



DATE	APPLICANT ACCOUNT NO.	CO-APPLICANT ACCOUNT NO.
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Amount Requested:  Line of Credit \$ \_\_\_\_\_  Closed End \$ \_\_\_\_\_

Purpose: \_\_\_\_\_ Approximate Value: \_\_\_\_\_

Property Type:  Single Family Home  Condominium  Townhouse  Other \_\_\_\_\_

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

MARRIED APPLICANTS may apply for a separate account. **Check the type of credit account for which you wish to apply.**

**Individual Credit** – You must complete the applicant section about yourself and the other section about your spouse if: (1) You live in a community property state (AK, AZ, CA, ID, LA, NM, NV, P.R., TX, WA, WI); (2) your spouse will use the account; or (3) you are relying on your spouse's income as a source of repayment.

**Joint Credit** – If you are applying for a joint account or an account that you and another person will use, you must complete the applicant and other section.

\_\_\_\_\_ Initial here if you intend to apply for Joint Credit

**APPLICANT**

**Complete for secured credit or if you live in a community property state.**  
 MARRIED  SEPARATED  UNMARRIED (Single, Divorced, Widowed)

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NO.	DRIVER'S LICENSE NO. & STATE	BIRTH DATE
HOME PHONE NO.	NO. OF DEP.	AGE OF DEPENDENTS OTHER
MOTHER'S MAIDEN NAME	E-MAIL ADDRESS	
CURRENT STREET ADDRESS	APT. NO.	SINCE
CITY	STATE	ZIP CODE
FORMER STREET ADDRESS	YEARS THERE	
CITY	STATE	ZIP CODE
PERSONAL REFERENCE	RELATIONSHIP	

SPOUSE  CO-APPLICANT  CO-SIGNER

**Complete for secured credit or if you live in a community property state.**  
 MARRIED  SEPARATED  UNMARRIED (Single, Divorced, Widowed)

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NO.	DRIVER'S LICENSE NO. & STATE	BIRTH DATE
HOME PHONE NO.	NO. OF DEP.	AGE OF DEPENDENTS OTHER
<b>RELATIONSHIP TO APPLICANT</b>		
CURRENT STREET ADDRESS	APT. NO.	SINCE
CITY	STATE	ZIP CODE
FORMER STREET ADDRESS	YEARS THERE	
CITY	STATE	ZIP CODE
PERSONAL REFERENCE	RELATIONSHIP	

**EMPLOYMENT & INCOME** If you are self-employed, attach a financial statement and your most recent income tax return.

CURRENT EMPLOYER	HIRE DATE
WORK PHONE NO.	
POSITION	MONTHLY NET INCOME \$
FORMER EMPLOYER (if current less than 2 years)	

CURRENT EMPLOYER	HIRE DATE
WORK PHONE NO.	
POSITION	MONTHLY NET INCOME \$
FORMER EMPLOYER (if current less than 2 years)	

**OTHER INCOME** You need not list income from alimony, child support or separate maintenance unless you wish it considered for purposes of granting this credit.

SOURCE OF OTHER INCOME	FREQUENCY	MONTHLY INCOME
1.		\$
2.		\$

SOURCE OF OTHER INCOME	FREQUENCY	MONTHLY INCOME
1.		\$
2.		\$

**ASSETS & DEPOSITS** Please check the appropriate box below. INDICATE: **A** - Applicant **OR** **C** - Spouse/Co-Applicant

CHECK ONE "✓"			FINANCIAL INSTITUTION	CURRENT BALANCE	CHECK ONE "✓"			FINANCIAL INSTITUTION	CURRENT BALANCE
A	C	TYPE			A	C	TYPE		
		CHECKING		\$			MONEY MARKET		\$
		SAVINGS		\$			CDs		\$
		IRA's		\$			OTHERS		\$
AUTO 1	YEAR	MAKE	VALUE	\$	AUTO 2	YEAR	MAKE	VALUE	\$
REAL ESTATE				VALUE	OTHER ASSETS				VALUE
				\$					\$



## Member Request To Provide Homeowners Policy

Homeowners Insurance Company		
Name of Insurance Agent		
Insurance Company Address		
City	State	Zip
Homeowner's Policy Number		
<b>RE:</b>		

Dear Agent:

Please accept my permission to provide a copy of the homeowners policy listed above outlining all corresponding coverage, limits and deductibles to:

**UNITED STATES SENATE  
FEDERAL CREDIT UNION**  
Loan Services  
P.O. Box 77920  
Washington, DC 20013-8920

Additionally, please provide a written endorsement naming the **UNITED STATES SENATE FEDERAL CREDIT UNION** as \_\_\_\_ First \_\_\_\_ Second \_\_\_\_ Third mortgagor. Notify the Credit Union of any cancellation. Thank you.

<b>X</b>
<b>X</b>
Name(s) – please print
Address
City <span style="float: right;">State    Zip</span>