

LIST ALL CREDITORS AND AMOUNTS DUE: (use separate sheet if necessary)

MONTHLY PAYMENT

TOTAL OWED

\$ _____
\$ _____
\$ _____

\$ _____
\$ _____
\$ _____

LIST ALL PREVIOUS ADDRESSES FOR THE PAST FIVE (5) YEARS

IF RENTING, NAME & ADDRESS OF LANDLORD: _____ MONTHLY RENT: _____

If the answer to any of the following questions is YES, please furnish an explanation on a separate sheet of paper.

	<u>APPLICANT</u>	<u>CO-APPLICANT</u>
ARE THERE ANY OUTSTANDING JUDGMENTS, GARNISHMENTS, OR LEGAL PROCEEDINGS PENDING AGAINST YOU?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
IN THE PAST FOURTEEN (14) YEARS HAVE YOU BEEN BANKRUPT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU HAD ANY PROPERTY REPOSSESSED, FORECLOSED UPON OR GIVEN TITLE OR A DEED IN LIEU OF FORECLOSURE OR SURRENDERED TO A CREDITOR PROPERTY SECURING A LOAN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU A CO-MAKER / GUARANTOR OF ANY OTHER LOANS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

AUTHORIZED USERS, IF ANY:

NAME _____ SOCIAL SECURITY NO _____ DATE OF BIRTH _____ PRIMARY CONTACT NO _____

NAME _____ SOCIAL SECURITY NO _____ DATE OF BIRTH _____ PRIMARY CONTACT NO _____

LOAN APPLICATION SIGNATURES

All the information in this application is true. I understand that Section 1014 Title 1 B 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 authorize you to obtain my credit report for the purposes of evaluating this application and to obtain subsequent credit reports on an ongoing basis in connection with this transaction, as well as for all other legitimate purposes, such as reviewing my accounts or taking collection action on this account.

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.

You agree that if you are approved for a Visa Credit Card that your use of the card will bind you to the "RiverFall Credit Union Visa Credit Card Agreement – Terms & Conditions of Account" that you receive. You hereby acknowledge that you have received the accompanying "RiverFall Credit Union Visa Credit Card Agreement – Terms & Conditions of Account" and will retain same for your records.

CAUTION: IT IS IMPORTANT THAT YOU THOROUGHLY READ THE CONTRACT BEFORE YOU SIGN IT.

SIGNATURE OF APPLICANT	DATE
X	

SIGNATURE OF APPLICANT	DATE
X	

FOR CREDIT UNION USE ONLY

DATE	APPROVED / DENIED (ADVERSE ACTION NOTICE SENT)	APPROVED LIMITS:	SIGNATURE \$	LINE OF CREDIT \$	OTHER \$	OTHER \$	DEBT RATIO <u>BEFORE</u> <u>AFTER</u>
LOAN OFFICER COMMENTS:							

SIGNATURES

X _____ DATE _____ X _____ DATE _____