**AdventHealth Credit Union**
351 S State Road 434, Suite
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32714 Ph: 407-303-1527
FAX: 407-303-0918
www.ahcu.cc

# LOAN APPLICATION

Married Applicants may apply for a separate account. Check the appropriate box to indicate Individual Credit or Joint Credit.

☐ **Individual Credit:** Complete **Applicant** sections if only the applicant's income is considered for loan approval.

Complete **Applicant** and **Co-Applicant** sections: (1) if you are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of credit requested; (2) if you reside in a Community Property State; (3) if you are relying on property located in a Community Property State as a basis for repayment of the credit requested; or (4) if you are an Alaska resident subject to a community property agreement or community property trust. Community Property States include: AZ, CA, ID, LA, NM, NV, TX, WA, WI.

☐ **Joint Credit:** Complete **Applicant** and **Co-Applicant** sections if your co-applicant will be contractually liable for repayment of the loan and initial below:

We intend to apply for joint credit. _____ (Applicant Initials) _____ (Co-Applicant Initials)

***PLEASE CHECK BELOW TO INDICATE THE TYPE OF ACCOUNT(S) AND TYPE OF CREDIT FOR WHICH YOU ARE APPLYING.***

☐ **Account/Loan:** ☐ Individual ☐ Joint

Amount Requested $_____

Purpose/Collateral: _____

☐ Other Loan Request _____

**Repayment:** ☐ Mail ☐ Cash ☐ Automatic Payment ☐ Web Pay ☐ Other

**Credit Cards:** ☐ Individual ☐ Joint

☐ Visa Classic
☐ Visa Platinum
☐ Visa Share Secured

_____ If Authorized user, name

_____ Date of Birth

**SEE SEPARATE PAGE FOR IMPORTANT INFORMATION ABOUT CREDIT CARDS**

## APPLICANT

| NAME (Last - First - Initial) | | ACCOUNT NUMBER |
|---|---|---|
| SOCIAL SECURITY NUMBER | | MOTHER'S MAIDEN NAME |
| E-MAIL ADDRESS | | |
| BIRTH DATE | HOME PHONE/CELL PHONE | BUSINESS PHONE/EXT. |
| PRESENT ADDRESS (Street - City - State - Zip) | ☐ OWN ☐ RENT<br>YEARS/MONTHS AT THIS ADDRESS | |
| MORTGAGE/RENT PAYABLETO | MONTHLY PAYMENT (MORTGAGE/RENT)<br>$ | |

PLEASE COMPLETE ONLY IF YOU ARE APPLYING FOR JOINT CREDIT, SECURED CREDIT, OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE.
☐ MARRIED ☐ SEPARATED ☐ UNMARRIED (Single - Divorced - Widowed)

## ☐ CO-APPLICANT ☐ SPOUSE ☐ GUARANTOR

| NAME (Last - First - Initial) | | ACCOUNT NUMBER |
|---|---|---|
| SOCIAL SECURITY NUMBER | | MOTHER'S MAIDEN NAME |
| E-MAIL ADDRESS | | |
| BIRTH DATE | HOME PHONE/CELL PHONE | BUSINESS PHONE/EXT. |
| PRESENT ADDRESS (Street - City - State - Zip) | ☐ OWN ☐ RENT<br>YEARS/MONTHS AT THIS ADDRESS | |
| MORTGAGE/RENT PAYABLETO | MONTHLY PAYMENT (MORTGAGE/RENT)<br>$ | |

PLEASE COMPLETE ONLY IF YOU ARE APPLYING FOR JOINT CREDIT, SECURED CREDIT, OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE.
☐ MARRIED ☐ SEPARATED ☐ UNMARRIED (Single - Divorced - Widowed)

