

# LOANLINER. Application

DISABILITY INS. YES  NO   
LIFE INS. YES  NO

**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 (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:** If you are applying with another person, complete the **Applicant** and **Other** sections.

**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: \_\_\_\_\_  
(Including ATM/Debit Card Access to the Account if Available)

Repayment:  Payroll Deduction  Cash  Military Allotment  Automatic Payment

## Applicant

NAME (Last - First - Initial)		MOTHER'S MAIDEN NAME	
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER		
DRIVER'S LICENSE NUMBER / STATE	LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)		
BIRTH DATE	HOME PHONE	BUSINESS PHONE/ EXT.	
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	YEARS AT THIS ADDRESS
PREVIOUS ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> 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)

## Employment/Income

NAME AND ADDRESS OF EMPLOYER		
TITLE/GRADE	START DATE	HOURS AT WORK
SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS	

NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.

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

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

PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS STARTING DATE  
ENDING DATE

## Other: Co-Applicant Spouse Guarantor

NAME (Last - First - Initial)		MOTHER'S MAIDEN NAME	
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER		
DRIVER'S LICENSE NUMBER / STATE	LIST AGES OF DEPENDENTS NOT LISTED BY APPLICANT (Exclude Self)		
BIRTH DATE	HOME PHONE	BUSINESS PHONE/ EXT.	
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	YEARS AT THIS ADDRESS
PREVIOUS ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	YEARS AT THIS ADDRESS

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