

**Loan Application**  
 (STANDARD)

ACCOUNT NUMBER

Married persons may apply for an individual account.

**IMPORTANT: READ THIS SECTION CAREFULLY BEFORE CHECKING THE APPROPRIATE BOX(ES).**

**INDIVIDUAL CREDIT.** Complete sections A, C and D. Complete information about your spouse (section B) if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI) or if your spouse will use the Account, or information about the person making payments if you are relying on alimony, spousal support, child support or separate maintenance as a basis for repayment of the credit requested.

**JOINT CREDIT.** Complete all sections with information about you and your Other Applicant

This account is to be an:  INDIVIDUAL CREDIT  JOINT CREDIT  CO-MAKER

**LOAN REQUEST**

REQUESTED AMOUNT: \_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_

LOAN PURPOSE: \_\_\_\_\_

<b>A. BORROWER</b>		SOC. SEC. NO.
NAME (Last, Jr/Sr, First, Initial)		
CURRENT STREET ADDRESS	YRS	OWN/RENT
CITY	STATE	ZIP COUNTRY
FORMER STREET ADDRESS	YRS	OWN/RENT
CITY	STATE	ZIP COUNTRY
HOME PHONE NO.	DRIVERS LICENSE NO.	STATE
DATE OF BIRTH	Complete for joint, secured credit or if you live in a community property state <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED	No. of Dependents (Excluding Self)

<b>B. CO-MAKER/NON-APPLICANT CO-BORROWER</b>		SOC. SEC. NO.
NAME (Last, Jr/Sr, First, Initial)		
CURRENT STREET ADDRESS	YRS	OWN/RENT
CITY	STATE	ZIP COUNTRY
FORMER STREET ADDRESS	YRS	OWN/RENT
CITY	STATE	ZIP COUNTRY
HOME PHONE NO.	DRIVERS LICENSE NO.	STATE
DATE OF BIRTH	Complete for joint, secured credit or if you live in a community property state <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED	No. of Dependents (Excluding Self)

<b>A. BORROWER</b>			
EMPLOYER			
ADDRESS		CITY	STATE
POSITION OR JOB TITLE	SUPERVISOR		
TELEPHONE NO.	STARTING DATE	MO.	SALARY
FORMER EMPLOYER			
ADDRESS		CITY	STATE
POSITION OR JOB TITLE	SUPERVISOR		
TELEPHONE NO.	STARTING DATE	ENDING DATE	

<b>B. CO-MAKER/NON-APPLICANT CO-BORROWER</b>			
EMPLOYER			
ADDRESS		CITY	STATE
POSITION OR JOB TITLE	SUPERVISOR		
TELEPHONE NO.	STARTING DATE	MO.	SALARY
FORMER EMPLOYER			
ADDRESS		CITY	STATE
POSITION OR JOB TITLE	SUPERVISOR		
TELEPHONE NO.	STARTING DATE	ENDING DATE	

**OTHER INCOME - YOU NEED NOT LIST INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE UNLESS YOU WISH IT CONSIDERED FOR PURPOSES OF GRANTING THIS CREDIT.**

TYPE OF OTHER INCOME	MONTHLY AMOUNT
TYPE OF OTHER INCOME	MONTHLY AMOUNT
IS ANY INCOME LIKELY TO BE REDUCED BEFORE THE CREDIT REQUESTED IS PAID OFF? <input type="checkbox"/> YES <input type="checkbox"/> NO	

TYPE OF OTHER INCOME	MONTHLY AMOUNT
TYPE OF OTHER INCOME	MONTHLY AMOUNT
IS ANY INCOME LIKELY TO BE REDUCED BEFORE THE CREDIT REQUESTED IS PAID OFF? <input type="checkbox"/> YES <input type="checkbox"/> NO	



**This form is required for consumer loans of \$10,000 or more.**



## PERSONAL FINANCIAL STATEMENT

**IMPORTANT: Read these directions before completing the Statement.**

- If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections 1 and 3.
- If you are applying for joint credit with another person, complete all Sections providing information in Section 2 about the joint applicant.
- If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all sections, providing information in Section 2 about the person upon whose alimony, support or maintenance payments or income or assets you are relying.
- If this statement relates to your guaranty of the indebtedness of other person(s), firm(s) or corporation(s), complete Sections 1 and 3.

To: COAST CENTRAL CREDIT UNION

SECTION 1—INDIVIDUAL INFORMATION (TYPE OR PRINT)				SECTION 2—OTHER PARTY INFORMATION			
Name				Name			
Residential Address				Residential Address			
City, State & Zip				City, State & Zip			
Social Security Number		--	--	Social Security Number		--	--
Date of Birth		/	/	Date of Birth		/	/
Position or Occupation				Position or Occupation			
Business Name				Business Name			
Business Address				Business Address			
City, State & Zip				City, State & Zip			
H Phone	( ) -	Bus Phone	( ) -	H Phone	( ) -	Bus Phone	( ) -

SECTION 3—STATEMENT OF FINANCIAL CONDITION:			AS OF: (DATE) _____ / _____ / _____		
ASSETS		IN DOLLARS	LIABILITIES		IN DOLLARS
(Do not include assets of doubtful value)		(Omit cents)	(Omit cents)		(Omit cents)
Cash with Coast Central Credit Union - Sched A			Revolving debt outstanding		
Cash on hand and in Other Fin Inst - Sched A			Unpaid income tax		
U.S. Gov't./Marketable Securities - Schedule B			Other unpaid taxes and interest		
Cash Value-Life Insurance—Schedule C			Notes Payable (other than real estate)--Sched F		
Real Estate Owned—Schedule D			Real Estate Mortgages Payable—Schedule D		
Notes / Loans Receivable			Vehicle/RV loans		
Retirement Accounts / IRAs			Other Debts—itemize		
Vehicles and RVs					
Equipment					
Non-marketable Securities—Schedule E					
Personal Property			<b>TOTAL LIABILITIES</b>		
Other Assets—itemize			<b>NET WORTH (Total Assets minus Total Liabilities)</b>		
<b>TOTAL ASSETS</b>			<b>TOTAL LIABILITIES AND NET WORTH</b>		

