

VATAT CREDIT UNION

614 East 12th Street • Austin, TX 78701 • 800-777-1825

LOAN APPLICATION

MARRIED APPLICANTS may apply for a separate account. A Credit Union may only extend direct credit to a member. A Joint applicant for credit will be considered a guarantor or co-signer if such person is not a credit union member. **Check the type of credit account you wish to apply for.**

- Individual Credit** – You must complete the applicant section about yourself and the other section about your spouse if:
 You live in a community property state (AK, AZ, CA, ID, NM, NV, P.R., TX, WA, WI) or your Spouse will use the account, or you are relying on your spouse's income as a source of repayment.
- Joint Credit** – If you are applying for a joint account or an account that you and another person will use, you must complete the applicant and other section.
- If you intend to apply for joint credit, you understand that the Credit Union may need to document any non-member as a guarantor/co-signer as explained above.**

Applicant Signature X _____ Co-Applicant Signature X _____

INFORMATION CONCERNING CREDIT INSURANCE (Check One or Both)

GROUP CREDIT INSURANCE IS AVAILABLE ON LOANS MADE TO CREDIT UNION MEMBERS. INSURANCE IS VOLUNTARY AND NOT REQUIRED TO OBTAIN CREDIT. IF YOU WOULD LIKE YOUR LOAN PROTECTED BY GROUP CREDIT INSURANCE CHECK BELOW.

- YES SINGLE GROUP CREDIT LIFE YES JOINT GROUP CREDIT INSURANCE YES GROUP CREDIT DISABILITY INSURANCE
 (SPOUSE AND BUSINESS PARTNERS ONLY) NO

THE CREDIT UNION WILL DISCLOSE THE COST OF THIS VOLUNTARY INSURANCE TO YOU IF YOU CHECKED YES. A SEPARATE ELECTION DISCLOSING THE TERMS AND CONDITIONS OF THE CREDIT INSURANCE MUST BE SIGNED FOR THE COVERAGE TO BE EFFECTIVE.

LOAN AMOUNT REQUESTED	TO BE REPAYED IN MONTHS	PURPOSE OF LOAN AND COLLATERAL OFFERED
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APPLICANT SECTION ■ CO-APPLICANT ■ CO-SIGNER/GUARANTOR SECTION

Name	Account Number	Spouse/Co-Applicant's Name	Account Number
Street Address	County	Street Address	County
City, State, Zip	How Long Yrs. Mos.	City, State, Zip	How Long Yrs. Mos.
Driver's License Number/State		Driver's License Number/State	
Social Security Number	Date of Birth	Social Security Number	Date of Birth
Home Phone () ()	Work () ()	Home Phone () ()	Work () ()
Previous Address		Previous Address	
Employer		Employer	
Employer's Address (City & State)	Date Employed	Employer's Address (City & State)	Date Employed
Job Title	Supervisor's Name & Phone No.	Job Title	Supervisor's Name & Phone No.
Applicant's Salary <input type="checkbox"/> Weekly Net \$ _____ <input type="checkbox"/> Monthly	Additional Income & Source* \$ _____	Co-Applicant's Salary <input type="checkbox"/> Weekly Net \$ _____ <input type="checkbox"/> Monthly	Additional Income & Source* \$ _____
Former Employer	Dates Employed From: To:	Former Employer	Dates Employed From: To:
Nearest Relative's Name (not living with me)	Phone No. () ()	Nearest Relative's Name (not living with me)	Phone No. () ()
Relative's Address & their relationship to me (father, mother, etc.) _____		Relative's Address & their relationship to me (father, mother, etc.) _____	

*Alimony, child support, or separate maintenance need not be revealed if I do not wish to have it considered as a basis for repaying obligations under this contract.

FINANCIAL OBLIGATIONS OF BOTH APPLICANT AND CO-APPLICANT—PLEASE INCLUDE ALL OBLIGATIONS - USE SEPARATE SHEET IF NECESSARY

Residence:	Balance	Monthly Payment	Interest Rate
Own Rent			
Vehicle #1 Yr. Make: Model: Financed With:			
Vehicle #2 Yr. Make: Model: Financed With:			
List all obligations including Credit Cards (if there is not sufficient space, attach a separate sheet)			

Alimony/Child Support (Check one, if applicable)
 Court Ordered Written Agreement Oral Understanding

YOU AGREE TO PROMPTLY REPAY ANY LOAN OR CREDIT EXTENDED ACCORDING TO THE TERMS THEREON.
 NOTICE: You agree and attest that your name and address shown herein is your legal name and the place of your residence, and such address is the proper address for all notice(s) required by this Agreement, and you further understand that any changes in this address must be submitted to us in writing to be effective.

The USA Patriot Act requires that we obtain, verify, and record information that identifies each person who opens an account. The credit union may ask for proof of identity.

APPLICANT SIGNATURE _____ DATE _____ OTHER APPLICANT'S SIGNATURE _____ DATE _____

X _____ X _____