



Application

HOW TO APPLY Please complete front and back of application

Sign on back page

- Return completed application to credit union
- An incomplete or unsigned application may delay processing

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 is located 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: Each Applicant must individually complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.

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

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

LOANLINER* Account/Loan:

Individual
Joint Amount Requested
Purpose/Collateral:

Purpose/Collateral:

Check below to indicate the ty	pe of account(s)	and type of credit for w	hich you are applying. Married App	licanta may and f	
LOANLINER® Account/Lo (Including ATM/Debit Card	an Individual	Loint American D.		Collateral:	a separate account
Repayment: Payroll [ACCESS TO THE ACT	Count if Available) Cash Military Alle			
Protection Applicant	edit Disability Insura	Single Credit Life Joint Credit Life	Insurance voluntary insurance to you the terms and conditions m	. A separate insurance ele nust be signed for coverag	ction which discloses e to become effective.
NAME (Last - First - Initial)	PASS	WORD	Other: Co-Applicant NAME (Last - First - Initial)	Spouse PASSWORD	Guarantor
ACCOUNT NUMBER	SOCIAL SECU	RITY NUMBER	ACCOUNT NUMBER	SOCIAL SECURITY	NUMBER
DRIVER'S LICENSE NUMBER / STATE	LIST AGES OF BY OTHER AP	DEPENDENTS NOT LISTED PLICANT (Exclude Self)	DRIVER'S LICENSE NUMBER / STATE	LIST AGES OF DEPE BY APPLICANT (Excl	ENDENTS NOT LISTED lude Seif)
BIRTH DATE HOME PHONE () E-MAIL ADDRESS	BUSIN	IESS PHONE/ EXT.	BIRTH DATE HOME PHONE ()	BUSINESS F	PHONE/ EXT.
PRESENT ADDRESS (Street - City - State -	Zip)	OWN RENT YEARS AT THIS ADDRESS	PRESENT ADDRESS (Street - City - State -	Zip)	OWN RENT
PREVIOUS ADDRESS (Street - City - State		OWN RENT YEARS AT THIS ADDRESS	PREVIOUS ADDRESS (Street - City - State -	Zip)	OWN RENT YEARS AT THIS ADDRESS
COMPLETE FOR JOINT CREDIT, SECURE PROPERTY STATE: MARRIED SEPARATED			COMPLETE FOR JOINT CREDIT, SECURED PROPERTY STATE:	_	
Employment/Income NAME AND ADDRESS OF EMPLOYER TITLE/GRADE	UNMARRIED (Single -		MARRIED SEPARATED	UNMARRIED (Single - Divorc	ed - Widowed)
5 C. C. 43 (100 (100 (100 (100 (100 (100 (100 (10	START DATE	HOURS AT WORK	TITLE/GRADE	START DATE	HOURS AT WORK
SUPERVISOR'S NAME		TYPE OF BUSINESS	SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE	OF BUSINESS
IOTICE: ALIMONY, CHILD SUPPORT, OR SEPI IF YOU DO NOT CHOOSE TO HAVE IT IMPLOYMENT INCOME	CONSIDERED. OTHER INCOME	OME NEED NOT BE REVEALED	NOTICE: ALIMONY, CHILD SUPPORT, OR SEPA IF YOU DO NOT CHOOSE TO HAVE IT EMPLOYMENT INCOME	RATE MAINTENANCE INCOME N CONSIDERED. OTHER INCOME	NEED NOT BE REVEALED
PER	SOURCE XPECTED DURING NEX	PER YES NO ENDING/SEPARATION DATE	NET GROSS MILITARY: IS DUTY STATION TRANSFER EX	SOURCE XPECTED DURING NEXT YEA	R? YES NO
REVIOUS EMPLOYER NAME AND ADDRE HAN FIVE YEARS	SS IF EMPLOYED LESS	STARTING DATE	PREVIOUS EMPLOYER NAME AND ADDRESTHAN FIVE YEARS		STARTING DATE
		ENDING DATE			ENDING DATE

