



Loan Application

www.etcfcu.org
Toll-free 800-207-9780

Main Office

3797 Veterans Drive
Traverse City, MI 49684
231-946-6655

Lake Leelanau Office

209 St. Mary's Street
Lake Leelanau, MI 49653
231-256-7778

APPLICATION INSTRUCTIONS

- Please complete *front* and *back* of application and **sign** on the back page.
- Return completed application to the Credit Union.
- An *incomplete* or *unsigned* application may delay processing.
- Income verification will be required for final approval, such as a copy of your last two paycheck stubs, a letter from your employer or a copy of your W-2 form (year-end totals).

Individual Credit: You must complete the **Applicant** section about yourself and the **Other** section about your spouse if you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI).

Joint Credit: If you are applying with another person, complete the **Applicant** and **Other** sections.

Guarantor: Complete the **Other** section if you will be a guarantor on a loan.

Check below to indicate the type of account(s) and type of credit for which you are applying. Married applicants may apply for a separate account.

LOAN: Member # _____
 Individual Joint
(Including ATM/Debit Card access to the account, if available)

Type of Loan: Line of Credit Secured

Amount Requested \$ _____

Purpose/Collateral: _____

Repayment: Cash Automatic Funds Transfer

Please check the appropriate box:

CREDIT LIFE Single Credit Disability Insurance Single Credit Life Insurance No Life or Disability Insurance
DISABILITY COVERAGE Joint Credit Disability Insurance Joint Credit Life Insurance **Wanted**

If you choose to have insurance, a separate insurance election which discloses the terms and conditions must be signed for coverage to become effective. Under this plan, by electing any box other than the "No" box, your selection of payment protection will apply to all future loans unless you notify the Credit Union in writing to discontinue or exclude one loan.

APPLICANT

NAME (Last, First, Initial)		
Birth Date	Social Security Number	
List ages of dependents not listed by other applicant (Exclude self)		
Home Phone	Mother's Maiden Name	
Present Address (Street, City, State, Zip)	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Yrs. There
Previous Address (Street, City, State, Zip)	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Yrs. There
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)		

OTHER: Co-Applicant Spouse Guarantor

NAME (Last, First, Initial)		
Birth Date	Social Security Number	
List ages of dependents not listed by other applicant (Exclude self)		
Home Phone	Mother's Maiden Name	
Present Address (Street, City, State, Zip)	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Yrs. There
Previous Address (Street, City, State, Zip)	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Yrs. There
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)		

EMPLOYMENT/INCOME Check box if Self-Employed

NAME AND ADDRESS OF EMPLOYER	BUSINESS PHONE/EXT.	
IF SELF EMPLOYED, TYPE OF BUSINESS		
TITLE	YRS. ON JOB	AVG. HOURS PER WEEK
EMPLOYMENT INCOME	OTHER INCOME	
\$ _____ PER _____ <input type="checkbox"/> NET <input type="checkbox"/> GROSS (<i>Check One</i>)	\$ _____ PER _____ SOURCE	
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE: _____ ENDING DATE: _____		
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN TWO YEARS		
START DATE	END DATE	

EMPLOYMENT/INCOME Check box if Self-Employed

NAME AND ADDRESS OF EMPLOYER	BUSINESS PHONE/EXT.	
IF SELF EMPLOYED, TYPE OF BUSINESS		
TITLE	YRS. ON JOB	AVG. HOURS PER WEEK
EMPLOYMENT INCOME	OTHER INCOME	
\$ _____ PER _____ <input type="checkbox"/> NET <input type="checkbox"/> GROSS (<i>Check One</i>)	\$ _____ PER _____ SOURCE	
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE: _____ ENDING DATE: _____		
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN TWO YEARS		
START DATE	END DATE	

OTHER REFERENCE

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

OTHER REFERENCE

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

CURRENT DEBTS	CREDITOR NAME (Attach additional sheet(s) if necessary)	INTEREST RATE	PRESENT BALANCE/LOT RENT	MONTHLY PAYMENT	OWED BY	
					Applicant	Other
<input type="checkbox"/> RENT / <input type="checkbox"/> FIRST LOT MORTGAGE (Include Tax and Ins.)			\$	\$		
2 nd MORTGAGE						
1 st AUTO LOAN						
2 nd AUTO LOAN						
RECREATIONAL VEHICLE						
CHILD CARE						
CHILD SUPPORT						
CREDIT CARD						
CREDIT CARD						
CREDIT CARD						
CREDIT CARD						
OTHER						
OTHER						
		TOTALS	\$	\$		

CURRENT ASSETS	LIST LOCATION OF PROPERTY OR FINANCIAL INSTITUTION	MARKET VALUE	PLEGDED AS COLLATERAL FOR ANOTHER LOAN		OWNED BY	
			YES	NO	Applicant	Other
HOME		\$				
AUTO			YES	NO		
SAVINGS			YES	NO		
CHECKING			YES	NO		
OTHER (Describe)			YES	NO		

PLEASE ANSWER THE FOLLOWING	IF YOU RUN OUT OF ROOM IN ANSWERING QUESTIONS BELOW, PLEASE CONTINUE ON AN ATTCHED SHEET.	APPLICANT		OTHER	
		YES	NO	YES	NO
1. ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?					
2. DO YOU CURRENTLY HAVE ANY OUTSTANDING JUDGEMENTS OR HAVE YOU EVER FILED FOR BANKRUPTCY, HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13, HAD PROPERTY FORECLOSED UPON OR REPOSSED IN THE LAST 7 YEARS OR BEEN A PARTY IN A LAWSUIT? IF SO, WHY? _____					
3. IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS? IF SO, WHY? _____					
4. ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE? FOR WHOM (Name of Others Obligated on Loan): _____ TO WHOM (Name of Creditor): _____					

STATE LAW NOTICES

OHIO RESIDENTS ONLY: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy 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 ONLY: (1) 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. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

X

SIGNATURES

1. You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of what you owe. If there are any important changes, you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.

X _____ X _____
 APPLICANT'S SIGNATURE DATE APPLICANT'S SIGNATURE DATE

FOR CREDIT UNION USE ONLY							
DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED (Adverse Action Notice Sent)	APPROVED LIMITS:	LINE OF CREDIT	VISA	SECURED	DEBT RATIO	CREDIT SCORE
			\$	\$	\$		
<input type="checkbox"/> WAIVE INCOME VERIFICATION	LOAN OFFICER/PROCESSOR SIGNATURE	DATE	LOAN MANAGER SIGNATURE	DATE			
	X _____		X _____				