

Amount Requested _____

Member # _____

Date _____

Loan # _____

CREDIT APPLICATION

IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

TYPE OF CREDIT REQUESTED				
IMPORTANT: Check (X) the appropriate boxes below and complete the applicable sections.				
<input type="checkbox"/>	SECURED	<input type="checkbox"/>	INDIVIDUAL CREDIT – relying solely on my income or assets	
<input type="checkbox"/>	UNSECURED	<input type="checkbox"/>	INDIVIDUAL CREDIT – relying on my income or assets as well as income or assets from other sources	
		<input type="checkbox"/>	JOINT CREDIT – We intend to apply for joint credit	
<u>AMOUNT REQUESTED</u>	<u># PMTS</u>	<u>PMT DUE DATE</u>	<u>PMT AMT</u>	<u>PURPOSE OF LOAN</u>
\$			<input type="checkbox"/> MONTHLY <input type="checkbox"/>	

SECTION A – INDIVIDUAL APPLICANT INFORMATION

NAME (Last, First, Middle)				
<u>BIRTHDATE</u>	<u>TELEPHONE NO.</u> Home Cel	<u>DRIVER'S LICENSE NO.</u>	<u>SOCIAL SECURITY NO.</u>	<u>NO. DEPENDENTS</u>
ADDRESS (Street, City, State & Zip)			Do you <input type="checkbox"/> own or <input type="checkbox"/> rent	HOW LONG
PREVIOUS ADDRESS (Complete if less than 3 years at present address)			Did you <input type="checkbox"/> own or <input type="checkbox"/> rent	HOW LONG
EMPLOYER (Company Name and Address)				HOW LONG
<u>BUSINESS PHONE</u>	Ext.	<u>POSITION OR TITLE</u>	<u>HOW OFTEN PAID</u>	<u>GROSS INCOME PER PAY PERIOD</u> \$
PREVIOUS EMPLOYER (Complete if less than 3 years at present employer)				
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		<u>RELATIONSHIP</u>	<u>TELEPHONE NO.</u>	
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.				
Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding				
SOURCES OF OTHER INCOME			AMOUNT PER MONTH	
			\$	
Is any income listed in this Section likely to be reduced before the credit request is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)				
Have you previously received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes – When?				

SECTION B – JOINT APPLICANT OR OTHER PARTY INFORMATION

Complete only if: for joint credit, for individual credit relying on income from other sources, or applicant is married and resides in a community property state.

NAME (Last, First, Middle)				
<u>BIRTHDATE</u>	<u>TELEPHONE NO.</u> Home Cel	<u>DRIVER'S LICENSE NO.</u>	<u>SOCIAL SECURITY NO.</u>	<u>NO. DEPENDENTS</u>
ADDRESS (Street, City, State & Zip)			Do you <input type="checkbox"/> own or <input type="checkbox"/> rent	HOW LONG
PREVIOUS ADDRESS (Complete if less than 3 years at present address)			Did you <input type="checkbox"/> own or <input type="checkbox"/> rent	HOW LONG
EMPLOYER (Company Name and Address)				HOW LONG
<u>BUSINESS PHONE</u> Ext.	<u>POSITION OR TITLE</u>	<u>HOW OFTEN PAID</u>	<u>GROSS INCOME PER PAY PERIOD</u> \$	
PREVIOUS EMPLOYER (Complete if less than 3 years at present employer)				
<u>NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU</u>		<u>RELATIONSHIP</u>	<u>TELEPHONE NO.</u>	
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.				
Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding				
<u>SOURCES OF OTHER INCOME</u>			<u>AMOUNT PER MONTH</u> \$	
Is any income listed in this Section likely to be reduced before the credit request is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)				
Have you previously received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes – When?				

SECTION C – MARITAL STATUS

Complete only if: for joint or secured credit, or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested.

APPLICANT	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)
OTHER PARTY	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)

SECTION D - OUTSTANDING DEBTS

Include charge accounts, installment contracts, credit cards, rent, mortgages and other obligations.

LANDLORD OR MORTGAGE HOLDER:		
<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		
ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT
\$	\$	\$
SECOND MORTGAGE/HOME EQUITY:		
ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT
\$	\$	\$
AUTOMOBILE LENDER:		
YEAR/MAKE/MODEL:		
ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT
\$	\$	\$
SECOND AUTOMOBILE LENDER:		
YEAR/MAKE/MODEL:		
ORIGINAL AMOUNT:	PRESENT BALANCE	MONTHLY PAYMENT
\$	\$	\$
BANKS OR LOAN COMPANIES:		
ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT
\$	\$	\$
BANKS OR LOAN COMPANIES:		
ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT
\$	\$	\$
BANKS OR LOAN COMPANIES:		
ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT
\$	\$	\$
BANKS OR LOAN COMPANIES:		
ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT
\$	\$	\$
CREDIT CARDS:		
ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT
\$	\$	\$
CREDIT CARDS:		
ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT
\$	\$	\$
ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT
\$	\$	\$
CREDIT CARDS:		
ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT
\$	\$	\$
CREDIT CARDS:		
ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT
\$	\$	\$
NAME & ACCOUNT NO. OF BANK		
<input type="checkbox"/> Checking Account _____		
<input type="checkbox"/> Savings Account _____		

Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable):

Are you obligated to make Alimony, Support or Maintenance Payments? No Yes

If yes, to (Name & Address)

Amt. per month \$

Are you a co-maker, endorser, or guarantor on any loan or contract?

No

Yes

For whom?

To whom?

Are there any unsatisfied judgments against you?

No

Yes

To whom?

Amount \$

Have you been declared bankrupt in the last 10 years?

No

Yes

Year?

SECTION E - PERSONAL REFERENCES

List name, address and telephone numbers of three (3) references not living with you.

Name
Address
Telephone No.
Name
Address
Telephone No.
Name
Address
Telephone No.

SIGNATURES

I certify that everything I have stated in this application and on any attachments is correct. STATE EMPLOYEES CREDIT UNION may keep this application whether or not it is approved. By signing below I authorize STATE EMPLOYEES CREDIT UNION to check my credit and employment history and to answer questions others may ask STATE EMPLOYEES CREDIT UNION about my credit record with STATE EMPLOYEES CREDIT UNION. I understand that I must update credit information at STATE EMPLOYEES CREDIT UNION'S request if my financial condition changes.

Applicant's Signature _____ Date _____

Other Signature (Where Applicable) _____ Date _____

CREDIT COMMITTEE:

APPROVED BY _____ DENIED BY _____

APPROVED BY _____ DENIED BY _____