



**TYPE OF ACCOUNT REQUESTED**

YOU AND YOURS MEANS APPLICANT & CO-APPLICANT. Please check the appropriate box.

<input type="checkbox"/> <b>Individual.</b> If you are applying for an individual account in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, do not complete the Co-Applicant Section.	<input type="checkbox"/> <b>Joint.</b> If you are applying for a joint account or an account that you and another person will use, complete all Sections.	<input type="checkbox"/> If you are applying for an individual account, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections to the extent possible, providing information in the Co-Applicant Section about the person on whose alimony, support, or maintenance payments or income of assets you are relying. If you reside in a community property state or income is derived from a community property state, all Sections of the application should be completed.
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**Purpose:** \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

**APPLICANT INFORMATION**

Applicant's Name			Member Number	
Social Security #	Date of Birth	Driver's License Number	State	
Physical Address: Street, City, State, And Zip			Time At This Address	
Mailing Address if Different Than Physical Address			Number In Household	
Phone Numbers	Home #	Work #	Cell #	Email Address:
Please Indicate Marital Status If You Reside In a Community Property State: AZ, CA, ID, LA, NM, NV, TX, WA, WI				
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried				
Borrower's Present Employer		<i>If Self-Employed or Commissioned, Please Submit Full Copies of Last Two Years Income Tax Returns.</i> Gross Monthly Income \$ _____ Hired Date : _____		
Employer Address				

**CO-APPLICANT INFORMATION**

Co-Applicant's Name			Member Number	
Social Security Number	Date Of Birth	Driver's License Number	State	
Physical Address: Street, City, State, And Zip			Time At This Address	
Mailing Address If Different Than Physical Address			Number in Household	
Phone Numbers	Home #	Work #	Cell #	Email Address:
Please Indicate Marital Status If You Reside In a Community Property State: AZ, CA, ID, LA, NM, NV, TX, WA, WI				
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried				
Co-Borrower's Present Employer		<i>If Self-Employed or Commissioned, Please Submit Full Copies of Last Two Years Income Tax Returns.</i> Gross Monthly Income \$ _____ Hired Date : _____		
Employer Address				

**PERSONAL REFERENCES**

Name	Address	Phone	Relationship
Name	Address	Phone	Relationship

**Additional Income**

Income from alimony, child support, or separate maintenance payments need not be revealed if you do not wish us to consider it.

Source	Monthly Amount	Source	Monthly Amount
	\$ _____		\$ _____

	\$		\$
	\$		\$
	\$		\$

<p><b>LIABILITIES</b>  <i>If Insufficient Space, Attach Additional Sheet Describing Additional Assets and Debts. Loan Decision May Be Adversely Affected If All Debt Information is Not Listed.</i></p>	<p><b>ASSETS</b>  <i>All Savings, Checking, Retirement, Vehicles, Real Estate Owned, etc. must be listed.</i></p>
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Creditor	Monthly Payment	Balance owing	Financial Institution	Est. Value
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$

**CONSUMER CREDIT PLAN APPLICATION SIGNATURES**

By signing below, you certify that the information on this Application is complete, true, and submitted for the purpose of obtaining credit and you agree: (a) that the Credit Union can use credit reporting agencies or otherwise verify the information on this Application; (b) that the Credit Union can tell others about its credit experience with you and receive information from others about your credit history and performance; and (c) that you will give the Credit Union your new address if you move and that all notices and statements from the Credit Union may be sent to the address(es) shown on this Application or an address correction received from the U.S. Postal Service for any applicant or authorized user. Signature by two persons below indicates intent to apply for joint credit.

You acknowledge that you have received or will receive and will read the VISA Credit Card Agreement and Disclosure, which contains terms and fees in effect as of the date of this application. If approved, you understand that your use of the card(s) will be governed by the terms of the VISA Credit Card Agreement and Disclosure. If more than one person signs, you agree that your obligations are joint and several. I grant SELCO Community Credit Union a security interest in all of my shares and deposit accounts, whether jointly or individually owned, to secure my credit card account. I agree the Credit Union may apply funds in my accounts toward amounts owed on my credit card account at any time without further notice.

BORROWER	DATE
BORROWER	DATE

**CREDIT INSURANCE/PAYMENT PROTECTION**

**PAYMENT PROTECTION IS OPTIONAL AND VOLUNTARY AND NOT A CONDITION FOR OBTAINING A LOAN OR LINE OF CREDIT.**

I/We am/are electing to have my/our loan protected?  YES  NO

If you answer YES, SELCO Community Credit Union will disclose the cost of this voluntary payment protection to you. A separate election that discloses the terms and conditions must be signed for protection to be effective.