

HOWARD COUNTY EDUCATION FEDERAL CREDIT UNION FORMERLY HCTA FEDERAL CREDIT UNION 3454 ELLICOTT CENTER DRIVE, ELLICOTT CITY, MD 21043 (410) 461-2257 WWW.HCTAFUCU.ORG FAX (410) 461-4691 INFO@HCTAFUCU.ORG	MASTER APPLICATION MUST BE COMPLETED IN INK NOTICE TO MARRIED APPLICANTS: YOU HAVE THE RIGHT TO APPLY FOR A SEPARATE ACCOUNT IN YOUR NAME.
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PLEASE READ AND INITIAL

THERE IS A \$15.00 FEE PER APPLICANT FOR A CREDIT CHECK

SHARE BALANCE \$	LOAN BALANCE	LOAN BALANCE	ACCOUNT NUMBER
I/WE WOULD LIKE A LOAN OF: \$	TERM OF LOAN	METHOD OF PAYMENT ___ BI-WEEKLY ___ MONTHLY	PURPOSE OF LOAN

A. APPLICANTS PERSONAL INFORMATION

CHECK ONE IF YOU RESIDE IN OR ARE RELYING ON PROPERTY IN A COMMUNITY PROPERTY STATE OR IF YOU ARE APPLYING FOR OTHER THAN INDIVIDUAL UNSECURED CREDIT. ___ MARRIED ___ UNMARRIED ___ SEPARATED	NAME (last, first, initials)	DATE OF BIRTH	SS NUMBER
PRESENT STREET ADDRESS (street, city, state, zip)	HOW LONG? ___ YRS ___ MO	HOME PHONE NUMBER	
PREVIOUS STREET ADDRESS (if present address less than two years)	HOW LONG? ___ YRS ___ MO	NUMBER OF DEPENDENTS	

B. INFORMATION REGARDING APPLICANT

PRESENT EMPLOYER	EMPLOYER'S ADDRESS (street, city, state, zip)	DATE EMPLOYED
OCCUPATION	WORK PHONE & EXT.	MY PAY PERIOD IS OVER ___ 12 MONTHS ___ 10 MONTHS
		GROSS BI-WEEKLY INCOME \$ (attach copy of pay stub)
OTHER INCOME NOTICE: Do not list alimony, child or spousal support or separate maintenance payments unless you wish them considered as a basis for repayment of the credit requested. If listed, verification may be requested.		SOURCE OF OTHER INCOME
		TOTAL MONTHLY INCOME \$

C. INFORMATION REGARDING SPOUSE OR CO-APPLICANT

PLEASE READ BEFORE COMPLETING: COMPLETE THIS SECTION: 1. if you are relying on your co-applicant's income as a basis for repayment of the credit requested, or 2. If your co-applicant will be contractually liable on the loan, or 3. If you are relying on alimony, child support or separate maintenance payments from a spouse or former spouse as a basis for repayment of the credit requested.

___ spouse ___ co-applicant

NAME (last, first, initial)	SOCIAL SECURITY NO.	DATE OF BIRTH
STREET ADDRESS (street, city, state, zip)	OCCUPATION	WORK PHONE AND EXT.
PRESENT EMPLOYER NAME AND ADDRESS (street, city, state, zip)		DATE EMPLOYED
OTHER INCOME NOTICE: Do not list alimony, child or spousal support or separate maintenance payments unless you wish them considered as a basis for repayment of the credit requested. If listed, verification may be requested.		SOURCE OF OTHER INCOME:
		TOTAL MONTHLY INCOME (attach copy of pay stub) \$

D. LIST ALL EXISTING DEBTS OF APPLICANT (AND CO-APPLICANT OR SPOUSE IF ANY PART OF SECTION C IS APPLICABLE)

APPLICANT	CO-APPL.	NAME & ADDRESS OF CREDITOR	PURPOSE OR ACCT #	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT
		HOME MORTGAGE OR LANDLORD	___ RENTING ___ BUYING	\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
LIST ALIMONY, CHILD SUPPORT OR CHILD CARE PAID MONTHLY						\$

