

CREDIT UNION LOAN APPLICATION

Date _____ Name _____ last first middle Acct. No. _____

INSTRUCTIONS

You may apply for individual or joint credit, but check only one of the following boxes.

Individual Credit - unmarried applicant. Complete only the left hand columns on both sides of this form and other sections as they apply.

Individual Credit - married applicant. If both you and your spouse are residents of Wisconsin, complete both the left and right hand columns. If either you or your spouse are not Wisconsin residents, complete only the left hand column.

Joint Credit - with your spouse. Complete the left and right hand columns on both sides of this form and other sections as they apply, and sign the following:

We intend to apply for joint credit: X _____ X _____

Joint Credit - with another applicant or cosigner who is not your spouse. Each of you must complete a separate application. If both you and your spouse are Wisconsin residents include information about your spouse in the right hand column, and sign the following:

I intend to apply for joint credit with _____ X _____ Applicant

NOTICE TO MARRIED APPLICANT: No provision of a marital property agreement, a unilateral statement under Wis. Stat. sec. 766.59 or a court decree under Wis. Stat. sec. 766.70 adversely affects the interests of the credit union unless prior to the time the credit is extended, the credit union is furnished with a copy of the agreement, statement or decree, or has actual knowledge of the adverse provision when the obligation to the credit union is incurred.

LOAN

I/we hereby apply for:

A direct loan of \$ _____ no. of payments _____ amount of payments \$ _____ Purpose (must be completed) _____

A credit line of \$ _____ * If checked, see attached Addendum which is incorporated here by reference.

CREDIT INSURANCE INFORMATION: Credit life or credit disability insurance is not required to obtain credit. If you wish to be considered for credit insurance on the loan for which you are applying, please complete the information below.

I We Do Do not want credit disability insurance for myself
 We Do Do not want joint credit disability insurance
 I We Do Do not want credit life insurance for myself
 We Do Do not want joint credit life insurance

NOTE: THIS IS NOT A BINDING CONTRACT FOR CREDIT INSURANCE.

Collateral offered:	Titled in name(s) of:	Address:	Insured by:
Collateral offered:	Titled in name(s) of:	Address:	Insured by:

APPLICANT	SPOUSE <small>IF INFORMATION IS IDENTICAL TO APPLICANT WRITE "SAME" Complete this section only if you and your spouse are Wisconsin residents.</small>
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PERSONAL

Complete only if you are a Wisconsin resident or if you are applying for secured credit.

Married Unmarried (Single / Divorced / Widowed) Legally Separated

Present street address	Length of residence	Present street address	Length of residence
City / state / zip	County of residence	City / state / zip	County of residence
Landlord or mortgage holder	Rent or mortgage pymt. \$	Landlord or mortgage holder	Rent or mortgage pymt. \$
Landlord or mortgage holder address	Landlord's telephone	Landlord or mortgage holder address	Landlord's telephone
Previous address (if under 2 years at present)	Length of residence	Previous address (if under 2 years at present)	Length of residence
City / state / zip	Your birthdate	City / state / zip	Your birthdate
Driver's license no.	Social Security no.	Driver's license no.	Social Security no.
Relationship to joint applicant (if any)	Your home telephone	Status of spouse regarding this loan <input type="checkbox"/> joint applicant <input type="checkbox"/> not a joint applicant	Spouse's home telephone

EMPLOYMENT

Present employer	Length of employment	Present employer	Length of employment
Position	Telephone	Position	Telephone
Supervisor	Clock / badge no.	Supervisor	Clock / badge no.
Employer's address		Employer's address	
Previous employer (if under 2 years at present)	Length of employment	Previous employer (if under 2 years at present)	Length of employment
Previous employer's address		Previous employer's address	

INCOME

Present income from employment \$ _____ per <input type="checkbox"/> net <input type="checkbox"/> gross	Ages of dependents	Present income from employment \$ _____ per <input type="checkbox"/> net <input type="checkbox"/> gross	Ages of dependents
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. If revealed, it is being received under: <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral agreement		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. If revealed, it is being received under: <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral agreement	
Type of income (alimony, child support or separate maintenance)	Monthly amount \$	Type of income (alimony, child support or separate maintenance)	Monthly amount \$
Name / address / phone of payor		Name / address / phone of payor	
Other income \$ _____ per	Source	Other income \$ _____ per	Source
Is any income listed in this section likely to be reduced in the next 2 years or before the credit requested is repaid? <input type="checkbox"/> Yes (explain in detail on a separate sheet) <input type="checkbox"/> No		Is any income listed in this section likely to be reduced in the next 2 years or before the credit requested is repaid? <input type="checkbox"/> Yes (explain in detail on a separate sheet) <input type="checkbox"/> No	

REFERENCES

Institution holding your checking account	Checking account no.	Institution holding your checking account	Checking account no.
Institution holding your savings account	Savings account no.	Institution holding your savings account	Savings account no.
Nearest relative not living with you	Relationship	Nearest relative not living with you	Relationship
Address	Telephone	Address	Telephone
Other relative not living with you	Relationship	Other relative not living with you	Relationship
Address	Telephone	Address	Telephone

