

DATE _____

| | | | | | | |
|---------------------|------|------|--|--|--------------|---|
| NAME | | | | | | DATE OF BIRTH |
| SOCIAL SECURITY NO. | DEP. | AGES | | | PHONE | FOR SECURED LOANS ONLY <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED |
| ADDRESS | | | | | ZIP | YRS. / MOS. |
| PREVIOUS ADDRESS | | | | | | YRS. / MOS. |
| PERSONAL REFERENCE | | | | | RELATIONSHIP | |

EMPLOYMENT

| | | | | |
|-------------------|--------------|------------------------|--|-------------|
| EMPLOYER | | | | YRS. / MOS. |
| LOCATION | | | | PHONE |
| POSITION | SUPERVISOR | DEPARTMENT | | BADGE |
| PREVIOUS EMPLOYER | | | | YRS. / MOS. |
| INCOME | OTHER INCOME | SOURCE OF OTHER INCOME | | |
| \$ | \$ | | | |

ASSETS

| TYPE OF ASSET | LOCATION/DESCRIPTION | TITLE/OWNERSHIP | VALUE/AMOUNT |
|---------------|----------------------|-----------------|--------------|
| CHECKING | | | \$ |
| SAVINGS | | | \$ |
| REAL ESTATE | | | \$ |
| AUTO/TRUCK | | | \$ |
| AUTO/TRUCK | | | \$ |
| | | | \$ |
| TOTAL | | | \$ |

| | |
|----------------|----------------|
| HOME INSURANCE | AUTO INSURANCE |
|----------------|----------------|

LIABILITIES

| TYPE OF ACCOUNT | CREDITOR/REFERENCE | PAYMENT (IF ANY) | BALANCE (IF ANY) |
|-----------------|--------------------|------------------|------------------|
| HOUSING | | \$ | \$ |
| AUTO/TRUCK | | \$ | \$ |
| AUTO/TRUCK | | \$ | \$ |
| CHARGE ACCOUNT | | \$ | \$ |
| CHARGE ACCOUNT | | \$ | \$ |
| CREDIT CARD | | \$ | \$ |
| FURNITURE | | \$ | \$ |
| SUPPORT/ALIMONY | | \$ | \$ |
| TOTALS | | \$ | \$ |

CO-APPLICANT

| | | | | | | |
|---------------------|--------------|------------------------|--|-------|-------------|---|
| NAME | | | | | | DATE OF BIRTH |
| SOCIAL SECURITY NO. | DEP. | AGES | | | PHONE | FOR SECURED LOANS ONLY <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED |
| ADDRESS | | | | | ZIP | YRS. / MOS. |
| PREVIOUS ADDRESS | | | | | | YRS. / MOS. |
| EMPLOYER | | | | | YRS. / MOS. | |
| LOCATION | | | | | PHONE | |
| POSITION | SUPERVISOR | DEPARTMENT | | BADGE | | |
| PREVIOUS EMPLOYER | | | | | YRS. / MOS. | |
| INCOME | OTHER INCOME | SOURCE OF OTHER INCOME | | | | |
| \$ | \$ | | | | | |

REQUEST/PURPOSE

I hereby affirm that the foregoing information is true and correct, and made for the purpose of obtaining credit. I authorize you to obtain additional information from any source(s) and each such source is hereby authorized to provide you with such information. This application, in any event, shall be and remain the property of this Association.

| | |
|--------------|------|
| APPLICANT | DATE |
| CO-APPLICANT | DATE |