

Workmen's Circle Credit Union
527 Stephenson Avenue, Suite 2
Savannah, GA 31405-5922
Phone: (912) 356-9225 Fax: (912) 356-9226

Notice: Married Applicants may apply for a separate account. Check the appropriate box below to indicate the type of credit for which you are applying.

- Individual Credit:** Complete Applicant section. Complete other section as follows: (1) Information about your spouse if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI) or your spouse will use the Account. (2) Information about the partymaking the payments if you are relying on alimony, spousal support, child support or separate/spousal maintenance as a basis for repayment.
- Joint Credit:** Provide information about both of you by completing Applicant and Other Applicant sections.

Purpose and Collateral:

YOU REQUEST A LOAN OF \$

REPAYMENT THROUGH:

Debit Checking Account
 Transfer From Savings
 Send Monthly Checking

CHECK BOX TO INDICATE WHOM THE INFORMATION IS ABOUT:
 CO-APPLICANT SPOUSE EX-SPOUSE GUARANTOR

APPLICANT

NAME (LAST)		(FIRST)		(INITIAL)
ACCOUNT NUMBER		DRIVERS LICENSE NUMBER		SOCIAL SECURITY NUMBER
BIRTH DATE	HOME PHONE		BUSINESS PHONE EXT.	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)			YEARS AT THIS ADDRESS	
			<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
PREVIOUS ADDRESS (STREET, CITY, STATE, ZIP)			YEARS AT THIS ADDRESS	
			<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
COMPLETE FOR JOINT 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)				
NUMBER OF DEPENDANTS OTHER THAN LISTED BY APPLICANT (EXCLUDE SELF)			AGES	

NAME (LAST)		(FIRST)		(INITIAL)
ACCOUNT NUMBER		DRIVERS LICENSE NUMBER		SOCIAL SECURITY NUMBER
BIRTH DATE	HOME PHONE		BUSINESS PHONE EXT.	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)			YEARS AT THIS ADDRESS	
			<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
PREVIOUS ADDRESS (STREET, CITY, STATE, ZIP)			YEARS AT THIS ADDRESS	
			<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
COMPLETE FOR JOINT 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)				
NUMBER OF DEPENDANTS OTHER THAN LISTED BY APPLICANT (EXCLUDE SELF)			AGES	

EMPLOYMENT AND INCOME INFORMATION

NAME AND ADDRESS OF EMPLOYER		
TITLE/GRADE		SUPERVISOR
STARTING DATE	SHIFT/HOURS AT WORK	TYPE OF BUSINESS
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING THE NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO		SELF EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO
WHERE?	ENDING/SEPARATION DATE?	
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.		
<input type="checkbox"/> NET EMPLOYMENT INCOME <input type="checkbox"/> GROSS	OTHER INCOME \$ PER	SOURCE
\$ per		
IF EMPLOYED IN CURRENT POSITION LESS THAN TWO YEARS, COMPLETE THE FOLLOWING.		
PREVIOUS EMPLOYER NAME & ADDRESS		STARTING DATE
		ENDING DATE
TITLE/GRADE		SUPERVISOR

EMPLOYMENT AND INCOME INFORMATION

NAME AND ADDRESS OF EMPLOYER		
TITLE/GRADE		SUPERVISOR
STARTING DATE	SHIFT/HOURS AT WORK	TYPE OF BUSINESS
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING THE NEXT YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SELF EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO
WHERE?	ENDING/SEPARATION DATE?	
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.		
<input type="checkbox"/> NET EMPLOYMENT INCOME <input type="checkbox"/> GROSS	OTHER INCOME \$ PER	SOURCE
\$ per		
IF EMPLOYED IN CURRENT POSITION LESS THAN TWO YEARS, COMPLETE THE FOLLOWING.		
PREVIOUS EMPLOYER NAME & ADDRESS		STARTING DATE
		ENDING DATE
TITLE/GRADE		SUPERVISOR

