

LOANLINER. Application

DESERT COMMUNITIES FEDERAL CREDIT UNION
P.O. Box 918
305 D Street
Needles, CA 92363

HOW TO APPLY

- Please complete red sections 1 through 8. Be sure to check all applicable boxes.
- Sign section 9
- Return this application to the Credit Union

1 NOTE AND COMPLETE

Check the appropriate boxes 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**
- Credit Card Account**
- 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.

- Single 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)		
		<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:		
<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> 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)		
		<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:		
<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> 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
IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> NO		
WHERE		ENDING / SEPARATION DATE

MILITARY

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 OTHER INCOME \$ PER
 NET GROSS SOURCE

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

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 <small>For Example: Auto, Boat, Stocks, Bonds, Cash, Household Goods, Real Estate, etc.</small>	MARKET VALUE	PLEGGED AS COLLATERAL FOR ANOTHER LOAN	
<input type="checkbox"/>	<input type="checkbox"/>	HOME	\$	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>		\$	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>		\$	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>		\$	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"/>	<input type="checkbox"/>			\$	\$	\$	
<input type="checkbox"/>	<input type="checkbox"/>			\$	\$	\$	
<input type="checkbox"/>	<input type="checkbox"/>			\$	\$	\$	
<input type="checkbox"/>	<input type="checkbox"/>			\$	\$	\$	
<input type="checkbox"/>	<input type="checkbox"/>			\$	\$	\$	
<input type="checkbox"/>	<input type="checkbox"/>			\$	\$	\$	
<input type="checkbox"/>	<input type="checkbox"/>			\$	\$	\$	
<input type="checkbox"/>	<input type="checkbox"/>			\$	\$	\$	
<input type="checkbox"/>	<input type="checkbox"/>			\$	\$	\$	
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 understand that when applicable, a Personal Identification Number (PIN) may be issued. This PIN, when validated will allow you, the co-applicant and any authorized users, to access your credit union's CREDIT CARD/ATM accounts through participating Automated Teller Machine (ATM) networks, subject to the terms and disclosures of the Credit Card Agreement and the Electronic Funds Transfer Disclosure for CREDIT CARD/ATM Access Card. You understand that use of your credit card will constitute acknowledgment of receipt and agreement to the terms of the CREDIT CARD/ATM Access Card disclosures.

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).

DATE APPROVED \$ LIMITS \$ SIGNATURE \$ LINE OF CREDIT \$ OTHER \$ OTHER DEBT RATIO

LOAN OFFICER CREDIT COMMITTEE OR OTHER

ADVANCE APPROVED: YES NO

OUTSIDE INFORMATION CONSIDERED: 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 DATE DATE

LOAN OFFICER **X** CREDIT COMMITTEE **X**

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