

LOANLINER. Application



WATSONVILLE HOSPITAL FEDERAL CREDIT UNION
75 Nielson St.
Watsonville, CA 95076
(831) 724-8098

HOW TO APPLY

- Please complete red sections 1 through 8
- Sign section 9
- Return this application to the Credit Union

**1
NOTE AND COMPLETE**

Married Applicants may apply for a separate account. Check the appropriate box to indicate Individual Credit or Joint Credit.
 Individual Credit: Complete **Applicant** section. Complete **Co-Applicant, Spouse, Guarantor** (referred to as "Other") section: (1) about your spouse if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), or (2) if your spouse will use the Account, or (3) if there is a guarantor on this account. Please check box to indicate whom the information is about.
 Joint Credit: Provide information about both of you by completing **Applicant** and **Other** section.

Amount Requested \$ _____ **Purpose:** _____

Collateral:

Repayment: Payroll Deduction Cash Automatic Payment Military Allotment _____

STATEMENT OF INTENT
Check if desired.

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.

**2
APPLICANT INFORMATION**

APPLICANT

Please print in ink or type.

NAME (Last - First - Initial) _____

DRIVER'S LICENSE NUMBER/STATE _____

ACCOUNT NUMBER _____ SOCIAL SECURITY NUMBER _____

BIRTH DATE _____ HOME PHONE _____ BUSINESS PHONE / EXT. _____

PRESENT ADDRESS (Street - City - State - Zip) _____ OWN RENT
 YEARS AT THIS ADDRESS _____

PREVIOUS ADDRESS (Street - City - State - Zip) _____ OWN RENT
 YEARS AT THIS ADDRESS _____

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:
 MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed)

LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT
 (Exclude Self)

CO-APPLICANT **SPOUSE** **GUARANTOR**

Use "SAA" if information is "Same As Applicant".

NAME (Last - First - Initial) _____

DRIVER'S LICENSE NUMBER/STATE _____

ACCOUNT NUMBER _____ SOCIAL SECURITY NUMBER _____

BIRTH DATE _____ HOME PHONE _____ BUSINESS PHONE / EXT. _____

PRESENT ADDRESS (Street - City - State - Zip) _____ OWN RENT
 YEARS AT THIS ADDRESS _____

PREVIOUS ADDRESS (Street - City - State - Zip) _____ OWN RENT
 YEARS AT THIS ADDRESS _____

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:
 MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed)

LIST AGES OF DEPENDENTS NOT LISTED BY APPLICANT
 (Exclude Self)

**3
EMPLOYMENT INFORMATION**

NAME AND ADDRESS OF EMPLOYER _____

YOUR TITLE / GRADE _____ SUPERVISOR'S NAME _____

START DATE _____ HOURS AT WORK _____ IF SELF EMPLOYED, TYPE OF BUSINESS _____

IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS _____ STARTING DATE _____ ENDING DATE _____

MILITARY IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR YES NO WHERE _____ ENDING / SEPARATION DATE _____

NAME AND ADDRESS OF EMPLOYER _____

YOUR TITLE / GRADE _____ SUPERVISOR'S NAME _____

START DATE _____ HOURS AT WORK _____ IF SELF EMPLOYED, TYPE OF BUSINESS _____

IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS _____ STARTING DATE _____ ENDING DATE _____

IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR YES NO WHERE _____ ENDING / SEPARATION DATE _____

**4
REFERENCES**
Please include Street, City, State and Zip.

NAME AND ADDRESS OF CREDITOR(S) OF DEBTS PAID OFF _____ TELEPHONE _____

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____ RELATIONSHIP _____ HOME PHONE _____

NAME AND ADDRESS OF PERSONAL FRIEND -NOT A RELATIVE _____ HOME PHONE _____

NAME AND ADDRESS OF CREDITOR(S) OF DEBTS PAID OFF _____ TELEPHONE _____

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____ RELATIONSHIP _____ HOME PHONE _____

NAME AND ADDRESS OF PERSONAL FRIEND -NOT A RELATIVE _____ HOME PHONE _____

APPLICANT

OTHER (CO-APPLICANT, SPOUSE, GUARANTOR)

