

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
Complete this item only if you live in a community property state ( Alaska, Arizona, California, Idaho, Louisiana, New Mexico, Texas, Washington, WI )			YEAR FROM MAKE TO 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

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

Have you ever filed bankruptcy?     Yes     No    Date

Are any suits pending, judgments filed, alimony or support awards against you?     Yes     No    Amount \$

Are you a co-maker or endorser on another person's note or loan?

If so, name of party?

FINANCIAL INFORMATION

PLEASE LIST ALL OF YOUR FINANCIAL OBLIGATIONS. IF NONE, LIST RECENTLY PAID ACCOUNTS. ALSO LIST OBLIGATIONS FOR WHICH YOU ARE JOINTLY RESPONSIBLE. LOANS WILL BE REJECTED IF ALL DEBTS ARE NOT LISTED. ATTACH ADDITIONAL SHEET IF NECESSARY.

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	
		%		%	
				<b>TOTAL ALLOWED</b>	
				<b>TOTAL PAYMENT</b>	

**PLEASE ATTACH EVIDENCE OF INCOME**

# ASSETS

<i>Check box for Applicant/Other.</i> <i>List all assets and account number(s) -- Attach other sheets if necessary.</i>	SHARE DRAFT OR CHECKING AMOUNT	NAME AND ADDRESS OF DEPOSITORY	SHARE DRAFT OR CHECKING AMOUNT	NAME AND ADDRESS OF DEPOSITORY
	\$		\$	
	SAVINGS AMOUNT	NAME AND ADDRESS OF DEPOSITORY	SAVINGS AMOUNT	NAME AND ADDRESS OF DEPOSITORY
	\$		\$	
	APPLICANT	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
OTHER			YES NO	
HOME			YES NO	
			YES NO	
			YES NO	
			YES NO	

## PERSONAL REFERENCES (List three relatives not living with you)

NAME	NAME	NAME
RELATIONSHIP	RELATIONSHIP	RELATIONSHIP
HOME ADDRESS	HOME ADDRESS	HOME ADDRESS
CITY STATE	CITY STATE	CITY STATE
HOME PHONE	HOME PHONE	HOME PHONE
EMPLOYED BY	EMPLOYED BY	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*	Date
	<small>*NOTE : SIGNATURE REQUIRED IF JOINT CREDIT LIFE INSURANCE REQUESTED</small>	

## 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: