

INSTRUCTIONS

- Be sure to check the appropriate box under "Type of Account Requested" at the top of the application form. **APPLICATION MUST BE COMPLETELY FILLED OUT!** If application is not complete, loans will not be processed.
- Check the box indicating your preference regarding Credit Insurance, and sign the appropriate area. Insurance is voluntary, but you must indicate your choice and your signature must appear in this section.
- Retain your copy of the loan contract. Return all other information to the Credit Union.

MAIN OFFICE:

16147 Hwy. 101 S. • P.O. Box 3000J • Harbor, OR 97415-0545
1-800-237-8064 • (541) 469-7700 • Fax (541) 469-1605

REQUEST FOR LOAN ADVANCE

AMOUNT REQUESTED \$ _____

PURPOSE OF ADVANCE: _____

SECURITY OFFERED (Make, Model, I.D. No., Description): _____

Is the security offered your residence? YES NO If so, is it your principal residence? YES NO

PAYMENT METHOD:
 CASH
 PAYROLL DEDUCTION

AUTOMATIC TRANSFERS FROM:
 SHARE CHECKING
 SHARE SAVINGS

ACCOUNT # _____



Chetco Federal Credit Union

**APPLICATION
FOR LOAN ACCOUNT**

TYPE OF ACCOUNT REQUESTED

YOU & YOURS MEANS APPLICANT & CO-APPLICANT. Please check the appropriate box:

- If you are applying for an individual account 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 do not complete Co-Applicant Section.
- If you are applying for a joint account or an account that you and another person will use, complete all Sections.
- If you are applying for an individual account, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections to the extent possible, providing information in Co-Applicant Section about the person on whose alimony, support, or maintenance payments or income or assets you are relying. If a member resides in a community property state or income is derived from a community property state, all Sections of the application should be completed.

APPLICANT INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	
ACCOUNT NUMBER			SOCIAL SECURITY NUMBER		
DATE OF BIRTH	DRIVER'S LICENSE NO.	State	Are you a U.S. citizen or permanent resident alien?		<input type="checkbox"/> Yes <input type="checkbox"/> No
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)			YEARS AT THIS ADDRESS		
			<input type="checkbox"/> OWN <input type="checkbox"/> RENT		
PREVIOUS ADDRESS (If at present address less than 2 years)			YEARS AT THIS ADDRESS		
			<input type="checkbox"/> OWN <input type="checkbox"/> RENT		
Ages of Dependents Living with you	HOME PHONE		BUSINESS PHONE		
PRESENT EMPLOYER			DATE HIRED		
EMPLOYER ADDRESS (STREET, CITY, STATE, ZIP)			GROSS MONTHLY INCOME		
			OTHER INCOME		
PREVIOUS EMPLOYER			HOW LONG WAS EMPLOYMENT		
NAME AND ADDRESS OF NEAREST RELATIVE (Not Living With You)			RELATIONSHIP		
			HOME PHONE		
PERSONAL REFERENCE NAME AND ADDRESS			RELATIONSHIP		
			HOME PHONE		
PLEASE INDICATE MARITAL STATUS IF YOU RESIDE IN A COMMUNITY PROPERTY STATE: AZ, CA, ID, LA, NM, NV, TX, WA, WI			IF SELF-EMPLOYED PLEASE PROVIDE PREVIOUS YEAR'S TAX RECORDS		
<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED					

CO - APPLICANT INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	
ACCOUNT NUMBER			SOCIAL SECURITY NUMBER		
DATE OF BIRTH	DRIVER'S LICENSE NO.	State	Are you a U.S. citizen or permanent resident alien?		<input type="checkbox"/> Yes <input type="checkbox"/> No
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)			YEARS AT THIS ADDRESS		
			<input type="checkbox"/> OWN <input type="checkbox"/> RENT		
PREVIOUS ADDRESS (If at present address less than 2 years)			YEARS AT THIS ADDRESS		
			<input type="checkbox"/> OWN <input type="checkbox"/> RENT		
Ages of Dependents Living with you	HOME PHONE		BUSINESS PHONE		
PRESENT EMPLOYER			DATE HIRED		
EMPLOYER ADDRESS (STREET, CITY, STATE, ZIP)			GROSS MONTHLY INCOME		
			OTHER INCOME		
PREVIOUS EMPLOYER			HOW LONG WAS EMPLOYMENT		
NAME AND ADDRESS OF NEAREST RELATIVE (Not Living With You)			RELATIONSHIP		
			HOME PHONE		
PERSONAL REFERENCE NAME AND ADDRESS			RELATIONSHIP		
			HOME PHONE		
PLEASE INDICATE MARITAL STATUS IF YOU RESIDE IN A COMMUNITY PROPERTY STATE: AZ, CA, ID, LA, NM, NV, TX, WA, WI			IF SELF-EMPLOYED PLEASE PROVIDE PREVIOUS YEAR'S TAX RECORDS		
<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED					

LIABILITIES

INCLUDE CO-APPLICANT IF THAT SECTION ON REVERSE SIDE IS COMPLETED: CHECK ONE A - APPLICANT B - CO-APPLICANT C - BOTH
 (All debts must be listed including alimony, child support and debts of spouses, etc.)

