



Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Number of dependents \_\_\_\_\_  
 (MM/DD/YY) (Excluding Self)  
 Relationship to Maker (i.e. Spouse, Parent, Child, Friend): \_\_\_\_\_  
 Market Value Of Residence \$ \_\_\_\_\_

<b>CO-MAKER'S STATEMENT: I AM INDEBTED TO THE FOLLOWING CREDITOR(S) (LIST ALL DEBTS SUCH AS DOCTOR BILLS, INSTALLMENTS, LOANS, REAL ESTATE MORTGAGES, SCHOOL LOANS, ETC. ATTACH ADDITIONAL SHEET IF NECESSARY.)</b>		Monthly Payment	Present Balance
Mortgage or Rent			
Auto Loan(s)			
Credit Card(s), Installment Loan(s), Other			
Totals			

**INCOME INFORMATION:**

Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Position \_\_\_\_\_  
 Years Employed \_\_\_\_\_ Annual Salary \_\_\_\_\_  
 Other income source & \$Amount per year \_\_\_\_\_

If employed in current position less than five years, please list:  
 Previous Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Position \_\_\_\_\_  
 Years Employed \_\_\_\_\_ Annual Salary \_\_\_\_\_

(Alimony, Child Support, or Separate Maintenance Income is optional.)

Your Bank: \_\_\_\_\_  
 Vehicles Owned (Year, Make and Model): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reference name & address or phone (Do not use Relative or Clergy)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I hereby certify that everything I have stated in this application is correct and complete with no misrepresentations to the best of my knowledge. I authorize the Credit Union to check my Employment History, to obtain Credit Reports in connection with this Application for Credit, and to answer questions about its credit experience with me.**

\_\_\_\_\_  
 Co-Maker's Signature Date

**CREDIT COMMITTEE:** All committee members shown as present in the minutes of the meeting at which this application was considered must sign below. A Quorum must be at each meeting and a majority approval given if a loan is to be granted.

- |       |                          |          |                          |             |
|-------|--------------------------|----------|--------------------------|-------------|
| _____ | <input type="checkbox"/> | APPROVED | <input type="checkbox"/> | DISAPPROVED |
| _____ | <input type="checkbox"/> | APPROVED | <input type="checkbox"/> | DISAPPROVED |
| _____ | <input type="checkbox"/> | APPROVED | <input type="checkbox"/> | DISAPPROVED |
| _____ | <input type="checkbox"/> | APPROVED | <input type="checkbox"/> | DISAPPROVED |
| _____ | <input type="checkbox"/> | APPROVED | <input type="checkbox"/> | DISAPPROVED |

\_\_\_\_\_  
 Date