

- How To Apply:**
- Please complete front and back of application
 - Sign at bottom of application
 - Fax completed application to credit union
 - **An incomplete or unsigned application may delay processing**

Amount Requested: _____

Type of Vehicle: _____

Applicant			
NAME (Last - First - Initial)			
MOTHER'S MAIDEN NAME		SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NUMBER/STATE		LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)	
D.O.B.	HOME PHONE	BUSINESS PHONE/EXT	
E-MAIL ADDRESS			
PRESENT ADDRESS (Street - City - State - Zip)			<input type="checkbox"/> OWN <input type="checkbox"/> RENT
.....			YEARS AT THIS ADDRESS
EMPLOYMENT/INCOME			
EMPLOYER NAME			
TITLE/POSITION		NAME OF SUPERVISOR	
START DATE		YEARS IN CURRENT LINE OF WORK	
EMPLOYMENT INCOME		OTHER INCOME	
\$ _____ PER _____ <input type="checkbox"/> NET <input type="checkbox"/> GROSS		\$ _____ PER _____	
SOURCE OF OTHER INCOME		NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.	
APPLICANT REFERENCE			
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU			
ADDRESS (Street - City - State - Zip)			
.....			
HOME TELEPHONE #		RELATIONSHIP TO YOU	

Other: <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Guarantor			
NAME (Last - First - Initial)			
MOTHER'S MAIDEN NAME		SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NUMBER/STATE		LIST AGES OF DEPENDENTS NOT LISTED BY APPLICANT (Exclude Self)	
D.O.B.	HOME PHONE	BUSINESS PHONE/EXT	
E-MAIL ADDRESS			
PRESENT ADDRESS (Street - City - State - Zip)			<input type="checkbox"/> OWN <input type="checkbox"/> RENT
.....			YEARS AT THIS ADDRESS
EMPLOYMENT/INCOME			
EMPLOYER NAME			
TITLE/POSITION		NAME OF SUPERVISOR	
START DATE		YEARS IN CURRENT LINE OF WORK	
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\$ _____ PER _____ <input type="checkbox"/> NET <input type="checkbox"/> GROSS		\$ _____ PER _____	
SOURCE OF OTHER INCOME		NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.	
OTHER REFERENCE			
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU			
ADDRESS (Street - City - State - Zip)			
.....			
HOME TELEPHONE #		RELATIONSHIP TO YOU	

PLEASE COMPLETE REVERSE. INCOMPLETE APPLICATIONS MAY RESULT IN DELAYED PROCESSING.

ASSETS / WHAT YOU OWN		MARKET VALUE	PLEGDED AS COLLATERAL FOR ANOTHER LOAN?		OWNED BY	
ITEM	LIST LOCATION OF PROPERTY OR FINANCIAL INSTITUTION		YES	NO	APPLICANT	OTHER
		\$				
		\$				
		\$				
		\$				
		\$				

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 what you owe. If there are any important changes you will notify us in writing immediately. You authorize the credit union to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. You understand that the credit union will rely on the information in this application and your credit report to make its decision. 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. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.

APPLICANT SIGNATURE _____	DATE _____	CO-APPLICANT/SPOUSE/GUARANTOR SIGNATURE _____	DATE _____
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LIABILITIES / WHAT YOU OWE

ITEM	CREDITOR NAME	INTEREST RATE	LOAN BALANCE	MARKET VALUE	OWED BY	
					APPLICANT	OTHER
RENT			\$	\$		
1ST MORTGAGE (+ TAX & INS.)			\$	\$		
2ND MORTGAGE			\$	\$		
1ST AUTO LOAN			\$	\$		
2ND AUTO LOAN			\$	\$		
CHILD CARE			\$	\$		
CHILD SUPPORT			\$	\$		
CREDIT CARD			\$	\$		
CREDIT CARD			\$	\$		
CREDIT CARD			\$	\$		
CREDIT CARD			\$	\$		
CREDIT CARD			\$	\$		
OTHER			\$	\$		
OTHER			\$	\$		
OTHER			\$	\$		
OTHER			\$	\$		
OTHER			\$	\$		
OTHER			\$	\$		
OTHER			\$	\$		
OTHER			\$	\$		
OTHER			\$	\$		
			TOTALS	\$	\$	

LIST ANY OTHER NAMES UNDER WHICH YOUR CREDIT REFERENCES AND HISTORY MAY BE CHECKED:

OTHER INFORMATION ABOUT YOU

	APPLICANT				OTHER			
1. ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
2. DO YOU CURRENTLY HAVE ANY OUTSTANDING JUDGEMENTS OR HAVE YOU EVER FILED FOR BANKRUPTCY, HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13, HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST 7 YEARS, OR BEEN A PARTY IN A LAWSUIT?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
3. IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
4. ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE? FOR WHOM (NAME OF OTHERS OBLIGATED ON LOAN): _____ TO WHOM (NAME OF CREDITOR): _____	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

INDIVIDUALS MAY QUALIFY FOR CREDIT UNION MEMBERSHIP THROUGH AFFILIATION WITH A QUALIFYING SELECT EMPLOYEE GROUP, A FAMILY RELATIONSHIP, OR THROUGH COMMUNITY DEVELOPMENT DESIGNATION.* INDIVIDUALS WHO DO NOT QUALIFY UNDER ANY OF THE ABOVE METHODS WILL BE ASSESSED A \$5.00 FEE TO JOIN THE AUTISM SOCIETY OF MIDDLE TENNESSEE, A QUALIFYING GROUP.

UPON QUALIFICATION FOR CREDIT UNION MEMBERSHIP, A DEPOSIT OF \$5.00 IS REQUIRED TO OPEN AND MAINTAIN A MEMBERSHIP SHARE ACCOUNT.

* COMMUNITY DEVELOPMENT DESIGNATION = INDIVIDUALS WHO LIVE, WORK, WORSHIP, ATTEND SCHOOL, OR VOLUNTEER IN A GEOGRAPHIC AREA DEFINED BY THE FEDERAL GOVERNMENT AS BEING UNDERSERVED BY FINANCIAL INSTITUTIONS.