## **Loan 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 and is 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: If you are applying with another person, complete the *Applicant* and *Other* sections.

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

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

I Individual I Joint Amount requested \$ Purpose/Collateral:

Payment Protection: Single Credit Disability Insurance Single Credit Life Insurance Joint Credit Life Insurance Check coverage(s) desired. The credit union will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions must be signed for coverage to become effective.

Applicant:			Other: 🛛 Co-Aj	oplicant 🗆 Sp	pouse 🛛	Guarantor
Name (Last, First, MI)			Name (Last, First, MI)			
Account Number Soc	al Security Number	Birth Date	Account Number	Social Security	Number	Birth Date
Driver's License Number & State	Mother's	Maiden Name	Driver's License Numbe	er & State	Mother's M	aiden Name
Home/Cell Phone Oth	ner Phone Em	nail Address	Home/Cell Phone	Other Phone	Email	Address
Present Address (Street, City, Sta	te and Zip) _ Years at Present Addre	SS	Present Address (Stree	t, City, State and Zip) Years at I		
Mortgage/Rent Owed To			Mortgage/Rent Owed To			
Mortgage Bal. Monthly P	ayment Property	Value (if buying)	Mortgage Bal.	Nonthly Payment	Property Va	lue (if buying)
Personal Reference – Name & Phone Number			Personal Reference – Name & Phone Number			
Complete for Joint Credit, Secure Property State:  Married	•	a Community	Complete for Joint Cree Property State:		r if you live in a C Separated	Community
Employment/Income:	Employment/Income:					
Name of Employer	Name of Employer					
Address (Street, City, State and Zip)			Address (Street, City, State and Zip)			
Start Date (Month/Year)	Position	Line of Work	Start Date (Month/Yea		Position/Li	ne of Work
\$ Per	\$	Per	\$ Per	\$	P	er
Income: Net/Gross (circle one)	Other Income So	ource:	Income: Net/Gross (cir		ther Income Sou	
Notice: Alimony, Child Support or Separate r choose to have it considered.	naintenance income need not be	revealed if you do not	Notice: Alimony, Child Support choose to have it considered.	or Separate maintenance ir	ncome need not be re	vealed if you do not

**STATE LAW NOTICES - OHIO RESIDENTS ONLY:** The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

SIGNATURES: You promise that everything you have stated in this application is correct to the best of your knowledge. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state-chartered credit unions insured by NCUA.

X			X	
Applicant's Signature		Date	Other Signature	Date
For Office Use Only:				
Initial:	Loan Amount		Acct Number	Date



You care for others, we care for you.

**Dublin Office** 3955 W. Dublin Granville Rd Dublin, OH 43017 Fax: 614-737-6031 Toll Free: 866-254-4791 Riverside Office 3445 Olentangy River Rd Columbus, OH 43214 First Floor, Suite 110 Fax: 614-566-4994 Toll Free: 866-254-4791 **Town & Grant Office** 363 E. Town St Columbus, OH 43215 Fax: 614-246-2050 Toll Free: 866-254-4791 Akron Office 1174 Battle Ave Akron, OH 44314 Fax: 330-848-6095 Toll Free: 866-254-4791