Strait-View Credit Union

220 South Lincoln, P.O. Box 339 Port Angeles, Washington 98362 (360) 452-3883

MASTER APPLICATION - MUST BE COMPLETED IN INK

NOTICE TO MARRIED APPLICANTS: YOU HAVE THE RIGHT TO APPLY FOR A SEPARATE ACCOUNT IN YOUR NAME.

				CHEC	К ТҮРЕ	OF CREDIT	REQUE	STED							
 Individual Credit: Complete sections A, B, C, E, F and G if only the applicant's income is considered for loan approval. Complete sections A, B, C, D, E, F and G (1) if you 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, or; (2) if you reside in a Community Property State, or; (3) if you are relying on property located in a Community Property State as a basis for repayment of the credit requested. Community Property States include: AK, AZ, CA, ID, LA, NM, NV, TX, WA, and WI. Joint Credit: We intend to apply for joint credit. (Applicant Initials) (Co-Applicant Initials) 															
I/WE WOULD LIKE	E A LOAN OF		FOR THE FOL	LOWING PURPO	DSE	5	SECURITY	OFFERED				ACCOUNT NUMBER			
\$															
A. INSURANCE INFORMATION Credit Life and Credit Disability Insurance is available to protect your loan. Credit Life Insurance can reduce or pay off your loan if you die. Credit Disability Insurance can help make your loan payments if you should become disabled and unable to work. I am interested in applying for the insurance coverage(s) checked below. 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. I understand that the cost will be as disclosed on the Truth-in-Lending Disclosure Statement. Insurance coverage will be come effective after I apply and meet the eligibility requirements of the group policies when my loan or credit plan is approved.															
I would li	ke informat	ion on the insur	ance covera	ge(s) checke	d belov	v									
	Single	Credit Life			Joint Credit Life							Cred	it Disab	ility	
					CANT'S	S PERSONAI									
CHECK ONE IF YOU RESIDE IN OR RELYING ON PROPERT' COMMUNITY PROPERTY STATE OR IF YOU ARE APPLYING OTHER THAN INDIVIDUAL UNSECURED CREDIT. ☐ MARRIED ☐ UMMARRIED ☐ SEPARATED PRESENT ADDRESS (Street, City, State, Zio)			FOR LAST	NAME		FIRST NAME INITIA			AL	L HOW LONG?			DATE OF BIRTH SOCIAL SECURITY NO.		
		t address less than tv	vo years) (Stree	t, City, State, Zip)						HOW LON					
MOTHER'S MAIDEN NAME DRIVE					DRIVER'S LICE	NSE NO. AI	SE NO. AND STATE				AGES OF DEPENDENTS				
				C. INFO	RMATIC	ON REGARD	ING APF	PLICANT							
PRESENT EMPLC	DYER		EMPLOYER'S	ADDRESS (Stree	et, City, Si	tate, Zip)							DATE EI	MPLOYE	D
OCCUPATION			SUPERVISOR'S NAME					WORK PHONE AND EXT.				MONTHLY PAY GROSS \$ NET			
PREVIOUS EMPL	OYER		ADDRESS (Street, City, State, Zip)						HOW LONG? OC			OCCUP	CUPATION		
OTHER INCOME I unless you wish the verification may be	em considered required.	as a basis for repayn	ent of the credit requested. If listed,				OTHER INCOME AMOUNT				TOTAL MONTHLY INCOME \$				
	D. I	NFORMATION						CANT SPO	_						
LAST NAME		FIRST NAME		INITIA								DRIVER'S LICENSE NO. AND STATE			
STREET ADDRESS (Street, City, State, Zip)					HOME PHONE NUMBER MOTHER'S MAIDEN N.				DEN NAM						
PRESENT EMPLC	DYER		EMPLOYER'S	ADDRESS (Stree	te, Zip)							DATE EMPLOYED			
OCCUPATION			SUPERVISOR	'S NAME		WORK PHONE			NE ANI	AND EXT. MC			NTHLY PAY GROSS		
PREVIOUS EMPL	OYER	ADDRESS (Street, City, State, Zip)					HOW LONG?			OCCUPATION					
OTHER INCOME NOTICE: Do not list alimony, child support or separate maintenance payments unless you wish them considered as a basis for repayment of the credit requested. If listed, verification may be required. SOURCE OF OTHER INCOME AMOUNT TOTAL MONTHLY INCOME s \$ \$ \$ \$							E								
E. FINANCIAL INFORMATION AND REFERENCES NAME OF RELATIVE NAME (Last, First, Initial) PRESENT ADDRESS (Street, City, State, Zip) PHONE NUMBER RELATIONSHIP															
NOT LIVING WITH YOU								FHONE							
PERSONAL REFERENCE NAME (Last, First, Initial) PRESENT ADDRESS (Street, City, State, Zip) PHONE NUMBER NOT RELATED TO APPLICANT PHONE NUMBER															
1		F. FINANCIA		· · ·	1	, ,		•	· ·			back.)			
ARE ANY OF YOUR DEBTS PAST DUE?	OUR DEBTS AUTO, FURNITURE OR			VE YOU OR YOUR APPLICANT EVER A CO-M. LOAN?			ACCOL	HAVE YOU EVER HAD ACCOUNTS SENT TO COLLECTION?		ARE THERE ANY UNSATISIFIED JUDGEMEN AGAINST YOU?		ITS OT	S OTHER CREDIT APPLICATION PENDING?		
YES NO	YES NO YES <t< td=""><td>S 🗌 NO</td></t<>						S 🗌 NO								
-															

