicate A = Applicant C = Co-Applicant		A		C		A		C	
		YES	NO	YES	NO	YES	NO	YES	NO
1. Have you ever filed a petition for bankruptcy?	Date					5. Is any income you have listed likely to reduce in the next two years?			
2. Have you ever had any auto, furniture or property repossessed?	Date					6. Have you ever had credit in any other name?			
						What Name?			
3. Are you a co-maker or guarantor of any loan or lease?	For Whom? Where?					7. Have you any suits pending, judgements filed, alimony or support awards against you?			
4. Do you have any past due bills?						8. Are you other than a United States citizen or resident alien?			

You agree that everything stated in this application, whether oral, written, or through a FAX machine, is true and correct to the best of your knowledge. The Credit Union or its agent is authorized to investigate your credit worthiness, employment history, and to obtain a credit report and to answer questions about their credit history with you. You understand that any false or misleading statements in your application may cause any loan to be in default. You agree that this application shall be the Credit Union's property whether or not this Credit Application is approved. You agree to fully insure any collateral offered against loss and damage. You may obtain this insurance through any insurance company of your choice, unless the Credit Union, for good cause, refuses to accept it. NOTICE: Consumer Reports (credit reports) may be obtained in connection with this application. If you request: 1) You will be informed whether or not consumer reports were obtained; and 2) If reports were obtained, you will be informed of the names and addresses of the consumer reporting agencies (credit bureaus) that furnished the reports. The USA Patriot Act requires that we verify the identity of all account holders. We may ask you or your co-applicant to show proof of your identity.

APPLICANT SIGNATURE _____ DATE _____
 CO-APPLICANT SIGNATURE _____ DATE _____
 CO-SIGNER/GUARANTOR _____ DATE _____

FOR CREDIT UNION USE ONLY — DO NOT FILL IN BELOW THIS LINE

Repayment Record: Prompt Fair Poor Comment by Treasurer or Credit Department _____

LOAN OFFICER ACTION

Loan Officer: I approve the loan as submitted. Special conditions of approval if any
 Loan referred to C. C. Reason _____

LO Signature _____ Date _____

CREDIT COMMITTEE ACTION

APPROVED (subject to special conditions set forth below):

 Credit Committee: _____

 ECOA Notice and Reason for Rejection sent or delivered on _____

DISAPPROVED (for the following reason):

 The following counter offer will be made to the applicant and if accepted, we approve the loan.
 Describe: _____

 Outside information considered: No Yes describe _____

 Credit Committee _____