

# 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 (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.

**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", the credit union will disclose the cost to protect your loan. The protection is voluntary and does not affect your loan approval. In order for your loan to be covered, you will need to sign a separate application that explains the terms and conditions.

<b>APPLICANT</b>	
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)	
<b>EMPLOYMENT/INCOME</b>	
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 _____ <input type="checkbox"/> NET <input type="checkbox"/> GROSS	OTHER INCOME \$ _____ Per _____ 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 _____
<b>REFERENCE</b>	RELATIONSHIP _____
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____	HOME PHONE _____

<b>OTHER</b>		<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 _____	
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)		
<b>EMPLOYMENT/INCOME</b>		
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 _____ <input type="checkbox"/> NET <input type="checkbox"/> GROSS	OTHER INCOME \$ _____ Per _____ 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 _____	
<b>REFERENCE</b>	RELATIONSHIP _____	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____	HOME PHONE _____	

WHAT YOU OWE	CREDITOR NAME OTHER THAN THIS CREDIT UNION (Attach additional sheet(s) if necessary)	INTEREST RATE	PRESENT BALANCE	MONTHLY PAYMENT	OWED BY	
					APPLICANT	OTHER
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED:			<b>TOTALS</b>	\$	\$	

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

OTHER INFORMATION ABOUT YOU		IF YOU ANSWER "YES" TO ANY QUESTION OTHER THAN #1, EXPLAIN ON AN ATTACHED SHEET		APPLICANT	OTHER
1. ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?				<input type="checkbox"/>	<input type="checkbox"/>
2. DO YOU CURRENTLY HAVE ANY OUTSTANDING JUDGMENTS 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"/>	<input type="checkbox"/>
3. IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS?				<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>

**STATE LAW NOTICES** **OHIO RESIDENTS ONLY:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

**WISCONSIN RESIDENTS ONLY:** (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union

SIGNATURE FOR WISCONSIN RESIDENTS ONLY \_\_\_\_\_ DATE \_\_\_\_\_

**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, increase, renewal, extension or collection 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.

<input checked="" type="checkbox"/> _____ (SEAL)	<input checked="" type="checkbox"/> _____ (SEAL)
APPLICANT'S SIGNATURE _____ DATE _____	OTHER SIGNATURE _____ DATE _____

**FOR CREDIT UNION USE ONLY**

DATE	APPROVED	APPROVED LIMITS:	SIGNATURE	LINE OF CREDIT	OTHER	OTHER	DEBT RATIO/SCORE BEFORE	AFTER
	DENIED (Adverse Action Notice Sent)	\$	\$	\$	\$			

LOAN OFFICER COMMENTS:

SIGNATURES:  \_\_\_\_\_ DATE \_\_\_\_\_  \_\_\_\_\_ DATE \_\_\_\_\_



PO Box 196 Kyle, SD 57752 | tel (605)455-1515 | fax (605)455-1514

## AUTHORIZATION TO RELEASE INFORMATION

I have applied for or obtained a loan or grant from Lakota Federal Credit Union. As part of the process, the Lakota Federal Credit Union may verify information contained in my request for assistance and in other documents required in connection with the request.

I authorize you to provide Lakota Federal Credit Union for verification purposes the following applicable information:

- Past and present employment or income records.
- Bank account, stock holdings, and any other asset balances.
- Past and present landlord references
- Other consumer credit references

If the request is for a new loan or grant, I further authorize Lakota Federal Credit Union to order a consumer credit report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, Et seq., The Lakota Federal Credit Union is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to the Lakota Federal Credit Union to another Government agency or department of used for another purpose without my consent except as required or permitted by law.

The information, the Lakota Federal Credit Union obtains is only to be used in processing of my request for assistance.

A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

SS #: \_\_\_\_\_

DOB: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

