

## GENERAL INFORMATION

CHECK APPROPRIATE BOX FOR TYPE OF LOAN  
 INDIVIDUAL ACCOUNT       JOINT ACCOUNT WITH SPOUSE       JOINT ACCOUNT WITH CO-APPLICANT OTHER THAN SPOUSE

CHECK APPROPRIATE BOX FOR REPAYMENT OF THIS LOAN  
 PAYROLL DEDUCTION       AUTOMATIC TRANSFER       DIRECT PAYMENTS BY MEMBER

CHECK APPROPRIATE AND INDICATE DOLLAR AMOUNT REQUESTED  
 I AM REQUESTING A  NEW LOAN FOR \$ \_\_\_\_\_  INCREASE TO AN EXISTING LOAN FOR \$ \_\_\_\_\_

WHAT IS THE PURPOSE OF THIS LOAN? \_\_\_\_\_ THIS LOAN TO BE REPAYED IN \_\_\_\_\_

## APPLICANT

YOUR FULL NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ MEMBER NUMBER \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ HOW LONG AT THIS ADDRESS?  
 YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_

PREVIOUS ADDRESS (if present address is less than two years) \_\_\_\_\_ HOW LONG AT LAST ADDRESS?  
 YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ CA DRIVER'S LICENSE NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ MARITAL STATUS  UNMARRIED (Single, Divorced, Widowed)  MARRIED  SEPARATED NUMBER OF DEPENDENTS EXCLUDING SELF \_\_\_\_\_ AGES \_\_\_\_\_

PRESENT EMPLOYER \_\_\_\_\_ JOB TITLE \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_ HOW OFTEN ARE YOU PAID?  MONTHLY  BI-WEEKLY  SEMI-MONTHLY  WEEKLY YOUR GROSS MONTHLY PAY \$ \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_ DATE HIRED \_\_\_\_\_ EMPLOYMENT STATUS (CHECK ALL THAT APPLY):  FULL TIME  PERMANENT  SEASONAL  PROBATION  OTHER  PART TIME

PREVIOUS EMPLOYER (if present employment is less than two years) \_\_\_\_\_ JOB TITLE \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_ DATES EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

NAME AND COMPLETE ADDRESS OF A RELATIVE NOT LIVING WITH YOU \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

## CO-APPLICANT

CO-APPLICANT'S FULL NAME \_\_\_\_\_ CA DRIVER'S LICENSE NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ MEMBER NUMBER \_\_\_\_\_

PRESENT EMPLOYER \_\_\_\_\_ JOB TITLE \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_ HOW OFTEN IS CO-APPLICANT PAID?  MONTHLY  BI-WEEKLY  SEMI-MONTHLY  WEEKLY CO-APPLICANT'S GROSS MONTHLY PAY \$ \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_ DATE HIRED \_\_\_\_\_ EMPLOYMENT STATUS (CHECK ALL THAT APPLY):  FULL TIME  PERMANENT  SEASONAL  PROBATION  OTHER  PART TIME

PREVIOUS EMPLOYER (if present employment is less than two years) \_\_\_\_\_ JOB TITLE \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_ DATES EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

## ASSETS

ASSETS CLEAR OF FINANCING (Real Estate, Vehicles, Stock, etc.) VALUE OF ASSETS \$ \_\_\_\_\_ OTHER INCOME (LIST SOURCE AND DURATION) GROSS MONTHLY AMOUNT OF OTHER INCOME → \$ \_\_\_\_\_

DEPOSIT ACCOUNTS	FINANCIAL INSTITUTION	AVERAGE MONTHLY BALANCE
CHECKING # _____	_____	\$ _____
SAVINGS # _____	_____	\$ _____

REAL ESTATE	HOLDERS OF FIRST TRUST DEED	MARKET VALUE	PURCHASE PRICE	CURRENT BALANCE	MONTHLY PAYMENT
	_____	\$ _____	\$ _____	\$ _____	\$ _____

RENT	NAME AND ADDRESS OF LANDLORD	IS THIS A SHARED RENTAL? INDICATE MONTHLY AMOUNT OF RENT YOU PAY	TOTAL MONTHLY RENT
	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____	\$ _____

Are you a co-maker on another person's loan? . . . . . \*  YES  NO \_\_\_\_\_  
 If Yes, Amount \_\_\_\_\_ FINANCIAL INSTITUTION \_\_\_\_\_

Do you know of any reason your income(s) may decrease within the next 2 to 3 years? . . . . . \*  YES  NO \_\_\_\_\_  
 If Yes, reason for decrease \_\_\_\_\_

Have you or your co-applicant applied for credit under another name? . . . . . \*  YES  NO \_\_\_\_\_  
 If Yes, monthly amount \_\_\_\_\_

Do you pay alimony or child support? . . . . . \*  YES  NO \_\_\_\_\_  
 If Yes, other name \_\_\_\_\_

Have you or your co-applicant filed Bankruptcy during the past 7 years, or under Chapter XIII during the past 10 year? \*  YES  NO

Are there any suits pending, judgments unsatisfied, alimony or maintenance awards against you or your co-applicant? \*  YES  NO

Are you or your co-applicant a defendant in a lawsuit? . . . . . \*  YES  NO

Do you or your co-applicant have any past due bills? . . . . . \*  YES  NO

\* IF ADDITIONAL EXPLANATION IS NEEDED FOR A YES ANSWER, PLEASE USE A SEPARATE SHEET OF PAPER.

CREDIT INSURANCE DISCLOSURE: You understand that Credit Insurance is not required as a condition for credit. You must be under age 65 on the date of any advance to be eligible for insurance. You may rescind this request any time prior to the date of any advance. You hereby authorize the Credit Union to pay said premiums to the insurer.

I REQUEST SINGLE CREDIT LIFE INSURANCE  YES  NO  
 I REQUEST JOINT CREDIT LIFE INSURANCE  YES  NO (Ask Credit Union staff for a quote)  
 I REQUEST CREDIT DISABILITY INSURANCE  YES  NO

MECHANICAL BREAKDOWN INSURANCE - You understand M.B.I. is not required as a condition for credit. New cars must have less than 24,000 miles; used cars must have less than 70,000 miles.  
 YES  NO

By signing below, I authorize Healthcare Federal Credit Union to check my credit history including the verification of information on this request. I understand that you may contact me for further information, and that this application must be completed fully for you to process my request. you may obtain information from others about me and give credit information to others. I authorize you issue any credit devices (for example, credit card, loan checks, overdraft protection transfer, etc.) requested by me. I understand that all funds advanced to me will be subject to the terms and conditions of the applicable Loan and Security.

X \_\_\_\_\_ X \_\_\_\_\_  
 Applicant's Signature Date Signature of Co-Applicant Date