A	B	C	NAME OF CREDITOR	PRESENT BALANCE	MONTHLY PAYMENT
			1st Mortgage	\$	\$
			2nd Mortgage		
			Rent		
			Auto		
			Auto		

A	B	C	NAME OF CREDITOR	PRESENT BALANCE	MONTHLY PAYMENT
			Credit Cards	\$	\$
			Credit Cards		
			Credit Cards		
			Other		
			Other		

Attach Another Sheet If Necessary **TOTAL INDEBTEDNESS** \$ _____

Are any of your debts past due? Yes No Have you ever had property repossessed? Yes No Have you ever been sued for debts? Yes No
 Are any suits pending, judgements unsatisfied, alimony or maintenance awards against you? Yes No Have you ever filed for bankruptcy or Chapter XIII? Yes No Year _____
 Are you presently employed and able to perform the regular duties of your employment? Yes No
 Are you a guarantor on any other loans? Yes No Amt. \$ _____ Where _____ Name _____

INSURANCE - CHECK BOXES TO ACCEPT OR DENY

"You" or "Your" means the member and the joint insured (if applicable). Credit Insurance is voluntary and not required in order to obtain this loan. You may select any insurer of your choice. You can get this insurance only if you check the "yes" box below and sign your name and write in the date. The rate you are charged for this insurance is subject to change. You will receive written notice before any increase goes into effect. You have the right to stop this insurance by notifying your credit union in writing. Your signature below means you agree that:

- If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month, thereby extending your loan.

- You are eligible for disability insurance only if on the date you initially apply for insurance, you are working for wages or profit for 25 hours a week or more. If you are off work because of temporary layoff, strike or vacation, but soon to resume, you will be considered at work.
- Your Insurance contains a 6 month pre-existing condition exclusion, see details in certificate.
- You are eligible for insurance up to the Maximum Age for insurance. Insurance will stop when you reach that age.

LOAN ACCOUNT YOU ELECT: CREDIT DISABILITY YES NO CA JOINT CREDIT LIFE YES NO
 SINGLE CREDIT LIFE YES NO JOINT CREDIT LIFE YES NO

MAXIMUM MONTHLY TOTAL DISABILITY BENEFIT MAXIMUM INSURABLE BALANCE PER LOAN ACCOUNT MAXIMUM AGE FOR INSURANCE
 \$600.00 DISABILITY: \$30,000.00 LIFE: \$30,000.00 DISABILITY: 66 LIFE: 70

COST PER \$1,000 OF YOUR CREDIT DISABILITY CA JOINT CREDIT LIFE SINGLE CREDIT LIFE JOINT CREDIT LIFE
 MONTHLY LOAN BALANCE FOR \$1.74 \$.96 \$.65 \$1.07

IF THE INSURED IS TOTALLY DISABLED FOR 14 DAYS, THE DISABILITY BENEFIT WILL COMMENCE WITH THE 1ST DAY.

AUTHORIZATION FOR OPEN-END LOAN PLAN

By signing below, you certify that the information you have given the Credit Union in the Loan Application is complete, true, and submitted for the purpose of obtaining the credit requested and that you have received, read and understood the applicable agreements and disclosures set forth below. You agree: (a) that the Credit Union can use credit reporting agencies or otherwise verify the information on the Loan Application for the purpose of extending credit to you or reviewing or collecting a credit account of yours; (b) that the Credit Union can tell others about its credit experience with you and obtain information from others about your credit history and financial performance; (c) that the Credit Union may request updated financial information from time to time; and (d) that the Credit Union will record such information if it is not given in writing, and that the Credit Union will rely on such information, without your signature, for subsequent loan requests as if it were included in the Loan Application.

You agree the information in the initial Loan Application and any subsequent loan requests or updates, oral or written, will be compiled and stored by the Credit Union for use in evaluating your future credit worthiness. By accepting the loan proceeds of any future loan, you acknowledge that you have reviewed the updated Loan Application information, verified that the information is accurate, and represent that the Credit Union can rely on the correctness in making any loan to or collecting a loan from you.

CONSUMER LOAN AGREEMENT AND DISCLOSURES. You are applying for a multi-featured, open-end credit plan, under which you will have a Loan Account with reusable credit, accessible from time to time through one or more subaccounts and any access devices issued by the Credit Union for use with your Loan Account. You understand that you and any authorized user of your Loan Account may request and obtain loan advances by telephone, electronic or facsimile transmission, or any access device or any other manner acceptable to the Credit Union. You may use, delay using or cancel any subaccount established for you on any access device issued to you at any time. By signing below, you acknowledge receipt of and agree to the terms of the Consumer Loan Agreement and Disclosure, including the current Loan Rate Schedule and any Loan Advance Voucher or Loan Proceeds Checks given with any future advance, and the terms and conditions governing any subaccount or access device issued in the future, which collectively shall govern your Loan Account. You understand that all collateral securing your Loan Account will secure all of your other obligations with the Credit Union (except those secured by real property or a dwelling.)

CREDIT INSURANCE. By signing below, you certify that: You have checked the appropriate box in the Credit Insurance Enrollment above indicating whether you request credit insurance. If you marked the box indicating that you elect to receive credit insurance, you are requesting credit insurance coverage for all of your open-end loans under your Loan Account, now and in the future, under the terms provided for such insurance, unless you otherwise inform us in writing; and you are authorizing the Credit Union to add the applicable credit insurance premium cost to your loan account(s) each month or payment period.

I understand the Credit Union offers various rates for each loan type and I agree I am applying for the loan type and rate for which I qualify.

APPLICANT'S LEGAL SIGNATURE	DATE
X	

CO-APPLICANTS LEGAL SIGNATURE	DATE
X	