

Methodist Hospital Employees Federal Credit Union
P.O. Box 655999
Dallas, TX 75265
(214) 947-1365
Fax: (214) 947-1360

CREDIT APPLICATION FOR ALL CREDIT

APPLYING FOR: Individual Credit _____ Joint Credit _____

Purpose of Loan Amount

APPLICANT INFORMATION

APPLICANT'S NAME	ACCOUNT NO.	SOCIAL SECURITY NO.	DATE OF BIRTH
STREET ADDRESS	CITY	STATE	ZIP
			HOW LONG?
PRESENT EMPLOYER	ADDRESS (STREET, CITY, STATE, ZIP)		EMPLOYER PHONE
JOB TITLE	SUPERVISOR	SUPERVISOR'S PHONE NUMBER	DATE HIRED
FORMER EMPLOYER	ADDRESS		DATE EMPLOYED FROM TO
Complete this item only if you live in a community property state (Alaska, Arizona California, Idaho, Louisiana, New Mexico, Texas, Washington, WI)			YEAR MAKE MODEL
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated		VEHICLES 1. OWNED 2.	

CO-APPLICANT INFORMATION

Complete this section if (1) this is to be a joint account with your spouse, (2) your spouse will use this account, (3) you live in a community property state or (4) you are relying on your spouse's income in applying for this account. This section must also

SPOUSE CO-APPLICANT'S NAME DATE OF BIRTH

STREET ADDRESS	CITY	STATE	ZIP
			HOW LONG?
PREVIOUS ADDRESS (IF LESS THAN 5 YEARS)	CITY	STATE	ZIP
			HOW LONG?
HOME PHONE	SOCIAL SECURITY NO.	DEPENDENTS (EXCLUDING SELF) NO. AGES	DRIVERS LIC. NO. STATE
PRESENT EMPLOYER	ADDRESS (STREET, CITY, STATE, ZIP)		EMPLOYER PHONE
JOB TITLE	SUPERVISOR	SUPERVISOR'S PHONE NUMBER	DATE HIRED
FORMER EMPLOYER	ADDRESS		DATE EMPLOYED FROM TO

FINANCIAL INFORMATION

You need not reveal income from alimony, child support or separate maintenance payments unless you want the credit union to consider it when evaluating this application.

COURT ORDER WRITTEN AGREEMENT ORAL UNDERSTANDING

Are you a U.S. Citizen Yes No If no, list status APPLICANT'S PRESENT GROSS MONTHLY SALARY OR WAGES

Have you ever filed bankruptcy? Yes No Date CO - APPLICANT'S PRESENT GROSS MONTHLY SALARY OR WAGES

Are any suits pending, judgments filed, alimony or support awards against you? Yes No Amount \$ OTHER INCOME RECEIVED MONTHLY SOURCE

Are you a co-maker or endorser on another person's note or loan? OTHER INCOME RECEIVED MONTHLY SOURCE

If so, name of party?

PLEASE LIST ALL OF YOUR FINANCIAL OBLIGATIONS. IF NONE, LIST RECENTLY PAID ACCOUNTS. ALSO LIST TOTAL MONTHLY INCOME.....

PLEASE ATTACH EVIDENCE OF INCOME

CREDITOR	ADDRESS / ACCOUNT NUMBERS	NAME IN WHICH ACCT. IS CARRIED	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT
1ST MORTGAGE ON HOME OR LANDLORD					
<input type="checkbox"/> LEASING <input type="checkbox"/> BUYING <input type="checkbox"/> RENTING					
CHILD CARE SUPPORT PAYMENT OR OTHER EXPENSE.....					

THIS SECTION COMPLETED BY CREDIT UNION DEBT RATIO BASED ON CURRENT DEBTS % DEBT RATIO INCLUDING NEXT PAYMENT % **TOTAL ALLOWED** **TOTAL PAYMENT**

ASSETS

	SHARE DRAFT OR CHECKING AMOUNT	NAME AND ADDRESS OF DEPOSITORY	SHARE DRAFT OR CHECKING AMOUNT	NAME AND ADDRESS OF DEPOSITORY
	\$		\$	
<i>Check box for Applicant/Other.</i>	SAVINGS AMOUNT	NAME AND ADDRESS OF DEPOSITORY	SAVINGS AMOUNT	NAME AND ADDRESS OF DEPOSITORY
	\$		\$	
<i>List all assets and account number(s) -- Attach other sheets if necessary.</i>	APPLICANT OTHER HOME	LIST HOME AND ALL OTHER ITEMS YOU OWN AND LOCATION OF PROPERTY For Example: Auto, Boat, Stocks, Bonds, Cash, Household Goods, Real Estate, etc..	MARKET VALUE	PLEGDED AS COLLATERAL FOR ANOTHER LOAN
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO

PERSONAL REFERENCES (List three relatives not living with you)

NAME	RELATIONSHIP	HOME ADDRESS	CITY	STATE	HOME PHONE	EMPLOYED BY
NAME	RELATIONSHIP	HOME ADDRESS	CITY	STATE	HOME PHONE	EMPLOYED BY
NAME	RELATIONSHIP	HOME ADDRESS	CITY	STATE	HOME PHONE	EMPLOYED BY

FURNISHING OF CREDIT INFORMATION

If this account is one which applicant's spouse, if any, will be permitted to use or upon which both spouses will be contractually liable, then designate such account to reflect the fact of participation of both spouses.

Spouse Participation No Spouse Participation

INFORMATION CONCERNING CREDIT INSURANCE

Credit insurance is not required to obtain the extension of credit. If you do not desire this coverage, your choice will not influence whether or not the credit is extended. To have insurance coverage and to be charged for this coverage, you must check the appropriate statement below:

Single Credit Life Insurance Joint Credit Life Insurance Credit Disability Insurance None

I understand that the Methodist Hospital Employees Federal Credit Union will require information pertaining to my credit worthiness and I agree that the Credit Union shall be allowed to consult whomever it deems necessary for that purpose and I hereby release them for all liability therefore. I hereby certify that the foregoing statements are made for the purpose of obtaining a loan and are true and complete to the best of my knowledge and belief.

X	X	X
Applicant's Signature	Spouse/Co-Applicant's Signature* <small>*NOTE : SIGNATURE REQUIRED IF JOINT CREDIT LIFE INSURANCE REQUESTED</small>	Date

THIS SECTION FOR CREDIT UNION USE ONLY

PAYROLL DEDUCTION	O/E Credit Line	Card Limit	M/C Credit Limit	LOC Credit Limit
YES NO				

Loan Officer:

I approve the loan as submitted

I disapprove the loan as submitted.

Loan referred to Credit Committee

Reason

LO Signature

Date

Credit Committee: Date

I approve the loan as submitted

I reject the loan as submitted

Signature

Date

COMMENTS: