

CONSUMER Credit Application

HIGH PLAINS FEDERAL CREDIT UNION

If you are applying for individual credit in your own name, are not married, and are not relying on alimony, child support, or separate maintenance payments or on the income or assets of another person as the basis for repayment of the credit requested, complete only Sections B and D. If the requested credit is to be secured, also complete Section A.

In all other situations, complete all Sections except Section D, providing information in C about your Spouse, a Joint Applicant or User, or the person on whose alimony, support, or maintenance payments or income or assets you are relying. If the requested credit is to be secured, also complete Section A.

SELF EMPLOYED APPLICANTS REQUIRES 2 YEARS TAX RETURNS

If you intend to apply for joint credit, please initial here. Applicant _____ Co-Applicant _____ **MEMBER#** _____

SECTION A: In order to better assist you, please fill in the application completely. Thank you for choosing High Plains Federal Credit Union

Amount Requested: \$	Purpose of the Loan; if for a vehicle please complete line below.	Payment Date Desired:
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YEAR:	MAKE	MODEL:	(XLT, SLT ETC)	MILEAGE:
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SECTION B: APPLICANT INFORMATION

Full Name:		Social Security Number	Date of Birth	Home Phones or Cell Number:
Physical Address		Mailing Address (if different)		How long at Current Address Years _____ Months _____
City	State	Zip Code	Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Relatives <input type="checkbox"/>	Monthly Payment \$
Employer/If self employed, at what		Job Title or Position	Start Date: Mo: _____ Yr: _____	Work Phone:
Supervisor:	Previous Employer:		How Long? Yrs _____ Mo: _____	# of Dep
Have you filed bankruptcy in the past 7 years? <input type="checkbox"/> / <input type="checkbox"/> Yes <input type="checkbox"/> / <input type="checkbox"/> No If so, when?		If Military: What Squadron?	Name of Squadron Commander.	

SECTION C: INFORMATION REGARDING SPOUSE, JOINT APPLICANT, USER, OR OTHER PARTY

Full Name:		Social Security Number	Date of Birth	Home Phone or Cell Number:
Physical Address		Mailing Address (if different)		How long at Current Address Years _____ Months _____
City	State	Zip	Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Relatives <input type="checkbox"/>	Monthly Payment \$
Employer/If self employed, at what		Job Title or Position	Start Date: Mo: _____ Yr: _____	Work Phone
Supervisor:	Previous Employer		How Long? Yrs _____ Mo: _____	# of Dep
Have you filed bankruptcy in the past 7 years? <input type="checkbox"/> / <input type="checkbox"/> Yes <input type="checkbox"/> / <input type="checkbox"/> No If so, when?		If Military: What Squadron?	Name of Squadron Commander.	

Relationship to Applicant (if any),

*Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

SECTION D: ASSETS & DEBT INFO (If Section C has been completed, this Section should be completed giving information about both the applicant and Spouse, Joint Applicant, User, or Other Person. Please mark applicant related info with a "B". If section C was not completed, only give information about the Applicant in this section.)

Assets		Liabilities		
Name of your Bank:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loans <input type="checkbox"/> Other	Owed to: (for Mortgage/rent)	Balance:	Monthly Payment: \$
Autos – Make, Model & Year	Mileage of Vehicle:	Auto Loans		
Other Assets:		Other Loans		
Insurance Agent (Homeowners)	Company	Address	Phone Number	Policy Number
Insurance Agent (Auto)	Company	Address	Phone Number	Policy Number

*****Should additional space be needed for listing assets or liabilities, please use the back of this form or attach a separate sheet of paper.*****

Name and address of nearest relative not living with Applicant, Spouse, Joint Applicant, User or Other Party	Phone:	Relationship
Name and address of Another Relative:	Phone	Relationship:
Name and address of personal reference:	Phone:	Relationship:

I CERTIFY THE INFORMATION SET FORTH ABOVE IS IN ALL RESPECTS TRUE, ACCURATE, COMPLETE AND CORRECTLY REFLECTS MY (OUR) FINANCIAL CONDITION ON THE DATE OF THIS APPLICATION AND IS GIVEN FOR THE PURPOSE OF OBTAINING THE LOAN REQUESTED. I HEREBY AUTHORIZE THE CREDIT UNION TO OBTAIN SUCH INFORMATION AS IT MAY REQUIRE CONCERNING THIS APPLICATION AND AGREE THAT SUCH INFORMATION, AS WELL AS THIS APPLICATION, SHALL BECOME THE CREDIT UNION'S PROPERTY WHETHER OR NOT THE LOAN IS GRANTED.

Signature of Applicant _____ Date _____ Signature of Co-Applicant _____ Date _____