G. NET WORTH STATEMENT

This is your net worth statement. Be sure to list ALL your assets and liabilities. Check which one of the following your net worth statement reflects:

□ Joint with spouse - includes all assets and liabilities of both spouses.

"If you reside in a Community Property State, it is necessary that you indicate which are your spouse's separate non-community assets and liabilities. Do this by writing "S" in the blank before each item. (In Washington the following definitions generally apply: Separate Assets - assets acquired before marriage, and after marriage by inheritance, gift, or income from separate property. Separate Liabilities - liabilities incurred prior to marriage, and any debts incurred separately by specific request during marriage which do not rely upon community property as a basis for repayment.)

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ASSETS (WHAT YOU OWN)				LIABILITIES (WHAT YOU OWE)								
"S"	DESCRIPTION	CASH OR MKT. VALUE	"S"	CREDITOR'S NAME AND ADDRESS	ORIGINAL BALANCE	PRESENT BALANCE	MONTHLY PAYMENT	PAST DUE YES/NO				
	DO YOU OWN OR RENT?	1			\$	\$	\$					
		¢						+				
		\$			\$	\$	\$	+				
		\$			\$	\$	\$	+				
		\$			\$	\$	\$					
		\$			\$	\$	\$					
		\$			\$	\$	\$					
		\$			\$	\$	\$					
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								+				
		\$			\$	\$	\$	+				
		\$			\$	\$	\$					
		\$			\$	\$	\$					
		\$			\$	\$	\$					
LI	ST ALL ASSETS, ATTACH SHE	ET IF NECESSARY		LIST ALL LIABIL	ITIES, ATTACH SHE	ET IF NECESSARY						
TOTAL ASSETS (A)				TOTAL LIABILITIES	(B) TOTAL MONTHLY PMTS \$ \$							
MONTHLY INCOME FROM ALL SOURCES					NET WORTH (A) - (B)							
ARE	THERE ANY OTHER PERSONS OBL		WHIC	H ONES AND WHO?		Ψ						
	NY OF THE ABOVE OBLIGATIONS? HERE ANY OTHER MEANS IN WHIC											
	DIT HISTORY/REFERENCES MAY BI	E VERIFIED:		TION SIGNATURES - PLEASE REA								
appl my o appr state prer avai IMPo To h that	ication. You have my permiss credit and you may answer q oved, I agree to honor the pri ment applies to both of us.) nium or fee I pay will be reta lable to me. ORTANT NOTICE ABOUT PR ielp the government fight the fu identifies each person who o	on is true. I understa ion to check it. You n uestions and request ovisions of the credit If I purchase volum ined by the credit u OCEDURES FOR OF unding of terrorism an pens an account. W	and th nay re s from or loa tary c nion (PENIN d mor /hat th	at section 1014 Title 18 U.S. Code ma tain this application even if not approve n others seeking credit or experience in an agreement and security agreement co credit insurance or other products in or paid back to the credit union by th	kes it a federal crim d. I understand that iformation about me overing my account connection with e service provider) uires all financial ins count, you will ask	ne to knowingly ma you may receive ir or my accounts w or loan. (If this app this loan, I unders as compensation stitutions to obtain, v	formation from othe ith you. If this appl- blication is for two o stand that a portio for making these verify, and record inf	ers about lication is of us, this on of the services formation				
	NATURE OF APPLICANT			DATE SIGNATURE OF CO-APPLICANT (WHERE APPLICABLE) DATE								
Х				X								
				ADDITIONAL COMMENTS								
				FOR CREDIT UNION USE ONL	Y							
LOA												

REASON	LOAN OFFICER'S SIGNATURE	DATE
	x	
CREDIT COMMITTEE: APPROVED REJE	ECTED	
REASON		
CREDIT COMMITTEE'S SIGNATURE DATE	DATE	DATE
x x	X	
ECOA NOTICE SENT OR DELIVERED ON	BY	