REFERENCES

SHARE DRAFT OR CHECKING ACCOUNT NUMBER/AMOUNT	NAME & ADDRESS OF DEPOSITORY	
SAVINGS ACCOUNT NUMBER/AMOUNT	NAME & ADDRESS OF DEPOSITORY	
NAME & ADDRESS OF CREDITOR(S) OF DEBTS PAID OFF		TELEPHONE NUMBER
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU:		RELATIONSHIP
		HOME PHONE
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU:		RELATIONSHIP
		HOME PHONE

REFERENCES

SHARE DRAFT OR CHECKING ACCOUNT NUMBER/AMOUNT	NAME & ADDRESS OF DEPOSITORY	
SAVINGS ACCOUNT NUMBER/AMOUNT	NAME & ADDRESS OF DEPOSITORY	
NAME & ADDRESS OF CREDITOR(S) OF DEBTS PAID OFF		TELEPHONE NUMBER
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU:		RELATIONSHIP
		HOME PHONE
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU:		RELATIONSHIP
		HOME PHONE

CONTINUED ON THE REVERSE SIDE

ASSETS

APPLICANT		DESCRIBE (I.E. AUTO, STOCKS, SAVINGS, ETC.) LIST HOME, LIST ALL OTHER ITEMS YOU OWN FREE AND CLEAR.	MARKET VALUE	PLEGGED AS COLLATERAL FOR ANOTHER LOAN
	CO-APPLICANT			
	HOME		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	OTHER		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
	OTHER		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO

DEBTS		CREDITOR NAME & ADDRESS	ACCOUNT NUMBER	PRESENT BALANCE	MONTHLY PAYMENT	NO. MONTHS PAST DUE
	RENT			\$	\$	
	MORTGAGE (INCL. TAX & INS.)			\$	\$	
	SECOND MORTGAGE			\$	\$	
	HOME ASSOC. DUES			\$	\$	
	AUTO LOAN			\$	\$	
	AUTO LOAN			\$	\$	
	CREDIT UNION			\$	\$	
	CREDIT CARD			\$	\$	
	CREDIT CARD			\$	\$	
	ALIMONY/SPOUSAL SUPPORT			\$	\$	
	CHILD SUPPORT			\$	\$	
	OTHER			\$	\$	
	OTHER			\$	\$	
	OTHER			\$	\$	
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED:				TOTALS	\$	\$

THESE QUESTIONS APPLY TO BOTH APPLICANT & CO-APPLICANT

IF A "YES" ANSWER IS GIVEN TO A QUESTION, EXPLAIN ON AN ATTACHED SHEET	APPLICANT		CO-APPLICANT		IF A "YES" ANSWER IS GIVEN TO A QUESTION, EXPLAIN ON AN ATTACHED SHEET	APPLICANT		CO-APPLICANT	
	YES	NO	YES	NO		YES	NO	YES	NO
HAVE YOU ANY OUTSTANDING JUDGEMENTS?					IS YOUR INCOME LIKELY TO REDUCE IN THE NEXT TWO YEARS?				
IN THE LAST 10 YEARS, HAVE YOU BEEN DECLARED BANKRUPT OR HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER ANY CHAPTER OF THE BANKRUPTCY CODE?					ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE? AMOUNT(S):				
HAVE YOU HAD PROPERTY FORECLOSED UPON OR GIVEN TITLE OR DEED IN LIEU THEREOF, IN THE LAST 7 YEARS?					FOR WHOM (NAME OF OTHERS OBLIGATED ON LOAN):				
ARE YOU A PARTY IN A LAW SUIT?					TO WHOM (NAME OF CREDITOR):				
ARE YOU OTHER THAN A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?									

SIGNATURES

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 all your debts and obligations. You authorize the credit union to check your employment and credit history and to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. 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. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to Federal Credit Union or State Chartered Credit Unions insured by the NCUA.

APPLICANT'S SIGNATURE	DATE	CHECK ONE: <input checked="" type="checkbox"/> CO-APPLICANT <input type="checkbox"/> GUARANTOR SIGNATURE	DATE
X		X	