

ON-LINE

**Co-op Credit Union
LOAN APPLICATION**

Montevideo Office
2407 Washington Avenue
P. O. Box 447
Montevideo, MN 56265
(320) 269-2117 - (800) 967-1709
(320) 269-2118 FAX
ccu@co-opcreditunion.com

Benson Office
1501 Minnesota Avenue
Benson, MN 56215
(320) 843-4210
(800) 689-3004
(320) 843-4240 FAX
bensoncu@co-opcreditunion.com

Canby Office
1003 St. Olaf Avenue
P. O. Box 38
Canby, MN 56220
(507) 223-5737
(507) 223-5138 FAX
canbycu@co-opcreditunion.com

Willmar Office
(Located in Cub Foods)
2201 1st Street South, Suite 101
Willmar, MN 56201
(320) 235-1573
(320) 235-1575 FAX
willmarcu@co-opcreditunion.com

Individual Credit: You must complete the **Applicant** section about yourself and the **Other** section about your spouse if:
1. 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)
2. your spouse will use the account, or
3. you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the **Other** section to the extent possible about the person on whose payments you are relying.
Joint Credit: If you are applying with another person, complete the **Applicant** and **Other** sections.
Guarantor: Complete the **Other** section if you are a guarantor on an account/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: Individual Joint Amount Requested \$ _____ Purpose/Collateral: _____

REPAYMENT: Payroll Deduction Cash Military Allotment Automatic Payment Monthly Payment

Payment Protection Single Credit Disability Insurance Single Credit Life Insurance Joint Credit Life Insurance
Check coverage(s) desired. The Credit Union will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions must be signed for coverage to become effective.

APPLICANT

Name (Last-First-Initial) _____

Mother's Maiden Name _____

Account Number _____ Birth Date _____

Social Security Number _____

Driver's License Number / State _____

List ages of dependents not listed by other applicant (Exclude self) _____

Home Phone _____ Business Phone/Ext _____

E-Mail Address _____

Present Address (Street - City - State - Zip) _____

Own Rent Years at this address _____

Previous Address (Street - City - State - Zip) _____

Own Rent Years at this address _____

Complete for joint credit, secured credit or if you live in a community property state:

Married Separated

Unmarried (Single - Divorced - Widowed)

Employment/Income:

Name & Address _____

of Employer _____

Title/Grade _____ Start Date _____

Hours at Work _____ Supervisor's Name _____

If self employed, type of business _____

Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

Employment Income \$ _____ Per _____

Net Gross

Other income \$ _____ Per _____

Source _____

Military:

Is duty station transfer expected during next year? Yes No

Where _____

Ending/Separation Date _____

Previous Employer Name & Address if employed less than five years _____

Starting Date _____

Ending Date _____

APPLICANT INFORMATION (Continued)...

Applicant Reference

Name and address of nearest relative not living with you:

_____ Relationship _____

_____ Home Phone _____

What You Owe	CREDITOR NAME OTHER THAN CREDIT UNION (Attach additional sheet(s) if necessary)	INTEREST RATE	PRESENT BALANCE	MONTHLY PAYMENT	OWED BY	
					Applicant	Other
<input type="checkbox"/> Rent <input type="checkbox"/> First Mortgage (Include tax & insurance)			\$	\$		
2nd MORTGAGE			\$	\$		
1st AUTO LOAN			\$	\$		
2nd AUTO LOAN			\$	\$		
CHILD CARE			\$	\$		
CHILD SUPPORT			\$	\$		
CREDIT CARD			\$	\$		
CREDIT CARD			\$	\$		
OTHER			\$	\$		
OTHER			\$	\$		
List any names under which your credit references and credit history can be checked.			TOTALS	\$	\$	

What You Own	LIST LOCATION OF PROPERTY OR FINANCIAL INSTITUTION	MARKET VALUE	PLEGDED AS COLLATERAL FOR ANOTHER LOAN		OWNED BY	
			Applicant	Other		
HOME		\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
AUTO		\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
SAVINGS		\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
CHECKING		\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
OTHER (Describe)		\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

OTHER INFORMATION

About You

- | | | |
|---|--|--|
| | Applicant | Other |
| 1. Are you a U.S. citizen or permanent resident alien? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you currently have any outstanding judgments or have you ever filed for bankruptcy, had a debt adjustment plan confirmed under Chapter 13, had property foreclosed upon or repossessed in the last 7 years, or been a party in a lawsuit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is your income likely to decline in the next two years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you a co-maker, co-signer or guarantor on any loan not listed above? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

FOR WHOM? (Name of Others Obligated on Loan) _____

TO WHOM? (Name of Creditor) _____

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, renewal or extension 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.

APPLICANT'S SIGNATURE

DATE

OTHER SIGNATURE

DATE

OTHER: Co-Applicant Spouse Guarantor

Name (Last-First-Initial) _____

Mother's Maiden Name _____

Account Number _____ Birth Date _____

Social Security Number _____

Driver's License Number / State _____

List ages of dependents not listed by other applicant (Exclude self) _____

Home Phone _____ Business Phone/Ext _____

E-Mail Address _____

Present Address (Street - City - State - Zip) _____

Own Rent Years at this address _____

Previous Address (Street - City - State - Zip) _____

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of Employer _____

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Starting Date _____

Ending Date _____

U.S.A. PATRIOT ACT

Member Identification Requirements — In accordance with Section 326 of the USA Patriot Act signed October 26, 2001, the Co-op Credit Union is required to obtain a copy of the documents used in identifying our members opening new accounts and in identifying signatory individuals added to an existing or new account.

In some cases, identification will be requested for those individuals transacting business with the Co-op Credit Union prior to the effective date of the member identification requirements because original documentation was not obtained with the opening of the account, or the Co-op Credit Union is unable to form a reasonable belief that it knows the true identity of the existing member.

In all cases protection of our member's identity and confidentiality is the Co-op Credit Union's pledge to you.