

**LOAN APPLICATION**



E. 529 N. Foothills Drive  
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 (509) 483-9416 or (800) 365-5168  
 Fax: (509) 483-1014  
 www.safewayfcu.com

APPLICANT NAME:	
CREDIT UNIT ACCT. #:	SOCIAL SECURITY #:
DRIVER'S LICENSE #/STATE:	

AMOUNT OF MONEY YOU ARE REQUESTING	PURPOSE	SECURITY OFFERED, IF ANY:
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ADD TO PRESENT LOAN?	APPROX. LENGTH OF LOAN	REPAYMENT METHOD?	<input type="checkbox"/> AUTO DEDUCTION FROM	<input type="checkbox"/> CHECKING OR	<input type="checkbox"/> SAVINGS
			<input type="checkbox"/> PAYROLL DEDUCTION	<input type="checkbox"/> MONTHLY CASH	

APPLICANT INFORMATION			EMPLOYMENT/INCOME INFORMATION		
BIRTHDATE	HOME PHONE	BUSINESS PHONE	EMPLOYER	POSITION	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)		YRS. AT ADDRESS	STARTING DATE	PREVIOUS EMPLOYER/POSITION/LENGTH OF EMPLOYMENT	
PREVIOUS ADDRESS (STREET, CITY, STATE, ZIP)		YRS. AT ADDRESS	<input type="checkbox"/> OWN <input type="checkbox"/> RENT NOTICE: Alimony, Child Support, or Separate Maintenance need not be revealed if you do not choose to have it considered.		
YOUR E-MAIL ADDRESS, IF ANY:		OTHER INCOME	\$	PER	SOURCE
Indicate marital status if you reside in a Community Property state (AZ, CA, ID, LA, NM, NV, TX, WA, or WI)		<input type="checkbox"/> UNMARRIED (SINGLE, DIVORCED) <input type="checkbox"/> MARRIED (Note spousal information below) <input type="checkbox"/> SEPARATED			
NAME OF SPOUSE (IF APPLICABLE)	SPOUSE SOCIAL SEC. # / BIRTHDATE	WAGE (GROSS)	\$	PER	WEEKLY HOURS
NUMBER OF DEPENDENTS (Exclude Self)	AGES OF DEPENDENTS	OTHER INCOME	\$	PER	SOURCE

**REFERENCES**

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	HOME PHONE	RELATIONSHIP
NAME AND ADDRESS OF A PERSONAL FRIEND - NOT A RELATIVE	HOME PHONE	RELATIONSHIP

**OUTSTANDING DEBTS (LIST EVERYTHING - ATTACH OTHER SHEETS IF NEEDED)**

	CREDITOR NAME	PRESENT BALANCE	MONTHLY PAYMENT
<input type="checkbox"/> RENT <input type="checkbox"/> MORTGAGE			
AUTO LOAN			
OTHER			
OTHER			
OTHER			
OTHER			
OTHER			
OTHER			
CHILD SUPPORT			

YEAR AND MAKE OF YOUR AUTOMOBILE: \_\_\_\_\_

ESTIMATED VALUE OF YOUR HOME: \_\_\_\_\_

Everything that you have stated in this application is complete and correct to the best of your knowledge. The Credit Union is authorized to check your credit, employment history, obtain a credit report and to answer questions about their credit experience with you.

APPLICANT SIGNATURE	DATE
CO-APPLICANT SIGNATURE	DATE

If you are applying for credit jointly, both of you, the applicant and co-applicant, must initial the box below.	
<b>We intend to apply for joint credit</b>	APPLICANT INITIALS CO-APPLICANT INITIALS