

Power Credit Union Credit Application

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In some cases, identification will be requested for current account holders if original documentation was not obtained with the opening of an account.

Amount Requested \$ _____		How will you repay? _____		Account Number _____	
Purpose of Loan _____		<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Cash		Daytime Phone _____	
Collateral Offered _____		<input type="checkbox"/> Other (Explain) _____		Number of Months to Repay _____	
Would you like to be approved for any of the following:					
<input type="checkbox"/> VISA®Credit Card <input type="checkbox"/> Overdraft Protection <input type="checkbox"/> Line of Credit					
I request a limit of: \$ _____ \$ _____ \$ _____		Do you want Credit Disability Insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Do you want Credit Life Insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Do you want Joint Life Insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant _____ SSN _____			Joint Applicant or Other Party _____ SSN _____		
State Driver's License/ID# _____ State _____ Date of Issuance _____ Exp. Date _____			State Driver's License/ID# _____ State _____ Date of Issuance _____ Exp. Date _____		
Present Address (street) _____ No. Years _____			Present Address (street) _____ No. Years _____		
(City, State, Zip) _____			(City, State, Zip) _____		
Previous Address (Complete if previous address less than 3 years) _____			Previous Address (Complete if previous address less than 3 years) _____		
HOMEOWNERS (Please Complete)					
Purchase Price _____		Bal. Owned _____		Est. Value _____	
Home # _____			Birth date _____		
Employer's Name _____			Employer's Full Address (Very Important) _____		
Emp. Phone # _____		Position _____		Other Income* _____	
Pay Frequency (Very Important) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly		Gross\$ _____		Net\$ _____	
Years Employed _____		Previous employment (Complete if current is less than 3 years) _____		Years Employed _____	
Automobile Year _____		Make _____		Model _____	
Bal. Owed _____		REFERENCE 1: Nearest Relative (Complete name, address & phone #) _____		REFERENCE 2: (NON-RELATIVE, i.e. co-worker, friend, neighbor, etc.) _____	

**NOTE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.*

Checking Account _____	Where? _____	Balance _____
Savings Account _____	Where? _____	Balance _____

CREDIT INFORMATION, OUTSTANDING DEBTS

LIST ALL DEBTS, i.e., CAR LOANS, FINANCE COMPANIES, CREDIT UNIONS, DEPT. STORES, CREDIT CARD ACCOUNTS. ATTACH ADDITIONAL SHEET IF NECESSARY.

Name of Creditors	Interest Rate	Value of Assets if Secured Loan	Monthly Payments	Balance Owned	Amount Past Due
1. MTG/RENT					
2. AUTO PMT.					
3.					
4.					
5.					
6.					

If you are applying for joint credit, secured credit or if you live in a community property state (AZ, CA, ID, LA, NM, TX, WA, WI, Puerto Rico), please complete the following: Married Separated Unmarried (Single, Divorced, Widowed)

To the best of my knowledge, I have no other debts. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment plus answer any questions regarding my credit experience with you.

Signature _____ Signature _____ Date _____

FOR CREDIT UNION USE ONLY

LISA Approved Loan Repaid Signature of AJO

VISA Approved VISA Repaid Signature of AJO