SOURCES OF INCOME FOR THE YEAR ENDED _____		PERSONAL INFORMATION	
Salary, Bonuses and Commissions	\$ _____	Do you have a will? _____ If so, name of executor.	
Dividends	\$ _____	Are you a partner or officer in any other venture? If so, describe.	
Real Estate Income	\$ _____	Are you obligated to pay alimony, child support or separate maintenance payments? _____ If so, describe.	
Other Income (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.)	\$ _____	Are any assets pledged other than as described on schedules? _____ If so, describe.	
<b>TOTAL INCOME</b>	\$ _____	Income tax settled through (date) _____	

Do you have any contingent liabilities? If so, describe. _____ _____	Are you a defendant in any suits or legal actions? _____
As endorser, co-maker or guarantor? \$ _____	Personal bank accounts carried at: _____
On leases or contracts? \$ _____	Have you ever been declared bankrupt? _____ If so, describe on separate sheet.
Legal claims / other special debt \$ _____	Are any of your assets held in a Trust? _____ If so, please describe, and provide a copy of the Trust Declaration Page. _____
Amount of contested income tax liens \$ _____	_____

PLEASE COMPLETE SCHEDULES BELOW (attach separate sheet if needed)

**SCHEDULE A—CASH DEPOSIT ACCOUNTS**

ACCOUNT TITLE	FINANCIAL INSTITUTION	ACCOUNT TYPE	AVERAGE BALANCE	ACCOUNT TITLE	FINANCIAL INSTITUTION	ACCOUNT TYPE	AVERAGE BALANCE
			\$				\$
			\$				\$

**SCHEDULE B—U.S. GOVERNMENT AND MARKETABLE SECURITIES**

NUMBER OF SHARES OR FACE VALUE (BONDS)	DESCRIPTION	IN NAME OF	ARE THESE PLEDGED?	MARKET VALUE
				\$
				\$
				\$

**SCHEDULE C—LIFE INSURANCE CARRIED, INCLUDING N.S.L.I. AND GROUP INSURANCE**

NAME OF INSURANCE COMPANY	OWNER OF POLICY	BENEFICIARY	FACE AMOUNT OF POLICY	LOANS ON POLICY	CASH SURRENDER VALUE
			\$	\$	\$
			\$	\$	\$

**SCHEDULE D—REAL ESTATE OWNED**

ADDRESS & TYPE OF PROPERTY	TITLE IN NAME OF	DATE ACQUIRED	PERCENT OWNERSHIP	AMOUNTS BASED ON % OF OWNERSHIP INTEREST			
				ORIGINAL COST	MARKET VALUE	MORT. AMOUNT	PMT. AMOUNT
			%	\$	\$	\$	\$
			%	\$	\$	\$	\$
			%	\$	\$	\$	\$
			%	\$	\$	\$	\$
			%	\$	\$	\$	\$

**SCHEDULE E—NON-MARKETABLE SECURITIES**

NUMBER OF SHARES	DESCRIPTION	IN NAME OF	ARE THESE PLEDGED?	SOURCE OF VALUE	VALUE
					\$
					\$

**SCHEDULE F—NOTES PAYABLE (OTHER THAN REAL ESTATE)**

NAME & ADDRESS OF LENDER	SECURED/UNSECURED?	ORIGINAL DATE	HIGH CREDIT	CURRENT BALANCE	PMT AMT
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

**SCHEDULE G—BANKS OR FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED**

NAME & ADDRESS OF LENDER	CREDIT IN THE NAME OF	SECURED / UNSEC?	ORIGINAL DATE	HIGH CREDIT	CURRENT BALANCE	PMT AMT
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

THE INFORMATION CONTAINED IN THIS STATEMENT IS PROVIDED FOR THE PURPOSE OF OBTAINING OR MAINTAINING CREDIT WITH YOU ON BEHALF OF THE UNDERSIGNED, OR PERSONS, FIRMS OR CORPORATIONS IN WHOSE BEHALF THE UNDERSIGNED MAY EITHER SEVERALLY OR JOINTLY WITH OTHERS, EXECUTE A GUARANTY IN YOUR FAVOR. EACH UNDERSIGNED UNDERSTANDS THAT YOU ARE RELYING ON THE INFORMATION PROVIDED HEREIN (INCLUDING THE DESIGNATION MADE AS TO OWNERSHIP OF PROPERTY) IN DECIDING TO GRANT OR CONTINUE CREDIT. EACH UNDERSIGNED REPRESENTS AND WARRANTS THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE AND THAT YOU MAY CONSIDER THIS STATEMENT AS CONTINUING TO BE TRUE AND CORRECT UNTIL A WRITTEN NOTICE OF A CHANGE IS GIVEN TO YOU BY THE UNDERSIGNED. YOU ARE AUTHORIZED TO MAKE ALL INQUIRIES YOU DEEM NECESSARY TO VERIFY THAT ACCURACY OF THE STATEMENTS MADE HEREIN, AND TO DETERMINE MY/OUR CREDITWORTHINESS. YOU ARE AUTHORIZED TO ANSWER QUESTIONS ABOUT YOUR CREDIT EXPERIENCES WITH ME/US.

\_\_\_\_\_  
Signature (Individual)

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature (Other Party)

\_\_\_\_\_  
Dated