DO NOT OMIT ANY DEBTS. IF MORE SPACE IS NEEDED, PLEASE USE SEPARATE SHEET. INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, PROVIDE DETAILS ON PAGE 2.	ARE ANY OF YOUR DEBTS PAST DUE? ___ YES ___ NO	HAVE YOU EVER HAD YOUR AUTO, FURNITURE OR PROPERTY REPOSSESSED? ___ YES ___ NO	HAVE YOU OR YOUR CO-APPLICANT EVER DECLARED BANKRUPTCY? ___ YES ___ NO	TOTAL MONTHLY OBLIGATIONS \$	ARE YOU CURRENTLY A CO-MAKER ON A LOAN? ___ YES ___ NO
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CONTINUE APPLICATION ON REVERSE SIDE — SIGN THE REVERSE SIDE OF THE APPLICATION BEFORE SUBMITTING

E. FINANCIAL INFORMATION AND REFERENCES					
NAME OF BANK OR OTHER FINANCIAL INSTITUTION			TYPE OF ACCOUNTS <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOANS		
NAME OF RELATIVE NOT LIVING WITH YOU	NAME (L, F, I) PRESENT ADDRESS (STREET, C/S/Z)		PHONE NO.	RELATIONSHIP	
PERSONAL REFERENCE NOT RELATED TO APPLICANT	NAME (LAST, FIRST, INITIAL) PRESENT ADDRESS (STREET, CITY, STATE, ZIP)		PHONE NO.		
F. VEHICLE INFORMATION					
NAME(S) (TO APPEAR ON TITLE)		ADDRESS	CITY	STATE	ZIP
SELLER'S NAME		SELLER'S ADDRESS	CITY	STATE	ZIP
DESCRIPTION:	YEAR	MAKE	MODEL	SERIAL NUMBER	<input type="checkbox"/> NEW <input type="checkbox"/> USED
THE CREDIT UNION REQUIRES THAT YOU CARRY AT LEAST \$500.00 DEDUCTIBLE PLUS COMPREHENSIVE INSURANCE FOR THE DURATION OF THE LOAN.					
INSURANCE COMPANY		ADDRESS	CITY	STATE	ZIP
AGENT'S NAME			AGENT'S PHONE NUMBER		
G. INSURANCE INFORMATION					
<p>I am interested in applying for the insurance coverage(s) checked below. I understand that the cost will be disclosed on my Truth-in-Lending Disclosure Statement. I understand that this is not an application for insurance. This insurance is voluntary and is not a condition for approval of my loan or credit plan. Insurance coverage will become effective after I apply and meet the eligibility requirements of the group policies, when my loan is approved.</p> <p>To be eligible for Group Credit Life and Disability Insurance: You and your co-applicant must be under age 70 for Credit Life insurance or under age 66 for Credit Disability insurance on the schedule maturity date of your loan to apply for these coverages. You must be presently working outside the home for wages or profit for 30 hours or more per week for the past 30 days or more to apply for Credit Disability Insurance. If you are applying for more than \$15,000 of insurance the following must be true: During the last two years, you and your co-applicant have NOT been medically advised of or treated for: cancer, heart attack or coronary artery disease, stroke, cirrhosis, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC).</p>					
<input type="checkbox"/> SINGLE CREDIT LIFE		<input type="checkbox"/> JOINT CREDIT LIFE		<input type="checkbox"/> CREDIT DISABILITY	
I have read and understand the eligibility requirements of the insurance coverages above and would like to apply for the coverages checked: _____ Initial Here					
LOAN APPLICATION SIGNATURES					
PLEASE READ BEFORE SIGNING: All the information in this application is true. I understand that section 1014 Title 18 U.S. Code makes it a federal crime to knowingly make a false statement on this application. You have my permission to check it. You may retain this application even if not approved. I understand that you may receive information from others about my credit and you may answer questions and requests from others seeking credit or experience information about me or my accounts with you. If this application is approved I agree to honor the provisions of the credit or loan agreement and security agreement covering my account or loan. (If this application is for two of us, this statement applies to both of us.					
SIGNATURE OF APPLICANT X		DATE	SIGNATURE OF CO-APPLICANT X		DATE
HAVE YOU OMITTED ANYTHING? REMEMBER: INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.					
ADDITIONAL COMMENTS					
FOR CREDIT UNION USE ONLY					
LOAN OFFICER: <input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> REFERRED TO CREDIT COMMITTEE					
REASON					
LOAN OFFICER'S SIGNATURE: X				DATE	
CREDIT COMMITTEE: <input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED					
REASON					
CREDIT COMMITTEE'S SIGNATURES X		DATE	DATE		DATE
ECOA NOTICE SENT OR DELIVERED ON			BY		