



NOTE: Provide the information about your spouse if you're married and living in Washington or another community property state, or if you're relying on your spouse's wages to repay us. If you are applying with another person who is not your spouse, that person must fill out a separate application which should be submitted with your application.

PURPOSE OF LOAN: _____ **AMOUNT REQUESTED:** _____

PRINT FULL NAME	FIRST	MIDDLE	LAST	SR JR	DATE OF BIRTH	SOCIAL SECURITY NO.
PRESENT STREET ADDRESS		CITY		STATE	ZIP	HOW LONG THERE?
HOME PHONE NUMBER	NUMBER OF DEPENDENTS & THEIR AGES			PREVIOUS ADDRESS		
PRESENT EMPLOYER			LOCATION	SINCE	WORK PHONE NUMBER	
GROSS SALARY \$ PER	OCCUPATION			PREVIOUS EMPLOYER & OCCUPATION		
SPOUSE'S FULL NAME	FIRST	MIDDLE	LAST	SR JR	DATE OF BIRTH	SOCIAL SECURITY NO.
SPOUSE'S PRESENT EMPLOYER			LOCATION	SINCE	WORK PHONE NUMBER	
GROSS SALARY \$ PER	OCCUPATION			PREVIOUS EMPLOYER & OCCUPATION		
OTHER INCOME OF APPLICANT(S) – (ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE THEM CONSIDERED AS A BASIS FOR REPAYING THIS LOAN).						
SOURCE:		RECEIVED FROM:			\$	PER
<input type="checkbox"/> OWN	<input type="checkbox"/> RENT MY HOME	NAME OF MORTGAGE HOLDER OR LANDLORD		MARKET VALUE	BALANCE OWING	
MO. PAYMENT \$				\$	\$	

ITEMIZE BELOW ALL OTHER INDEBTEDNESS: LOANS, CHARGE ACCOUNTS, DOCTOR BILLS, BANKCARDS, CHILD SUPPORT, ALIMONY, ETC.

NAME OF CREDITOR	BALANCE	MONTHLY PAYMENT	COLLATERAL

PLEASE USE ADDITIONAL SHEET IF THIS SPACE IS NOT SUFFICIENT TO ITEMIZE BILLS

NAME & ADDRESS OF CLOSEST RELATIVE (NOT LIVING WITH YOU)	RELATIONSHIP
NAME & ADDRESS OF SPOUSE'S CLOSET RELATIVE (NOT LIVING WITH YOU)	RELATIONSHIP

OTHER INFORMATION: IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, PLEASE EXPLAIN BELOW:	
1. HAVE YOU HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST SEVEN YEARS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. HAVE YOU EVER BEEN BANKRUPT?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. ARE YOU A CO-SIGNER FOR ANYONE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. HAVE YOU ANY LAWSUIT, LEGAL ACTION OR JUDGEMENT PENDING OR OUTSTANDING?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. HAVE YOU EVER APPLIED FOR A LOAN FROM THIS CREDIT UNION BEFORE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
EXPLANATION:	

All statements above are true and complete, and I authorize HAPO Community Credit Union to furnish and receive from my creditors or any credit reporting agencies, any information for the purposes of investigating my credit history.

APPLICANT'S SIGNATURE

DATE

SPOUSE'S SIGNATURE

DATE