

Application

Individual Credit: You must complete the **Applicant** section about yourself and the **Other** section about your spouse if:
 1. you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI),
 2. your spouse will use the account, or
 3. you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the **Other** section to the extent possible about the person on whose payments you are relying.

Joint Credit: Each Applicant must **individually** complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.

Guarantor: Complete the **Other** section if you are a guarantor on an account/loan.

Check below to indicate the type of account(s) and type of credit for which you are applying. Married Applicants may apply for a separate account.

LOANLINER[®] Account/Loan: Individual Joint Amount Requested \$ _____ Purpose/Collateral: _____
 (Including ATM/Debit Card Access to the Account if Available)

Repayment: Payroll Deduction Cash Military Allotment Automatic Payment

Applicant

| | | | |
|---|------------|--|--|
| NAME (Last - First - Initial) | | | |
| ACCOUNT NUMBER | | SOCIAL SECURITY NUMBER | |
| DRIVER'S LICENSE NUMBER / STATE | | LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self) | |
| BIRTH DATE | HOME PHONE | CELL PHONE | BUSINESS PHONE/ EXT. |
| () | () | () | () |
| E-MAIL ADDRESS | | | |
| PRESENT ADDRESS (Street - City - State - Zip) | | | <input type="checkbox"/> OWN <input type="checkbox"/> RENT |
| | | | YEARS AT THIS ADDRESS |
| PREVIOUS ADDRESS (Street - City - State - Zip) | | | <input type="checkbox"/> OWN <input type="checkbox"/> RENT |
| | | | YEARS AT THIS ADDRESS |
| COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed) | | | |
| Employment/Income | | | |
| NAME AND ADDRESS OF EMPLOYER | | | |
| TITLE/GRADE | | START DATE | HOURS AT WORK |
| SUPERVISOR'S NAME | | IF SELF EMPLOYED, TYPE OF BUSINESS | |
| NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED. | | | |
| EMPLOYMENT INCOME | | OTHER INCOME | |
| \$ _____ PER _____ | | \$ _____ PER _____ | |
| <input type="checkbox"/> NET <input type="checkbox"/> GROSS | | SOURCE | |
| MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| WHERE | | ENDING/SEPARATION DATE | |
| PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS | | STARTING DATE | |
| | | ENDING DATE | |

Other: Co-Applicant Spouse Other

| | | | |
|---|------------|--|--|
| NAME (Last - First - Initial) | | | |
| ACCOUNT NUMBER | | SOCIAL SECURITY NUMBER | |
| DRIVER'S LICENSE NUMBER / STATE | | LIST AGES OF DEPENDENTS NOT LISTED BY APPLICANT (Exclude Self) | |
| BIRTH DATE | HOME PHONE | CELL PHONE | BUSINESS PHONE/ EXT. |
| () | () | () | () |
| E-MAIL ADDRESS | | | |
| PRESENT ADDRESS (Street - City - State - Zip) | | | <input type="checkbox"/> OWN <input type="checkbox"/> RENT |
| | | | YEARS AT THIS ADDRESS |
| PREVIOUS ADDRESS (Street - City - State - Zip) | | | <input type="checkbox"/> OWN <input type="checkbox"/> RENT |
| | | | YEARS AT THIS ADDRESS |
| COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed) | | | |
| Employment/Income | | | |
| NAME AND ADDRESS OF EMPLOYER | | | |
| TITLE/GRADE | | START DATE | HOURS AT WORK |
| SUPERVISOR'S NAME | | IF SELF EMPLOYED, TYPE OF BUSINESS | |
| NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED. | | | |
| EMPLOYMENT INCOME | | OTHER INCOME | |
| \$ _____ PER _____ | | \$ _____ PER _____ | |
| <input type="checkbox"/> NET <input type="checkbox"/> GROSS | | SOURCE | |
| MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| WHERE | | ENDING/SEPARATION DATE | |
| PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS | | STARTING DATE | |
| | | ENDING DATE | |

