

LOAN APPLICATION

ACCOUNT NUMBER – APPLICANT	ACCOUNT NUMBER – CO-APPLICANT	DATE
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<p>Applicant Information PRINT OR TYPE ALL INFORMATION</p> <p>1. If You live in a community property state, are You: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Includes Single, Divorced and Widowed)</p> <p>2. Married applicants can apply for individual credit. Indicate if You would like: <input type="checkbox"/> Individual Credit <input type="checkbox"/> Joint Credit with Your Spouse/Co-Applicant</p> <p>3. Method of Payment: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Automatic Share Transfer <input type="checkbox"/> Cash Payment</p> <p>4. Frequency of Payment: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly</p>	<p>Spouse/Co-Applicant Information</p> <p>5. Complete Spouse/Co-Applicant Information only if: a. This is for joint credit with Your Spouse or other Co-Applicant; b. Your Spouse will use Your Account; c. You are relying on Your Spouse's income as a source of repayment for the credit requested; or d. You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (or Puerto Rico).</p> <p>6. 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.</p>
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Credit Applied For:

Amount Requested \$ _____

Purpose _____ Collateral Offered _____

APPLICANT OR CO-SIGNER

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 CURRENT ADDRESS IS LESS THAN 3 YEARS)		YEARS THERE
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD	HOME TELEPHONE	NO. OF DEP. AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST REFERENCE 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 CURRENT ADDRESS IS LESS THAN 3 YEARS)		YEARS THERE
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD	HOME TELEPHONE	NO. OF DEP. AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST REFERENCE 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		
WORK TELEPHONE	POSITION	MO. GROSS SALARY
FORMER EMPLOYER (IF LESS THAN 2 YRS)	POSITION	YEARS THERE

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)	EMPLOYMENT DATE	
ADDRESS/CITY/STATE/ZIP		
WORK TELEPHONE	POSITION	MO. GROSS SALARY
FORMER EMPLOYER (IF LESS THAN 2 YRS)	POSITION	YEARS THERE

OTHER INCOME Alimony, child support, or separate maintenance income need not be revealed if You do not choose to have it considered. (Proof Required)

TYPE OF OTHER INCOME	MONTHLY AMOUNT
NAME AND ADDRESS OF PAYER	
TYPE OF OTHER INCOME	MONTHLY AMOUNT
NAME AND ADDRESS OF PAYER	

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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