

PERSONAL REFERENCES (TWO PEOPLE WHO ARE NOT RELATIVES OR CO-WORKERS)

NAME		TELEPHONE	
1.			
ADDRESS	CITY	STATE	ZIP CODE
2.		TELEPHONE	
ADDRESS	CITY	STATE	ZIP CODE
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		TELEPHONE	RELATIONSHIP
ADDRESS	CITY	STATE	ZIP CODE

ARE YOU A CO-MAKER OR GUARANTOR ON ANY LOAN OR CONTRACT? IF YES, TO WHOM?
 YES NO

THESE QUESTIONS APPLY TO BOTH APPLICANT AND CO-APPLICANT (IF YES ANSWER IS GIVEN, EXPLAIN ON A SEPARATE SHEET OF PAPER)	APPLICANT	CO-APPLICANT	DATE
IN THE LAST 10 YEARS HAVE YOU FILED A PETITION UNDER THE U.S. BANKRUPTCY CODE (CHAPTER 7, 11, OR 13)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE THERE ANY SUITS PENDING, JUDGMENTS UNSATISFIED, ALIMONY OR MAINTENANCE AWARDS AGAINST YOU? IF YES, PLEASE EXPLAIN BELOW.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

AMOUNT REQUESTED \$ _____ NUMBER OF PAYMENTS REQUESTED _____

I DESIRE THIS LOAN FOR THE FOLLOWING PURPOSE (EXPLAIN FULLY): _____

SECURITY OFFERED: _____

I hereby certify that all statements made, including those on the reverse side hereof, are true and complete to the best of my knowledge and are submitted for the purpose of obtaining credit. The information given herein, while confidential, is subject to verification, and it is agreed that this application shall be the property of this Credit Union, whether or not this loan is granted. (An incorrect statement as to the purpose of the loan or an incomplete list of information, including the list of creditors, constitutes a fraudulent loan application.)

In the event of layoff, leave of absence, termination, or any other interruption or cessation of employment of any of the makers, or in the event that the Credit Union deems itself to be insecure in any respect, each jointly and severally, empowers the Credit Union to elect and declare the entire balance hereof due and payable.

Receipt of the Equal Credit Opportunity Act notice is hereby acknowledged.

APPLICANT'S SIGNATURE _____ DATE _____
(FULL NAME—IN INK)

CO-APPLICANT'S SIGNATURE _____ DATE _____
(FULL NAME—IN INK)

DISABILITY INSURANCE

THE CREDIT UNION WILL DISCLOSE THE COST OF THIS **VOLUNTARY INSURANCE** TO YOU.
 A SEPARATE INSURANCE ELECTION WHICH DISCLOSES THE TERMS AND CONDITIONS MUST BE SIGNED FOR COVERGE TO BECOME EFFECTIVE.

APPLICANT SIGNATURE _____ APPLICANT SIGNATURE _____
NO, I DO NOT WANT DISABILITY INSURANCE YES, I DO WANT DISABILITY INSURANCE

GENERAL REMARKS SECTION (ATTACH ADDITIONAL SHEETS IF NECESSARY) _____

FOR CREDIT COMMITTEE USE ONLY

AT A MEETING ON _____ WE APPROVED A LOAN IN THE AMOUNT AND ON THE CONDITIONS REQUESTED BY THE ABOVE APPLICANT, EXCEPT AS TO THE FOLLOWING _____

LOAN OFFICER _____ APPROVED NOT APPROVED

THE COMMITTEE'S ACTION IS RECORDED IN THE MINUTES OF THE ABOVE DATE.

All committee members present must sign _____
