



FEDERAL CREDIT UNION

P.O. Box 23393 Washington, DC 20026-3393 (202) 874-3210 • Fax (202) 874-4187

# CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

A better environment for your money.

ACCOUNT NUMBER - APPLICANT	ACCOUNT NUMBER - CO-APPLICANT	DATE
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## Applicant Information

PRINT OR TYPE ALL INFORMATION

1. If You are applying for joint credit with Your Spouse/Co-Applicant, are relying on Your Spouse's income as a source of repayment for the credit requested or if You live in a community property state: AZ, CA, ID, LA, NM, NV, TX, and WI (or Puerto Rico), complete the Spouse/Co-Applicant section and the following:

Married  Separated  Unmarried (Includes Single, Divorced and Widowed)

2. Married applicants can apply for individual credit. Indicate if You would like:

Individual Credit  Joint Credit with Your Spouse/Co-Applicant

Definitions: Whenever used in this application, the words "You" and "Your" refer to the Applicant(s) or Spouse/Co-Applicant and the words "We," "Us," and "Our" refer to the Lender.

Type of Credit Applied For Loan Amount/Credit Limit Desired: \$ Purpose:

New Auto  Used Auto  Share/Certificate Secured  Signature  Signature Line of Credit  
 Other  Other

## APPLICANT

FULL NAME		MOTHER'S MAIDEN NAME	
SOCIAL SECURITY NUMBER	E-MAIL ADDRESS	BIRTHDATE	
CURRENT STREET ADDRESS	APT. NO.	SINCE (MO./YR.)	
CITY	STATE	ZIP	
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)		YEARS THERE	
HOME TELEPHONE	CELL TELEPHONE		
DO YOU:	AMT OF RENT/MORTGAGE	NO. OF DEP.	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER			
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU			
NAME, ADDRESS AND TELEPHONE OF NEAREST REFERENCE NOT LIVING WITH YOU			

## SPOUSE/CO-APPLICANT

## CO-SIGNER

FULL NAME		MOTHER'S MAIDEN NAME	
SOCIAL SECURITY NUMBER	E-MAIL ADDRESS	BIRTHDATE	
CURRENT STREET ADDRESS	APT. NO.	SINCE (MO./YR.)	
CITY	STATE	ZIP	
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)		YEARS THERE	
HOME TELEPHONE	CELL TELEPHONE		
DO YOU:	AMT OF RENT/MORTGAGE	NO. OF DEP.	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER			
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU			
NAME, ADDRESS AND TELEPHONE OF NEAREST REFERENCE NOT LIVING WITH YOU			

## EMPLOYMENT AND INCOME

If self-employed or retired, attach prior two years Federal income tax returns or retirement income verification. \* You need not list income from alimony, child support or separate maintenance payments unless You want it considered in evaluating this credit application.

CURRENT EMPLOYER	EMPLOYMENT DATE	
WORK LOCATION	MONTHLY GROSS INCOME	EMPLOYER'S TELEPHONE NUMBER
	\$	
FORMER EMPLOYER	YEARS THERE	
OTHER INCOME SOURCE*	MONTHLY AMOUNT	
	\$	

CURRENT EMPLOYER	EMPLOYMENT DATE	
WORK LOCATION	MONTHLY GROSS INCOME	EMPLOYER'S TELEPHONE NUMBER
	\$	
FORMER EMPLOYER	YEARS THERE	
OTHER INCOME SOURCE*	MONTHLY AMOUNT	
	\$	

## OPTIONAL DEBT PROTECTION

Debt protection coverage is not required to obtain credit and, for Credit Line Accounts, will be included only if requested immediately below by the APPLICANT. The debt protection costs for Credit Line Accounts are shown below. For Credit Line Accounts, the coverage charge is calculated each month by multiplying the outstanding balance of the Account on the last day of that month by the rate shown. For Closed-End loans, the total debt protection costs will be calculated and disclosed to You separately.

### Monthly Cost per \$1000 of Outstanding Balance for Credit Line Accounts - You must CHECK ONE OR MORE of the boxes below.

Death, Disability and Involuntary Unemployment: Single Coverage -  Yes  No Joint Coverage -  Yes  No  
 Death and Disability: Single Coverage -  Yes  No Joint Coverage -  Yes  No  
 Death: Single Coverage -  Yes  No Joint Coverage -  Yes  No  
 Disability: Single Coverage -  Yes  No Joint Coverage -  Yes  No

### Closed-End Loan Applicants - You must CHECK ONE OR MORE of the boxes below.

You are interested in Death, Disability and Involuntary Unemployment - single coverage  joint coverage   
 You are interested in Death and Disability - single coverage  joint coverage   
 You are interested in Death - single coverage  joint coverage   
 You are interested in Disability - single coverage  joint coverage   
 You are not interested in Debt Protection

NOTE: For Closed-End loans, an appropriate disclosure will be furnished if Your credit is approved. If this application is for a Credit Line Account and You are applying for debt protection, You authorize Us to add the required costs to Your Account, charge a Finance Charge on the costs at the rate which applies to Your Account, and forward such costs to the debt protection Company.

SIGNATURE OF APPLICANT \_\_\_\_\_ SIGNATURE OF CO-APPLICANT \_\_\_\_\_

## SIGNATURES

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Credit Line Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure. You will receive a copy of that Agreement and Disclosure no later than the time of Your first credit advance and You promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature.

You hereby acknowledge Your intent to apply for joint credit \_\_\_\_\_

Applicant's Initials Co-Applicant's Initials

APPLICANT SIGNATURE	SPOUSE/CO-APPLICANT SIGNATURE
DATE	DATE