



PLEASE COMPLETE BOTH SIDES AND RETURN WITH PROOF OF INCOME (i.e. PAY STUB OR DIRECT DEPOSIT STATEMENT) AND RETURN BY MAIL OR EMAIL TO LOANS@BLUEWATERFCU.ORG

NOTICE: Married applicants may apply for separate accounts. Check the box indicating the type of credit you are applying for:

- ☐ **Individual Credit:** 1) Complete applicant section if you are relying only on your own income and assets to establish credit.
2) Complete other applicant section providing information about your spouse or former spouse if you reside in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI) or if you are relying on alimony, child support or separate maintenance payments to establish credit. ☐ **Joint Credit:** 1) Complete applicant and co-applicant section providing information about you and the other party.

FOR CREDIT UNION USE ONLY

- ☐ Approved \$ _____
☐ Rejected – ECOA notice sent on: _____

Credit Committee or Loan Officer:

Signature _____ Date _____

Signature _____ Date _____

Amount Requested \$			Purpose and Collateral		
APPLICANT			<input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> GUARANTOR		
Name			Name		
Account Number	Drivers License Number	Social Security Number	Account Number	Drivers License Number	Social Security Number
Birth Date	Home Phone	Business Phone	Birth Date	Home Phone	Business Phone
Present Address (Street, City, State, Zip)		Years at this address <input type="checkbox"/> Own <input type="checkbox"/> Rent	Present Address (Street, City, State, Zip)		Years at this address <input type="checkbox"/> Own <input type="checkbox"/> Rent
Last Previous Address (Street, City, State, Zip)		Years at this address <input type="checkbox"/> Own <input type="checkbox"/> Rent	Last Previous Address (Street, City, State, Zip)		Years at this address <input type="checkbox"/> Own <input type="checkbox"/> Rent
Complete for joint credit, secured credit or if you live in a community property state: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)			Complete for joint owner, secured credit or if you live in a community property state: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)		
Number of Dependents other than listed by Co-Applicant (exclude self)		Ages	Number of Dependents other than listed by Co-Applicant (exclude self)		Ages
Employment and Income Information			Employment and Income Information		
Name and address of employer			Name and address of employer		
Position		Supervisor	Position		Supervisor
Starting Date	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Business	Starting Date	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Business
Military: Is duty station transfer expected during next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			Military: Is duty station transfer expected during next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.			NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.		
Employment income <input type="checkbox"/> Gross <input type="checkbox"/> Net \$ _____ per	Other income \$ _____ per	Source	Employment income <input type="checkbox"/> Gross <input type="checkbox"/> Net \$ _____ per	Other income \$ _____ per	Source
If employed in current position less than five years, complete the following:			If employed in current position less than five years, complete the following:		
Previous employer name & address		Stating date	Previous employer name & address		Stating date
		Ending Date			Ending Date
Position		Supervisor	Position		Supervisor
THESE QUESTIONS APPLY TO BOTH APPLICANT AND CO-APPLICANT					
If a "YES" answer is given to a question, explain on an attached sheet.				Applicant	
				Yes No	
Have you any outstanding judgments against you?				Yes No	
In the last 10 years, have you filed a petition for relief under the bankruptcy code?				Yes No	
Have you had property foreclosed upon or given title or deed in lieu thereof, in the last 7 years?				Yes No	
Are you a party in a lawsuit?				Yes No	
Are you other than a U.S. Citizen or Permanent Resident Alien?				Yes No	
Is your income likely to be reduced in the future?				Yes No	
Are you a co-signer/guarantor on any loan? If yes, answer next two questions				Yes No	
For whom (name of others obligated on loan):					
To whom (name of creditor):					
REFERENCES			REFERENCES		
Name & address of nearest relative not living with you		Relationship	Name & address of nearest relative not living with you		Relationship
		Home Phone			Home Phone
Name & address of personal friend – not a relative		Home Phone	Name & address of personal friend – not a relative		Home Phone
PLEASE CONTINUE ON REVERSE SIDE ➔					

ASSETS				
A=Applicant B=Co-Applicant		Name of Depository	Address	Balance
<input type="checkbox"/> A <input type="checkbox"/> C	Checking Account(s)			
<input type="checkbox"/> A <input type="checkbox"/> C	Savings Account(s)			
<input type="checkbox"/> A <input type="checkbox"/> C	Certificate(s) of Deposit			
<input type="checkbox"/> A <input type="checkbox"/> C	IRA			
<input type="checkbox"/> A <input type="checkbox"/> C	Annuities			
<input type="checkbox"/> A <input type="checkbox"/> C	Stocks/Bonds			
<input type="checkbox"/> A <input type="checkbox"/> C	Life Insurance			
<input type="checkbox"/> A <input type="checkbox"/> C	Other			
<input type="checkbox"/> A <input type="checkbox"/> C	Other			
<input type="checkbox"/> A <input type="checkbox"/> C	Other			
<input type="checkbox"/> A <input type="checkbox"/> C	Other			
<input type="checkbox"/> A <input type="checkbox"/> C	Auto(s) Owned	Make	Model	Year
<input type="checkbox"/> A <input type="checkbox"/> C	Auto(s) Owned	Make	Model	Year

OUTSTANDING DEBTS (List everything, attach other sheets if necessary).						
A=Applicant B=Co-Applicant		Creditor Name & Address	Account Number	Present Balance	Monthly Payment	Number of Months Past Due
<input type="checkbox"/> A <input type="checkbox"/> C	Rent					
<input type="checkbox"/> A <input type="checkbox"/> C	Home Mortgage	Market Value \$				
<input type="checkbox"/> A <input type="checkbox"/> C	Second Mortgage					
<input type="checkbox"/> A <input type="checkbox"/> C	Real Estate Other Than Home					
<input type="checkbox"/> A <input type="checkbox"/> C	Alimony and Child Support					
<input type="checkbox"/> A <input type="checkbox"/> C	Auto Loan	Make Year				
<input type="checkbox"/> A <input type="checkbox"/> C	Auto Loan	Make Year				
<input type="checkbox"/> A <input type="checkbox"/> C	Banks					
<input type="checkbox"/> A <input type="checkbox"/> C	Credit Unions					
<input type="checkbox"/> A <input type="checkbox"/> C	Savings & Loans					
<input type="checkbox"/> A <input type="checkbox"/> C	Finance Company					
<input type="checkbox"/> A <input type="checkbox"/> C	Finance Company					
<input type="checkbox"/> A <input type="checkbox"/> C	Credit Card					
<input type="checkbox"/> A <input type="checkbox"/> C	Credit Card					
<input type="checkbox"/> A <input type="checkbox"/> C	Credit Card					
<input type="checkbox"/> A <input type="checkbox"/> C	Credit Card					
<input type="checkbox"/> A <input type="checkbox"/> C	Other					
<input type="checkbox"/> A <input type="checkbox"/> C	Other					
<input type="checkbox"/> A <input type="checkbox"/> C	Other					
<input type="checkbox"/> A <input type="checkbox"/> C	Other					

List any names under which credit has previously been received.

TOTALS

COMMENTS			
I (we) certify that all information contained in this application is correct to the best of my (our) knowledge and I (we) have disclosed all outstanding obligations currently owed. I (we) hereby give the Credit Union authorization to check on my (our) credit; employment history; obtain a credit report; and to answer questions about our credit experience with you. I (we) understand that it may be a federal crime punishable by fine or imprisonment (or both) to knowingly make false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code.			
Applicant's Signature X	Date	Co-Applicant's Signature X	Date

YOU MUST COMPLETE INFORMATION ON REVERSE SIDE OF THIS APPLICATION.