



1918 West Chapman Ave.
Suite 100
Orange, CA 92868
(714) 704-2850
Fax (714) 634-3746

CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

ACCOUNT NUMBER - APPLICANT

ACCOUNT NUMBER - CO-APPLICANT

DATE

Applicant Information

PRINT OR TYPE ALL INFORMATION

1. If You live in a community property state, are You:

☐ 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

3. Method of Payment:

☐ Payroll Deduction ☐ Automatic Transfer ☐ Cash Payment

4. Complete Spouse/Co-Applicant Information only if:

- This is for joint credit with Your Spouse or other Co-Applicant.
- Your Spouse will use Your Account.
- You are relying on Your Spouse's income as a source of repayment for the credit requested.
- You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (and Puerto Rico).

5. 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"

TYPE OF CREDIT APPLIED FOR

- | | |
|---|---|
| <input type="checkbox"/> Line of Credit
(including Overdraft Protection) | <input type="checkbox"/> VISA |
| <input type="checkbox"/> Signature Loan | <input type="checkbox"/> Share/CD Secured |
| <input type="checkbox"/> Auto Loan | <input type="checkbox"/> Other |
| <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Refinance | |

Amount Requested: \$ _____

Purpose: _____

No. of Months: _____

Collateral Offered: _____

There are costs associated with the use of any Credit Card issued to You by Us. You may request specific information about these costs by contacting Us by telephone at (714) 704-2850 or toll free at (888) 488-6466 or by writing Us at 1918 West Chapman Ave., Suite 100, Orange, CA 92868.

APPLICANT

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

SPOUSE/CO-APPLICANT

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

EMPLOYMENT AND INCOME

Attach two most recent pay stubs. If self-employed or retired, attach financial statement or income tax returns.

CURRENT EMPLOYER		EMPLOYMENT DATE	
ADDRESS/CITY/STATE/ZIP			
WORK TELEPHONE	POSITION	MO. GROSS INCOME	
		\$	
FORMER EMPLOYER	POSITION	YEARS	
OTHER INCOME SOURCE*		MONTHLY AMOUNT	
		\$	

CURRENT EMPLOYER		EMPLOYMENT DATE	
ADDRESS/CITY/STATE/ZIP			
WORK TELEPHONE	POSITION	MO. GROSS INCOME	
		\$	
FORMER EMPLOYER	POSITION	YEARS	
OTHER INCOME SOURCE*		MONTHLY AMOUNT	
		\$	

*You need not list income from alimony, child support, or separate maintenance payments unless You want it considered in evaluating this credit application.

ASSETS AND DEPOSITS

List bank accounts, home, and all other items you own. (Example: autos, boats, stocks, bonds, household good, cash, etc). Attach a separate sheet if necessary.

DESCRIPTION	ACCOUNT NUMBER/TYPE	BALANCE/VALUE
SAVINGS ACCOUNT		
CHECKING ACCOUNT		
HOME		
OTHER		

DESCRIPTION	ACCOUNT NUMBER/TYPE	BALANCE/VALUE
SAVINGS ACCOUNT		
CHECKING ACCOUNT		
HOME		
OTHER		

Credit Information. Please list all open accounts. Attach separate sheet if necessary.

Please Check			Name of Creditor List all obligations including Credit Union Loans	Monthly Payments	Balance Owed	Amount Past Due
A	C	D				
			1. Mortgage/Rent (Circle one):			
			2. Auto Payment:			
			3. Auto Payment:			
			4. Alimony/Child Support:			
			5.			
			6.			
			7.			
			8.			
			9.			
			10.			

Please answer the following questions. If a yes answer is given, explain on an attached sheet.	A		C		TOTALS	\$	\$	\$
	Yes	No	Yes	No				
1. Have You filed a petition for bankruptcy in the last 10 years?					Please Check: A = Applicant C = Spouse/Co-Applicant			
2. Have You ever had any auto, furniture or property repossessed?								
3. Are You a co-maker or co-signer on any loan? For Whom _____ Amount \$ _____								
4. Have You ever had credit in any other name? What Name _____								
5. Have You any suits pending, judgments filed, alimony or support awards against You?					9. Indicate immigration status: Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____ Co-Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____			

STATEMENT OF INTENT

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.

Single Credit Disability ☐ Single Credit Life ☐ Joint Credit Life ☐
You are not interested in Credit Insurance ☐

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 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. If You are issued a credit card, by signing below, You grant and consent to a lien on Your shares with Us (except IRA and Keogh Accounts) and any dividends due or to become due to You from Us to the extent You owe on any unpaid credit card balance.

You hereby acknowledge Your intent to apply for joint credit _____
Applicant's Initials Co-Applicant's Initials

X _____ X _____
SIGNATURE OF APPLICANT DATE SIGNATURE OF SPOUSE/CO-APPLICANT DATE

Share Secured and Certificate Secured Applicants: If Your credit is approved, You grant Us a specific pledge of shares in Your Share/Certificate Account indicated below and for the amount specified below:

Account Number _____ Amount \$ _____

DATE	APPROVED LIMITS	SIGNATURE	LINE OF CREDIT	OTHER	OTHER	DEBT RATIO
		\$	\$	\$	\$	
LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFERRED TO MLC <input type="checkbox"/> IF COUNTER OFFER ACCEPTED, LOAN APPROVED.			LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IF COUNTER OFFER ACCEPTED, LOAN APPROVED.			
DESCRIBE COUNTER OFFER:						
SPECIFIC REASON(S) FOR REJECTION						
LOAN OFFICER SIGNATURE		DATE		CREDIT LIMIT \$		ADDITIONAL INFORMATION:
COMMENTS						
<input type="checkbox"/> ECOA NOTICE AND REASON FOR REJECTION OR UNACCEPTED COUNTER OFFER SENT OR DELIVERED ON						(DATE) BY