Applicant Refer			A-11 -								
		RELATIONSHIP	Other Re							RELATIO	NSHIP
OF NEAREST		HOME DUONE	OF NEAREST	DDRESS							
RELATIVE NOT LIVING WITH YOU		HOME PHONE	RELATIVE NOT HOME PHO				HONE				
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What You Owe	CREDIT	NAME OTHER THAN THIS CREDIT UNION ch additional sheet(s) if necessary) INTEREST RATE PRESENT BALANCE MONTHLY				OWED BY		ED BY			
RENT FIRST		necessary)		RATE	PRESENT	DALANCI	MOI	NIHLY	PAYMENT	Applicant	Other
MORTGAGE											
(Include Tax and Ins.) 2nd MORTGAGE					\$		S				
1st AUTO LOAN					S		S				
2nd AUTO LOAN					S		\$				
CHILD-CARE					S		\$				
CHILD SUPPORT					\$		\$				
CREDIT CARD					\$		S				
CREDIT CARD					S		S				
OTHER					S		\$				
OTHER					\$		S				
LIST ANY NAMES UNDE	R WHICH YOUR CREDIT R	EFERENCES AND CREDIT HISTORY CAN BE O			S		\$				
	THE STATE OF THE S	EFERENCES AND CHEDIT HISTORY CAN BE C	CHECKED:	TOTALS	\$		\$				
What You Own	LIST LOCATI	ON OF PROPERTY OR FINANCIAL INSTITUTION	ON	MARKET VALUE PL			PLEDGED AS COLLATERAL			OWN	ED BY
HOME						FOR	RANOT	HER L	OAN	Applicant	Other
AUTO				S			YES		NO		
SAVINGS				\$			YES		NO		
CHECKING				\$			YES		NO		
OTHER (Describe)			-	\$			YES		NO		
Other Informati	on			\$			YES		NO		
About You	IF YOU ANSWER "	ES" TO ANY QUESTION OTHER THAN #1, EXI	PLAIN ON AN AT	TTACHED SH	EET		_	APPLIC	ANT	OTHE	R_
1. ARE YOU A U.S. CITIZ	EN OR PERMANENT RESI	DENT ALIEN?					_	YES	NO	YES N	10
2. DO YOU CURRENTLY	HAVE ANY OUTSTANDING	ILIDOMENTS OF HAVE NOVE TO THE	B BANKBURTOV	LIAD A DED		_	-				
PLAN CONFIRMED U	NDER CHAPTER 13, HAD	PROPERTY FORECLOSED UPON OR REPOSS	SESSED IN THE	LAST 7 VEAL	RS. OR BEE	ENT N A					
PARTY IN A LAWSUIT	f .			LAUT / ILA		N M		- 1			
B. IS YOUR INCOME LIKE	ELY TO DECLINE IN THE N	EXT TWO YEARS?		ENOT / TEA			_				
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X

DATE

SIGNATURES:

X

Today's Date:
I have applied for a loan with my Credit Union. I,
authorize the Credit Union to verify my employment information with my employer listed
below. (Check one of the employers listed below.)
St. Joseph Medical Center
Sodexho Services Name of Your Department
Environmental Services
Other:
Name of Employer
Position held
Date of Hire: (6 months minimum employment required)
Check one of the following:
I have not received any disciplinary action against me in the last three months.
I have received disciplinary action against me in the last three months.*
*If you have received any disciplinary action please give dates, reasons, and corrective action taken (attach a separate sheet if necessary)
Signature of Applicant
For Credit Union office use only.
Information Verified: / /
by:Comments:
Credit Union Staff Signature:
Date:

BORROWERS AGREEMENT TO PROVIDE AUTOMOBILE INSURANCE

(PLEASE READ CAREFULLY)

In consideration for the granting of the loan applied for this date, I agree to provide and maintain in force for the term of such loan, and any extensions or renewals thereof, an insurance policy including Comprehensive and Collision Coverage, with loan payable to: **St. Joseph Medical Center Md. FCU**.

It is understood that the original insurance policy is to be delivered to the Credit Union within 30 days of the loan.

Insurance Company: Insurance Agent:	
Insurance Phone:	
_	
Policy Number:	
Date	Power to Ot
	Borrower's Signature
Date	Co-Owner's / Co-Borrower's Signature