



**Community Healthcare Federal Credit Union**  
 1503 Pacific Ave  
 Everett, WA 98201  
 (425) 259-6446  
 Fax: (425) 252-9377  
 www.commhealthcu.org

**LOAN APPLICATION**

Married Applicants may apply for a separate account. Check the appropriate box to indicate Individual Credit or Joint Credit.

**Individual Credit:** Complete **Applicant** sections if only the applicant's income is considered for loan approval.  
 Complete **Applicant** and **Co-Applicant** sections: (1) if you 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 credit requested, or; (2) if you reside in a Community Property State, or; (3) if you are relying on property located in a Community Property State as a basis for repayment of the credit requested. Community Property States include: AK, AZ, CA, ID, LA, NM, NV, TX, WA, and WI.

**Joint Credit:** Complete **Applicant** and **Co-Applicant** sections if your co-applicant will be contractually liable for repayment of the loan and initial below:  
 We intend to apply for joint credit. \_\_\_\_\_ (Applicant Initials) \_\_\_\_\_ (Co-Applicant Initials)

**PLEASE CHECK BELOW TO INDICATE THE TYPE OF ACCOUNT(S) AND TYPE OF CREDIT FOR WHICH YOU ARE APPLYING.**

**Account/Loan:**  Individual  Joint  
 (Including ATM/Debit Card Access to the Account if Available) Amount Requested \$ \_\_\_\_\_  
 Purpose/Collateral: \_\_\_\_\_  Other Loan Request: \_\_\_\_\_  
**Repayment:**  Payroll Deduction  Billing Notice  Automatic Payment  Web Pay  Other

APPLICANT				<input type="checkbox"/> <b>CO-APPLICANT</b> <input type="checkbox"/> <b>NON-APPLICANT SPOUSE/OTHER</b> <input type="checkbox"/> <b>GUARANTOR</b>			
NAME (Last - First - Initial)		ACCOUNT NUMBER		NAME (Last - First - Initial)		ACCOUNT NUMBER	
SOCIAL SECURITY NUMBER		MOTHER'S MAIDEN NAME		SOCIAL SECURITY NUMBER		MOTHER'S MAIDEN NAME	
E-MAIL ADDRESS		FAX NUMBER		E-MAIL ADDRESS		FAX NUMBER	
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.		BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.	
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT		PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
		YEARS/MONTHS AT THIS ADDRESS				YEARS/MONTHS AT THIS ADDRESS	
PREVIOUS ADDRESS (Street - City - State - Zip)				PREVIOUS ADDRESS (Street - City - State - Zip)			
PURCHASE PRICE OF HOME:		PRESENT HOME VALUE:		PURCHASE PRICE OF HOME:		PRESENT HOME VALUE:	
\$		\$		\$		\$	
MORTGAGE BALANCE		MONTHLY PAYMENT (MORTGAGE/RENT)		MORTGAGE BALANCE		MONTHLY PAYMENT (MORTGAGE/RENT)	
\$		\$		\$		\$	
PLEASE COMPLETE ONLY IF YOU ARE APPLYING FOR JOINT CREDIT, SECURED CREDIT, OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE.				PLEASE COMPLETE ONLY IF YOU ARE APPLYING FOR JOINT CREDIT, SECURED CREDIT, OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE.			
<input type="checkbox"/> MARRIED				<input type="checkbox"/> MARRIED			
<input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)				<input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)			

**EMPLOYMENT**

NAME AND ADDRESS OF EMPLOYER		NAME AND ADDRESS OF EMPLOYER	
HIRE DATE	POSITION	HIRE DATE	POSITION
PRIOR EMPLOYER		PRIOR EMPLOYER	

**INCOME**

<b>OTHER INCOME NOTICE:</b> Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.		<b>OTHER INCOME NOTICE:</b> Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.	
EMPLOYMENT INCOME (GROSS)	OTHER INCOME (GROSS)	EMPLOYMENT INCOME (GROSS)	OTHER INCOME (GROSS)
\$ PER	\$ PER	\$ PER	\$ PER
	SOURCE		SOURCE

**REFERENCES**

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		HOME NUMBER	NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		HOME NUMBER
		RELATIONSHIP			RELATIONSHIP

STATE NOTICES

OHIO RESIDENTS ONLY: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

WISCONSIN RESIDENTS: Marital Status:  Married  Unmarried  Legally Separated

If married: the name of my spouse is \_\_\_\_\_

Spouse's SSN: \_\_\_\_\_  Spouse's Address (if different) \_\_\_\_\_

Notice: No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened.

MARRIED WISCONSIN RESIDENTS APPLYING FOR AN INDIVIDUAL ACCOUNT: By signing here, I state that the credit being applied for, if granted, will be incurred in the interest of the marriage or family of the Borrower(s).

X \_\_\_\_\_

LOAN APPLICATION SIGNATURES

PLEASE READ BEFORE SIGNING:

All the information in this application is true. I understand that section 1014 Title 18 U.S. Code makes it a federal crime to knowingly make a false statement on this application. You have my permission to check it. You may retain this application even if not approved. I understand that you may receive information from others about my credit and you may answer questions and requests from others seeking credit or experience information about me or my accounts with you. If this application is approved, I agree to honor the provisions of the credit or loan agreement and security agreement covering my account or loan. (If this application is for two of us, this statement applies to both of us.)

Credit Report Authorization. By signing this Application, I authorize you to obtain my credit report for the purposes of evaluating this application and to obtain subsequent credit reports on an on-going basis in connection with this transaction, and for all other legitimate purposes, such as reviewing my accounts or taking collection action on the account.

Vermont Residents: Applicant provided consent via phone \_\_\_\_\_(Credit Union Initials)

Permission to contact: By providing a wireless telephone number (i.e., cell phone), I consent to receiving calls, including autodialed and prerecorded message calls, from the credit union or its third party debt collector at that number.

IMPORTANT NOTICE ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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. What this means for me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying information.

SIGNATURE OF APPLICANT DATE X

SIGNATURE OF CO-APPLICANT DATE X

HAVE YOU OMITTED ANYTHING? REMEMBER: INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.