

MASTER LOAN APPLICATION

<p>DOWNEY CITY EMPLOYEES FEDERAL CREDIT UNION</p> <p>11111 BROOKSHIRE AVENUE POST OFFICE BOX 7016 DOWNEY, CALIFORNIA 90241-7016 TEL. (562) 862-0301 • FAX (562) 862-4581</p>	<input type="checkbox"/> SIGNATURE <input type="checkbox"/> SHARE SECURED <input type="checkbox"/> NEW CAR <input type="checkbox"/> CO-MAKER <input type="checkbox"/> USED CAR <input type="checkbox"/> OTHER _____	<p>NOTICE:</p> <p>MARRIED APPLICANTS MAY APPLY FOR AN INDIVIDUAL ACCOUNT</p>
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PAYMENT METHOD	<input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> CASH PAYMENT	
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YOU ARE APPLYING FOR \$	For a term of _____ Months <small>(Subject to Credit Union Policy)</small>	PURPOSE AND COLLATERAL
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CHECK THE BOX INDICATING THE TYPE OF CREDIT YOU ARE APPLYING FOR:		
<input type="checkbox"/> INDIVIDUAL ACCOUNT	<input type="checkbox"/> JOINT ACCOUNT WITH YOUR SPOUSE	<input type="checkbox"/> JOINT ACCOUNT WITH SOMEONE OTHER THAN YOUR SPOUSE (CO-APPLICANT)

A. APPLICANT

MARITAL STATUS: CHECK ONE if you reside in or are relying on property in a community property state or if you are applying for secured credit or a joint account.

MARRIED SEPARATED UNMARRIED

B. SPOUSE/CO-APPLICANT

Complete this section if (1) this is to be a joint account with your spouse, (2) your spouse will use this account, (3) you live in a community property state (Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington and Wisconsin) or (4) you are relying on your spouse's income in applying for this account. This section must also be completed about your co-applicant if this is for a joint account with someone other than your spouse.

A. APPLICANT

ACCOUNT NO.	SOC. SEC. NO.		
FIRST NAME	INITIAL	LAST NAME (JR./SR.)	
CURRENT STREET ADDRESS	APT. NO.	YRS. : MOS.	RENT <input type="checkbox"/>
		:	OWN <input type="checkbox"/>
		:	
CITY	STATE	ZIP	
HOME PHONE NO.	DRIVER'S LICENSE NO.		STATE
()			
FORMER STREET ADDRESS (IF CURRENT ADDRESS LESS THAN 2 YRS)	YRS. : MOS.	RENT <input type="checkbox"/>	
	:	OWN <input type="checkbox"/>	
	:		
CITY	STATE	ZIP	
DATE OF BIRTH	AGES OF DEPENDENTS (EXCLUDING SELF)	ARE YOU CURRENTLY ON SICK LEAVE OR LEAVE OF ABSENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
/ /			

B. SPOUSE/CO-APPLICANT

ACCOUNT NO.	SOC. SEC. NO.		
FIRST NAME	INITIAL	LAST NAME (JR./SR.)	
CURRENT STREET ADDRESS	APT. NO.	YRS. : MOS.	RENT <input type="checkbox"/>
		:	OWN <input type="checkbox"/>
		:	
CITY	STATE	ZIP	
HOME PHONE NO.	DRIVER'S LICENSE NO.		STATE
()			
FORMER STREET ADDRESS (IF CURRENT ADDRESS LESS THAN 2 YRS)	YRS. : MOS.	RENT <input type="checkbox"/>	
	:	OWN <input type="checkbox"/>	
	:		
CITY	STATE	ZIP	
DATE OF BIRTH	AGES OF DEPENDENTS (EXCLUDING SELF)	ARE YOU CURRENTLY ON SICK LEAVE OR LEAVE OF ABSENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
/ /			

A. EMPLOYMENT

OCCUPATION. ORIGINAL COPY OF YOUR CURRENT CHECK STUB IS REQUIRED, IF SELF-EMPLOYED OR RETIRED, ATTACH INCOME TAX RETURN.

PRESENT EMPLOYER		PHONE NO.	
		()	
ADDRESS (STREET, CITY, STATE, ZIP)			
POSITION/TYPE OF WORK	FULL TIME <input type="checkbox"/>	SUPERVISOR'S NAME	
	PART TIME <input type="checkbox"/>		
DATE EMPLOYED	APPLICANT'S SALARY	GROSS	NET
	<input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly	\$	\$
PREVIOUS EMPLOYER	START DATE	END DATE	
ADDRESS (STREET, CITY, STATE, ZIP)		POSITION HELD	

B. EMPLOYMENT

PRESENT EMPLOYER		PHONE NO.	
		()	
ADDRESS (STREET, CITY, STATE, ZIP)			
POSITION/TYPE OF WORK	FULL TIME <input type="checkbox"/>	SUPERVISOR'S NAME	
	PART TIME <input type="checkbox"/>		
DATE EMPLOYED	APPLICANT'S SALARY	GROSS	NET
	<input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly	\$	\$
PREVIOUS EMPLOYER	START DATE	END DATE	
ADDRESS (STREET, CITY, STATE, ZIP)		POSITION HELD	

A. 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
	\$
NAME AND ADDRESS OF PAYER	EXPECTED DURATION

B. OTHER INCOME

TYPE OF OTHER INCOME	MONTHLY AMOUNT
	\$
NAME AND ADDRESS OF PAYER	EXPECTED DURATION

A. REFERENCES

NEAREST RELATIVE NAME / RELATIONSHIP (NOT LIVING WITH YOU)	(STREET, CITY, STATE, ZIP)	PHONE NUMBER
		()
RELATIVE NAME / RELATIONSHIP	(STREET, CITY, STATE, ZIP)	PHONE NUMBER
		()
PERSONAL REFERENCE NAME	(STREET, CITY, STATE, ZIP)	PHONE NUMBER
		()

CONTINUED ON REVERSE SIDE

