

LOAN BALANCE(s) _____ _____ _____	DALE EMPLOYEES FEDERAL CREDIT UNION LOAN APPLICATION	OFFICE USE Acct # _____ Share Bal. _____ X-Mas _____ Vacation _____ Special _____
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1 NOTE AND COMPLETE	Amount Requested: \$ _____ Purpose: _____ Collateral Offered: _____ Features: _____ _____ VIN #: _____ Owner(s) of Collateral: _____ Repayment: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Monthly Payment
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STATEMENT OF INTENT. <i>Circle your choice.</i>	Yes No Single Credit Disability Insurance Yes No Joint Credit Disability Insurance Yes No Single Credit Life Insurance Yes No Joint Credit Life Insurance Yes No Vehicle Extended Warranty Yes No Guaranteed Asset Protection (GAP)	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 be effective.
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APPLICANT	<input type="checkbox"/> CO-APPLICANT	<input type="checkbox"/> GUARANTOR
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2 APPLICANT INFORMATION	Name (Last – First – Initial) _____ Present Address (Street – City – State – Zip) _____ Yrs at this address _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent Birth date _____ Social Security # _____ Home Phone _____ Business Phone _____ List ages of dependents not listed by other applicant (exclude self) _____	Name (Last – First – Initial) _____ Present Address (Street – City – State – Zip) _____ Yrs at this address _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent Birth date _____ Social Security # _____ Home Phone _____ Business Phone _____ List ages of dependents not listed by other applicant (exclude self) _____
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3 EMPLOYMENT AND INCOME INFORMATION	Name, Address, Phone, Fax (if available) of Employer _____ _____ Title/Grade _____ Supervisor _____ Starting Date _____ Shift/Hours Worked _____ Employment Income \$ _____ per _____ *Other Income \$ _____ Source _____ Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If employed in current position less than two years, complete previous employer name and address _____ *Notice: Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered.	Name, Address, Phone, Fax (if available) of Employer _____ _____ Title/Grade _____ Supervisor _____ Starting Date _____ Shift/Hours Worked _____ Employment Income \$ _____ per _____ *Other Income \$ _____ Source _____ Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If employed in current position less than two years, complete previous employer name and address _____ *Notice: Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered.
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4 REFERENCES	Checking Account # / Balance _____ Name & Address of Depository _____ Savings Account # / Balance _____ Name & Address of Depository _____ Name & Add. of Nearest Relative (not living with you) _____ Phone Number and Relationship to you _____ Name, Address and Phone of Personal Friend _____	Checking Account # / Balance _____ Name & Address of Depository _____ Savings Account # / Balance _____ Name & Address of Depository _____ Name & Add. of Nearest Relative (not living with you) _____ Phone Number and Relationship to you _____ Name, Address and Phone of Personal Friend _____
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CHECK BOX FOR APPLICANT or CO-APPLICANT, LIST ALL ASSETS & DEBTS (ATTACH OTHER SHEETS IF NECESSARY)

WHAT YOU OWN		ASSETS			
Applicant	Co-Applicant		Describe (i.e. Auto, Stocks, etc.) List Home and all other items you own	Market Value	Pledged as Collateral for Another Loan? (Check One)
		<input type="checkbox"/> Home			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No

CHECK BOX FOR APPLICANT OR CO-APPLICANT, LIST ALL ASSETS & DEBTS (ATTACH OTHER SHEETS IF NECESSARY)

DEBTS		Account #	Present Balance	Monthly Pmt	# Months Past Due	Applicant	Co-Applicant
<input type="checkbox"/> Mortgage <input type="checkbox"/> Rent	Creditor Name & Address		\$	\$			
Second Mortgage			\$	\$			
Medical			\$	\$			
Auto Loan/Lease			\$	\$			
Credit Union			\$	\$			
Credit Union			\$	\$			
Credit Card			\$	\$			
Credit Card			\$	\$			
Credit Card			\$	\$			
Alimony			\$	\$			
Child Support			\$	\$			
Other			\$	\$			
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCE AND CREDIT HISTORY CAN BE CHECKED:			\$	\$			

**THESE QUESTIONS APPLY TO BOTH APPLICANT & CO-APPLICANT
(If a "Yes" Answer is given to a question, explain on an attached sheet)**

	Applicant	Co-Applicant		Applicant	Co-Applicant
Have you any outstanding judgments?			Is your income likely to reduce in the next two years?		
In the last 10 years, have you been declared bankrupt (Chapter 7) or had a debt adjustment plan confirmed under Chapter 13 of the Bankruptcy Code?			Are you a co-maker, co-signer, or guarantor on any loan not listed above?		
Have you had property foreclosed upon or given title or deed in lieu therefore, in the last seven years?			For whom (name of others obligated on loan)		
Are you a party in a law suit?			To whom (name of creditor)		
Are you other than a U.S. citizen or permanent resident alien?					

SIGNATURES

You 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 check your employment and credit history and to obtain credit reports in connection with this application for credit and 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 the NCUA.

We intend to apply for joint credit (both applicants please initial)

Applicant's Signature X	Date	Check One: <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Guarantor X	Date
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FOR CREDIT UNION USE ONLY

LOAN OFFICER SIGNATURES	DATE	CREDIT COMMITTEE SIGNATURES	DATE
		1.	
		2.	
		3.	