



Port Townsend: 1165 Landes Court
 Port Hadlock: 11524 Rhody Drive
 P.O. Box 1530, Port Townsend, WA 98368
 (360) 365-3663 ~ 1-800-505-3347
 www.QuimperCU.com



Application

Married Applicants: May apply for a separate account.
Individual Credit: You must complete the **Applicant** section about yourself and the **Other** section about your spouse if:
 1. you live in or the property pledged as collateral is located in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI),
 2. your spouse will use the account, or
 3. you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the **Other** section to the extent possible about the person on whose payments you are relying.
Joint Credit: Each Applicant must **individually** complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.
Guarantor: Complete the **Other** section if you are a guarantor on an account/loan.

LOANLINER Account/Loan: <i>(Including ATM/Debit Card Access to the Account if Available)</i> Amount Requested \$ _____ Purpose/Collateral: _____ Repayment: _____	Credit Card Account: <i>(See Disclosure Table or Agreement for Terms)</i> Credit Limit Requested \$ _____ If Authorized User, Name: _____
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PAYMENT PROTECTION Are you interested in having your loan protected? Yes No
 If you answer "yes", then the credit union will disclose the cost of this voluntary payment protection to you. A separate election which discloses the terms and conditions must be signed for protection to be effective.

APPLICANT	OTHER
NAME	NAME <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER
MOTHER'S MAIDEN NAME	MOTHER'S MAIDEN NAME
ACCOUNT NUMBER	ACCOUNT NUMBER
SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER
DRIVER'S LICENSE NUMBER/STATE	DRIVER'S LICENSE NUMBER/STATE
AGES OF DEPENDENTS	AGES OF DEPENDENTS
BIRTH DATE HOME PHONE BUSINESS PHONE/EXT.	BIRTH DATE HOME PHONE BUSINESS PHONE/EXT.
EMAIL ADDRESS	EMAIL ADDRESS
PRESENT ADDRESS	PRESENT ADDRESS
LENGTH AT RESIDENCE	LENGTH AT RESIDENCE
PREVIOUS ADDRESS	PREVIOUS ADDRESS
LENGTH AT RESIDENCE	LENGTH AT RESIDENCE
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:	COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:
MARITAL STATUS:	MARITAL STATUS:
EMPLOYMENT/INCOME \$ _____	EMPLOYMENT/INCOME \$ _____
NAME AND ADDRESS OF EMPLOYER	NAME AND ADDRESS OF EMPLOYER
TITLE/GRADE	TITLE/GRADE
START DATE	START DATE
HOURS AT WORK	HOURS AT WORK
SUPERVISOR'S NAME	SUPERVISOR'S NAME
IF SELF EMPLOYED, TYPE OF BUSINESS	IF SELF EMPLOYED, TYPE OF BUSINESS
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.	NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.
OTHER INCOME	OTHER INCOME
\$ SOURCE	\$ SOURCE
\$ SOURCE	\$ SOURCE
\$ SOURCE	\$ SOURCE
\$ SOURCE	\$ SOURCE
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR?	MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR?
WHERE	WHERE
ENDING/SEPARATION DATE	ENDING/SEPARATION DATE
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS	PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS
STARTING DATE	STARTING DATE
ENDING DATE	ENDING DATE
REFERENCE	REFERENCE
RELATIONSHIP	RELATIONSHIP
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU
HOME PHONE	HOME PHONE