## EMPLOYMENT

| NAME AND ADDRESS OF EMPLOYER | | |
|---|---|---|
| HIRE DATE (MMDDYY) | POSITION | |
| PRIOR EMPLOYER (IF LESS THAN 1 YEAR) | | |

| NAME AND ADDRESS OF EMPLOYER | | |
|---|---|---|
| HIRE DATE (MMDDYY) | POSITION | |
| PRIOR EMPLOYER (IF LESS THAN 1 YEAR) | | |

## INCOME

**OTHER INCOME NOTICE:** Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

INCOME
$ PER

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INCOME
$ PER

## REFERENCES

| NAME AND PHONE NUMBER OF REFERENCE NOT LIVING WITH YOU | HOME PHONE/CELL PHONE<br>RELATIONSHIP |
|---|---|

| NAME AND PHONE NUMBER OF REFERENCE NOT LIVING WITH YOU | HOME PHONE/CELL PHONE<br>RELATIONSHIP |
|---|---|


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## STATE 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.

**WISCONSIN RESIDENTS ONLY:** Marital Status: ☐ Married ☐ Unmarried ☐ Legally Separated

If married: the name of my spouse is _____

Spouse's SSN: _____ ☐ Spouse's Address (if different) _____

**Notice:** 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 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.

**MARRIED WISCONSIN RESIDENTS APPLYING FOR AN INDIVIDUAL ACCOUNT:** In accordance with Wisconsin Statutes section 766.55(1) by signing here, I state that the credit being applied for, if granted, will be incurred in the interest of the marriage or family of the Borrower(s).

**X** _____

## SECURITY INTEREST

**THE GRANTING OF THIS SECURITY INTEREST IS A CONDITION FOR THE ISSUANCE OF CREDIT UNDER THIS APPLICATION.**

**IF YOUR APPLICATION IS APPROVED, YOU SPECIFICALLY GRANT US A CONSENSUAL SECURITY INTEREST IN ALL INDIVIDUAL AND JOINT ACCOUNTS YOU HAVE WITH US NOW AND IN THE FUTURE TO SECURE REPAYMENT OF CREDIT EXTENDED UNDER THIS AGREEMENT. YOU ALSO AGREE THAT WE HAVE SIMILAR STATUTORY LIEN RIGHTS UNDER STATE AND/OR FEDERAL LAW. IF YOU ARE IN DEFAULT, WE CAN APPLY YOUR SHARES TO THE AMOUNT YOU OWE.**

Shares and deposits in an Individual Retirement Account or any other account that would lose special tax treatment under state or federal law if given are not subject to this security interest.

If you have other loans with us, collateral securing such loans will also secure your obligations under this Agreement, unless that other collateral is your principal residence or non-purchase money household goods.

_____ (Applicant Initials) _____ (Co-Applicant Initials)

## LOAN APPLICATION SIGNATURES

**PLEASE READ BEFORE SIGNING:**

All the information in this application is true. I understand that section 1014 Title 18 U.S. Code makes it a federal crime to knowingly make a false statement on this application. You have my permission to check it. You may retain this application even if not approved. I understand that you may receive information from others about my credit and you may answer questions and requests from others seeking credit or experience information about me or my accounts with you. If this application is approved, I agree to honor the provisions of the credit or loan agreement and security agreement or credit card agreement covering my account or loan. (If this application is for two of us, this statement applies to both of us.)

**Consumer and Credit Report Authorization.** By signing this Application, I authorize you to obtain my consumer and/or credit report for the purposes of evaluating this application and to obtain subsequent credit reports on an on-going basis in connection with this transaction, and for all other legitimate purposes, such as reviewing my accounts or taking collection action on the account. I authorize you to receive and review other information about me, such as my employment and income information, from third-parties or consumer reporting agencies.

***Vermont Residents:*** Applicant provided consent via phone _____ (Credit Union Initials)

IMPORTANT NOTICE ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying information.

| SIGNATURE OF APPLICANT | DATE | SIGNATURE OF CO-APPLICANT | DATE |
|---|---|---|---|
| **X** | | **X** | |

HAVE YOU OMITTED ANYTHING? REMEMBER: INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.


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