

SAN JOAQUIN POWER EMPLOYEES CREDIT UNION

Enclosed are forms necessary to process your loan application. Please complete all forms, sign where indicated and return to the credit union office.

BE SURE THAT YOU FURNISH THE FOLLOWING:

1. YOU MUST ENCLOSE VERIFICATION OF ALL INCOME (INCLUDE SPOUSE'S INCOME IF APPLICABLE.) You must provide your 2 most recent pay stubs. Proof of social security income & interest income is required. Under special circumstances we may require copies of your W2 form.

If you have a RENTAL, you must provide a SCHEDULE E.

If you own a BUSINESS, you must provide your 2 most recent years of TAX RETURNS.

If you own a FARM, you must provide a SCHEDULE F.

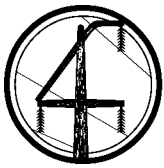
If you are a SOLE PROPRIETOR, you must provide your 2 most recent SCHEDULE C forms.

2. LIST ALL BILLS – include account numbers and payment amounts.
3. COMPLETE COPY OF BANKRUPTCY DOCUMENTS IF APPLICABLE.
4. COMPLETE COPY OF DIVORCE AGREEMENT IF APPLICABLE.
5. CO-SIGNERS'S SIGNATURES MUST BE NOTARIZED IF OTHER THAN SPOUSE.

BE SURE THAT YOU HAVE FURNISHED ALL INFORMATION REQUESTED.

CREDIT REPORT: Credit reports will be accessed on all signers for the loan. If you are aware of any adverse or negative information concerning your credit, a written explanation of the derogatory information is required.

Upon receipt of completed forms, your loan application will be submitted to the Credit Committee for approval. Upon approval you will be notified and your loan funded.



**SAN JOAQUIN POWER
EMPLOYEES CREDIT UNION**

P.O. Box 16039
Fresno, CA 93755-6039
(559) 230-5080
(800) 637-5993



Application

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 (AK, 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.

Check below to indicate the type of account(s) and type of credit for which you are applying. Married Applicants may apply for a separate account.

LOANLINER Account/Loan: Individual Joint
 (Including ATM/Debit Card Access to the Account if Available)
 Amount Requested \$ _____
 Purpose/Collateral: _____
Repayment: Payroll Deduction Cash Military Allotment Automatic Payment

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		
NAME		
PASSWORD	ACCOUNT NUMBER	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE	
AGES OF DEPENDENTS	EMAIL ADDRESS	
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE	
PREVIOUS ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE	
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)		
EMPLOYMENT/INCOME		
NAME AND ADDRESS OF EMPLOYER		
TITLE/GRADE	START DATE	HOURS AT WORK
SUPERVISOR'S NAME	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.		
EMPLOYMENT INCOME \$ _____ Per _____	OTHER INCOME \$ _____ Per _____	
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE	
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ ENDING/SEPARATION DATE _____		
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS	STARTING DATE	ENDING DATE
REFERENCE		
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP
		HOME PHONE

OTHER		<input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER
NAME		
PASSWORD	ACCOUNT NUMBER	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE	
AGES OF DEPENDENTS	EMAIL ADDRESS	
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE	
PREVIOUS ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE	
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EMPLOYMENT/INCOME		
NAME AND ADDRESS OF EMPLOYER		
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NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP
		HOME PHONE