5 INCOME INFORMATION

NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

EMPLOYMENT INCOME \$ PER SOURCE OTHER INCOME \$ PER SOURCE
 NET GROSS

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EMPLOYMENT INCOME \$ PER SOURCE OTHER INCOME \$ PER SOURCE
 NET GROSS

6 ASSETS

SHARE DRAFT OR CHECKING AMOUNT \$ NAME AND ADDRESS OF DEPOSITORY SAVINGS AMOUNT \$ NAME AND ADDRESS OF DEPOSITORY

SHARE DRAFT OR CHECKING AMOUNT \$ NAME AND ADDRESS OF DEPOSITORY SAVINGS AMOUNT \$ NAME AND ADDRESS OF DEPOSITORY

Check box for Applicant/Other. List all assets and account number(s)—Attach other sheets if necessary.

APPLICANT	OTHER	LIST HOME AND ALL OTHER ITEMS YOU OWN AND LOCATION OF PROPERTY For Example: Auto, Boat, Stocks, Bonds, Cash, Household Goods, Real Estate, etc.	MARKET VALUE	PLEGGED AS COLLATERAL FOR ANOTHER LOAN	
	<input type="checkbox"/> HOME		\$	YES	NO
			\$	YES	NO
			\$	YES	NO

7 DEBTS

In addition to Rent/Mortgage list all other debts (for example, auto loans, credit cards, second mortgage, home assoc. dues, alimony, child support, child care, medical, utilities, auto insurance, IRS liabilities, etc.) Please use a separate line for each credit card and auto loan. Attach other sheets if necessary.

APPLICANT	OTHER	CREDITOR NAME AND ADDRESS	ACCOUNT NUMBER	ORIGINAL BALANCE	PRESENT BALANCE	MONTHLY PAYMENT	IF PAST DUE ✓
	<input type="checkbox"/> RENT <input type="checkbox"/> MORTGAGE (Incl. Tax & Ins.)			\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED							
TOTALS				\$	\$	\$	

8 FINANCIAL INFORMATION

These questions apply to both Applicant and Other.

IF A "YES" ANSWER IS GIVEN TO A QUESTION, EXPLAIN ON AN ATTACHED SHEET

DO YOU HAVE ANY OUTSTANDING JUDGMENTS? _____

HAVE YOU EVER FILED FOR BANKRUPTCY OR HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13? _____

HAVE YOU HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST 7 YEARS? _____

ARE YOU A PARTY IN A LAWSUIT? _____

ARE YOU OTHER THAN A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN? _____

IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS? _____

ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE? _____

FOR WHOM (Name of Others Obligated on Loan): _____ TO WHOM (Name of Creditor): _____

APPLICANT		OTHER	
YES	NO	YES	NO

9 SIGNATURES

If there are any important changes, you will notify us in writing immediately. You also agree to notify us of any change in your name, address or employment within a reasonable time thereafter. You also promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of all your debts and obligations. You authorize the credit union to obtain credit

reports in connection with this application for credit and for any update, renewal or extension of the credit received. 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. You understand that 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 _____
 APPLICANT'S SIGNATURE DATE

X _____
 OTHER SIGNATURE DATE

10 CREDIT UNION INFORMATION

Do not write in this section— for credit union use only. Check applicable box(es).

APPROVED LIMITS \$ \$ \$ \$ DEBT RATIO

DATE SIGNATURE LINE OF CREDIT OTHER OTHER

LOAN OFFICER CREDIT COMMITTEE OR OTHER

ADVANCE APPROVED: YES NO COUNTER OFFER WILL BE MADE, IF ACCEPTED, ADVANCE APPROVED YES NO IF YES, ATTACH ADDITIONAL SHEET AND DESCRIBE

REFERRED TO/REASON(S) FOR REFERRAL: _____

DESCRIBE COUNTER OFFER: _____

SPECIFIC REASON(S) FOR REJECTION: _____

SIGNATURES: _____ DATE _____ DATE _____

LOAN OFFICER X _____ DATE X _____ DATE _____

CREDIT COMMITTEE X _____ DATE X _____ DATE _____

ECOA NOTICE AND REASON FOR REJECTION SENT OR DELIVERED ON _____ (DATE) BY _____ (INITIALS)