



PLEASE CHECK THE APPROPRIATE BOX BELOW TO INDICATE THE TYPE OF CREDIT FOR WHICH YOU ARE APPLYING.
 NOTE: A MARRIED APPLICANT MAY APPLY FOR A SEPARATE ACCOUNT.
 PLEASE USE A BALL POINT PEN.

- Individual Credit: Complete "APPLICANT" section. Complete other sections as follows: (1) Information about your spouse if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI) or if your spouse will use the Account. (2) Information about the party making the payments if you are relying on alimony, spousal support, child support, or separate/spousal maintenance as a basis for repayment.
- Joint Credit: Complete both the "APPLICANT" and the "CO-APPLICANT" sections.

CREDIT UNION ACCOUNT #
LOAN AMOUNT REQUESTED
TO BE REPAYED IN _____ MONTHS
PURPOSE OF LOAN
COLLATERAL OFFERED

Loan Application

APPLICANT			
APPLICANT'S FULL NAME			
HOME ADDRESS (STREET & NO.)		HOW LONG?	
CITY	STATE	ZIP CODE	
PREVIOUS HOME ADDRESS		HOW LONG?	
HOME PHONE ()	BIRTHDATE	NO. OF DEPENDENTS	AGES
SOCIAL SECURITY NO.	DRIVERS LICENSE NO.	STATE	

CO-APPLICANT				<input type="checkbox"/> SPOUSE	<input type="checkbox"/> EX-SPOUSE	<input type="checkbox"/> GUARANTOR
APPLICANT'S FULL NAME						
HOME ADDRESS (STREET & NO.)		HOW LONG?				
CITY	STATE	ZIP CODE				
PREVIOUS HOME ADDRESS		HOW LONG?				
HOME PHONE ()	BIRTHDATE	NO. OF DEPENDENTS	AGES			
SOCIAL SECURITY NO.	DRIVERS LICENSE NO.	STATE				

NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED			
CURRENT EMPLOYER	TITLE	START DATE	
BUSINESS ADDRESS			
BUSINESS PHONE ()	GROSS MONTHLY INCOME	NET MONTHLY INCOME	
OTHER INCOME	SOURCE OF OTHER INCOME		
PREVIOUS EMPLOYER	TITLE	START DATE	
PREVIOUS BUSINESS ADDRESS		END DATE	

CURRENT EMPLOYER	TITLE	START DATE	
BUSINESS ADDRESS			
BUSINESS PHONE ()	GROSS MONTHLY INCOME	NET MONTHLY INCOME	
OTHER INCOME	SOURCE OF OTHER INCOME		
PREVIOUS EMPLOYER	TITLE	START DATE	
PREVIOUS BUSINESS ADDRESS		END DATE	

DEBTS (LIST ALL DEBTS ON ANOTHER SHEET IF NECESSARY)				
OWED TO	ADDRESS	ACCOUNT NO.	BALANCE	PAYMENTS
MORTGAGE OR RENT				
SECOND MORTGAGE				
AUTO LOAN				
CREDIT UNION				
CREDIT CARD				
CREDIT CARD				
CHILD SUPPORT, ALIMONY OR MAINTENANCE				
OTHER				
OTHER				
OTHER				

COMPLETE THIS ITEM ONLY IF YOU LIVE IN A COMMUNITY PROPERTY STATE (ARIZONA, CALIFORNIA, IDAHO, LOUISIANA, NEW MEXICO, NEVADA, TEXAS, WASHINGTON & WISCONSIN) MARRIED UNMARRIED SEPARATED

ARE YOU A CO-MAKER OF ANY OTHER LOANS? _____ YES _____ NO

HOW MUCH? _____ FOR WHOM? _____

HAVE YOU EVER FILED FOR BANKRUPTCY? _____ YES _____ NO

HAVE YOU HAD ANY LEGAL PROCEEDINGS AGAINST YOU? _____ YES _____ NO

ARE YOU A U.S. CITIZEN? _____ YES _____ NO

PERSONAL REFERENCES	
NAME & ADDRESS OF A PERSONAL FRIEND (NOT A RELATIVE)	NAME & ADDRESS OF NEAREST RELATIVE (NOT LIVING WITH YOU)
HOME PHONE ()	HOME PHONE ()

I hereby apply for credit with you according to the terms and conditions of such credit as I may, from time to time, request from you. You may also investigate my credit worthiness, credit history and financial responsibility through any credit reporting agency, or by direct creditor contact and you may directly verify my employment. I hereby direct any past, present or future employer, person, association, firm, corporation, or agency to furnish any and all information concerning me or my personal affairs, release from any liability is granted in advance. I also certify that there are no lawsuits pending or judgements outstanding against me other than those I have outlined in the application. I understand that any false or misleading statements in my application will cause any loan or extension of credit you grant me to be in default. You may then demand immediate payment of the balance of the loan, past due and any later charges. I AGREE TO PROMPTLY REPAY ANY LOAN OR CREDIT EXTENDED ACCORDING TO THE TERMS THEREON.

APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE
FOR CREDIT UNION USE ONLY <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED			

DATE
CREDIT COMMITTEE / LOAN OFFICER

Mail or Fax this application to THCU. Our fax number is (512)454-2925