



**THE WEST TENNESSEE
CREDIT UNION**
13690 Hwy 51 S. #107
Atoka, TN 38004
Phone (901) 358-3796
www.wtnCU.org

CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

ACCOUNT NUMBER – APPLICANT	ACCOUNT NUMBER – CO-APPLICANT	DATE
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Applicant Information PRINT OR TYPE ALL INFORMATION

- 1. If You live in a community property state, are You:**
- Married Separated Unmarried (Includes Single, Divorced and Widowed)
- 2. Married applicants can apply for individual loan.** Indicate if You want an:
- Individual Loan Joint Loan with Your Spouse/Co-Applicant
- 3. Method of Payment:** Payroll Deduction Automatic Share Transfer Cash Payment
- 4. Frequency of Payment:** Monthly Other _____

Spouse/Co-Applicant Information

- 5. Complete Spouse/Co-Applicant Information only if:**
- a. This is for joint credit with Your Spouse or other Co-Applicant;
b. Your Spouse will use Your Account;
c. You are relying on Your Spouse's income as a source of repayment for the credit requested; or
d. You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (or Puerto Rico).
- 6. Definitions:**
Whenever used in this application, the words "You" and "Your" refer to the Applicant(s) or Spouse/Co-Applicant and the words "We," "Us," and "Our" refer to the Lender.

Open-End Credit Applied For:

- Open-End Line of Credit - Limit Desired \$ _____
- _____ - Limit Desired \$ _____
- _____ - Limit Desired \$ _____
- _____ - Limit Desired \$ _____
- Other _____

Closed-End Credit Applied For:

- Type: New Auto Used Auto Signature
 Other (specify) _____
- Amount Requested \$ _____ Length of Repayment Mos. _____
- Purpose _____
- Collateral Offered _____

APPLICANT OR CO-SIGNER

FIRST NAME	INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER			BIRTHDATE
CURRENT STREET ADDRESS		APT. NO.	SINCE (MO. YR.)
CITY		STATE	ZIP
COUNTY		TOWNSHIP	
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)			YEARS THERE
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD	HOME TELEPHONE	CELL PHONE	NO. OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU			

SPOUSE/CO-APPLICANT

FIRST NAME	INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER			BIRTHDATE
CURRENT STREET ADDRESS		APT. NO.	SINCE (MO. YR.)
CITY		STATE	ZIP
COUNTY		TOWNSHIP	
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)			YEARS THERE
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD	HOME TELEPHONE	CELL PHONE	NO. OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU			

EMPLOYMENT AND INCOME If self-employed or retired, attach financial statement or income tax returns.

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		EMPLOYMENT DATE	
ADDRESS/CITY/STATE/ZIP			
WORK TELEPHONE	POSITION	MO. GROSS INCOME \$	
FORMER EMPLOYER	POSITION	YEARS	

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		EMPLOYMENT DATE	
ADDRESS/CITY/STATE/ZIP			
WORK TELEPHONE	POSITION	MO. GROSS INCOME \$	
FORMER EMPLOYER	POSITION	YEARS	

OTHER INCOME You need not list income from alimony, child support, or separate maintenance payments unless You want it considered in evaluating this credit application.

TYPE OF OTHER INCOME	MONTHLY AMOUNT \$
NAME AND ADDRESS OF PAYER	

TYPE OF OTHER INCOME	MONTHLY AMOUNT \$
NAME AND ADDRESS OF PAYER	

ASSETS AND DEPOSITS Attach a separate sheet if necessary.

TYPE	BANK (OR OTHER) NAME & ADDRESS	ACCOUNT NO.	INTEREST RATE	APPROX. BAL.
Checking				
Savings				
Other				
CAR 1 - YR. - MAKE - MODEL		BALANCE OWED \$		
CAR 2 - YR. - MAKE - MODEL		BALANCE OWED \$		
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED		PURCHASE PRICE \$	APPROX. VALUE \$	

TYPE	BANK (OR OTHER) NAME & ADDRESS	ACCOUNT NO.	INTEREST RATE	APPROX. BAL.
Checking				
Savings				
Other				
CAR 1 - YR. - MAKE - MODEL		BALANCE OWED \$		
CAR 2 - YR. - MAKE - MODEL		BALANCE OWED \$		
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED		PURCHASE PRICE \$	APPROX. VALUE \$	

CREDIT INFORMATION Please list all open accounts with or without a balance. Attach separate sheet if necessary.

A=Applicant C=Spouse/Co-Applicant
D=Debts to be paid off if loan is granted

PLEASE CHECK			OBLIGATIONS	LENDER (OR OTHER) NAME, ADDRESS LIST ALL OBLIGATIONS AND CREDIT UNION LOANS	ACCOUNT NUMBER	INTEREST RATE	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENT
A	C	D							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

Please answer the following questions. If a yes answer is given, explain on attached sheet.				<table border="1"> <tr><th colspan="2">A</th><th colspan="2">C</th></tr> <tr><td>Yes</td><td>No</td><td>Yes</td><td>No</td></tr> </table>		A		C		Yes	No	Yes	No	TOTALS				\$	\$
A		C																	
Yes	No	Yes	No																
1. Have You filed a petition for bankruptcy in the last 14 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please Check: A = Applicant C = Spouse/Co-Applicant				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
2. Have You ever had any auto, furniture or property repossessed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Have You any obligations not listed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
3. Are You a co-maker or co-signer on any loan? For Whom _____ Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Do You have any past due bills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
4. Have You ever had credit in any other name? What Name _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Is any income You have listed likely to reduce in the next two years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
5. Have You any suits pending, judgments filed, alimony or support awards against You?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Indicate immigration status: Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____ Co-Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____														

OPTIONAL CREDIT INSURANCE

An appropriate application/disclosure will be furnished at the time Your credit is approved.

PLEASE CHECK ONE OF THE BOXES BELOW.

You are interested in Credit Insurance

You are not interested in Credit Insurance

SIGNATURES

You warrant the truth of all of the information contained herein and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Credit Line Account program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure. You acknowledge receiving a copy of that Agreement and promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature.

You hereby acknowledge Your intent to apply for joint credit _____
 Applicant's Initials Co-Applicant's Initials

APPLICANT OR CO-SIGNER SIGNATURE	DATE	SPOUSE/CO-APPLICANT SIGNATURE	DATE
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LOAN OFFICER	CREDIT MANAGER OR OTHER
LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFERRED TO CC <input type="checkbox"/> COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED.	LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED.

DESCRIBE COUNTER OFFER:

SPECIFIC REASON(S) FOR REJECTION/APPROVAL

LOAN OFFICER SIGNATURE	DATE	ADDITIONAL INFORMATION
CREDIT MANAGER OR OTHER	DATE	

ECOA NOTICE AND REASON FOR REJECTION OR UNACCEPTED COUNTER OFFER SENT OR DELIVERED ON _____ (DATE) BY _____