Overdraft Protection/Stat Cash/Consumer Loan Application

APPLICANT (LAST/FIRST/MIDDLE)		CO-APPLICANT (LAST/FIRST/MIDDLE)	
ADDRESS	HOW LONG	ADDRESS	HOW LONG
CITY/STATE/ZIP	HOME PHONE	CITY/STATE/ZIP	HOME PHONE
OWN ☐ RENT ☐ PARENTS ☐	#DEPENDENTS / MONTHLY PMT.	OWN ☐ RENT ☐ PARENTS ☐	#DEPENDENTS / MONTHLY PMT.
SOCIAL SECURITY NO.	BIRTH DATE	SOCIAL SECURITY NO.	BIRTH DATE
EMPLOYER	DATE EMPLOYED	EMPLOYER	DATE EMPLOYED
WORK ADDRESS	WORK PHONE	WORK ADDRESS	WORK PHONE
POSITION	GROSS MO. SALARY	POSITION	GROSS MO. SALARY
OTHER INCOME (Source/Amount)		OTHER INCOME (Source/Amount)	
OTHER DEBTS: (Alimony, support, lease, etc.)		OTHER DEBTS: (Alimony, support, lease, etc.)	
RELATIVE: not living at same address (name/address/phone)		RELATIVE: not living at same address (name/address/phone)	

You may need to complete additional information including co-applicant if: 1) this is to be a joint account; 2) you live in a community property state (AZ, CA, ID, NV, NM, TX, WA, WI, Puerto Rico); or 3) you are relying on your co-applicant's income in applying for this loan. You need not disclose alimony, child support, or separate maintenance income if you do not wish to have it considered as a basis for repaying this loan.

Loan Type
- ☐ Overdraft Protection Line-Of-Credit
- ☐ Stat Cash Line-Of-Credit
- ☐ Purpose _____

Payment Method
- ☐ Cash
- ☐ Payroll Deduction
- ☐ Transfer from HCFCU Checking

HCFCU Account #	Amount Requested

Payment Protection Insurance Option
☐ Single Life ☐ Joint Life ☐ Disability

Vehicle Protection
- ☐ Guaranteed Auto Protection
- ☐ Mechanical Breakdown Ins.

I certify that this information is complete and true and submitted for the purpose of obtaining credit. I authorize the Credit Union to obtain any additional information required to process this request and hereby agree and accept all terms and conditions of the loan disclosure statement.
I further agree to complete and submit any additional data required.
By signing below, each of the following applicants certify that they applied for joint credit.

X _____ Applicant Signature Date

X _____ Co-applicant Signature Date

HCFCU USE ONLY:

_____ Loan Officer Signature Date

❑ Denied ❑ Approved
❑ Counter ❑ Limit $

All applicants must submit copies of their most recent pay stubs, or tax returns if self-employed.