



NORFOLK SCHOOLS FEDERAL CREDIT UNION
Janaf Office Building, Suite 513

Norfolk, VA 23502
Ph. (757) 461-0300 • Fax (757) 466-1875

APPLICATION PLEASE PRINT (IN INK) OR TYPE

NOTICE: Married Applicants may apply for a separate account. Check the appropriate box below to indicate the type of credit for which you are applying.
 Individual Credit: Complete Applicant section. Complete other section as follows: (1) Information about your spouse if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI) or your spouse will use the Account. (2) Information about the party making the payments if you are relying on alimony, spousal support, child support or separate/spousal maintenance as a basis for repayment.
 Joint Credit: Provide information about both of you by completing Applicant and Other Applicant sections.

AMOUNT OF MONEY YOU ARE REQUESTING \$	PURPOSE AND COLLATERAL	PLEASE INDICATE THE SERVICES YOU ARE APPLYING FOR: <input type="checkbox"/> LOANLINER® OPEN-END CREDIT ACCOUNT <input type="checkbox"/> CREDIT CARD ACCOUNT	REPAYMENT THROUGH <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> MILITARY ALLOTMENT <input type="checkbox"/> DIRECT PAYMENT <input type="checkbox"/> OTHER
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APPLICANT			
NAME (LAST)		NAME (FIRST)	
NAME (INITIAL)			
ACCOUNT NUMBER	DRIVER'S LICENSE NUMBER	SOCIAL SECURITY NUMBER	
BIRTH DATE	HOME PHONE () ()	BUSINESS PHONE/EXTENSION () ()	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)		YEARS AT THIS ADDRESS <input type="checkbox"/> OWN <input type="checkbox"/> RENT	
PREVIOUS ADDRESS (STREET, CITY, STATE, ZIP)		YEARS AT THIS ADDRESS <input type="checkbox"/> OWN <input type="checkbox"/> RENT	
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)			
NUMBER OF DEPENDENTS OTHER THAN LISTED BY OTHER APPLICANT (EXCLUDE SELF)		AGES	

CHECK BOX TO INDICATE WHOM THE INFORMATION IS ABOUT:			
<input type="checkbox"/> CO-APPLICANT		<input type="checkbox"/> SPOUSE	
<input type="checkbox"/> EX-SPOUSE		<input type="checkbox"/> GUARANTOR	
NAME (LAST)		NAME (FIRST)	
NAME (INITIAL)			
ACCOUNT NUMBER	DRIVER'S LICENSE NUMBER	SOCIAL SECURITY NUMBER	
BIRTH DATE	HOME PHONE () ()	BUSINESS PHONE/EXTENSION () ()	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)		YEARS AT THIS ADDRESS <input type="checkbox"/> OWN <input type="checkbox"/> RENT	
PREVIOUS ADDRESS (STREET, CITY, STATE, ZIP)		YEARS AT THIS ADDRESS <input type="checkbox"/> OWN <input type="checkbox"/> RENT	
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> SEPARATED <input checked="" type="checkbox"/> UNMARRIED (SINGLE, DIVORCED, WIDOWED)			
NUMBER OF DEPENDENTS OTHER THAN LISTED BY APPLICANT (EXCLUDE SELF)		AGES	

NAME AND ADDRESS OF EMPLOYER				<input type="radio"/> FULL TIME <input type="radio"/> PART TIME	
TITLE/GRADE		SUPERVISOR			
STARTING DATE	SHIFT/HOURS AT WORK	SELF EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF BUSINESS		
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE	ENDING/SEPARATION DATE		
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.					
<input type="checkbox"/> NET EMPLOYMENT INCOME	OTHER INCOME	SOURCE			
<input type="checkbox"/> GROSS					
\$ PER	\$ PER				
IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE THE FOLLOWING:					
PREVIOUS EMPLOYER NAME & ADDRESS			STARTING DATE		
			ENDING DATE		
TITLE/GRADE		SUPERVISOR			

NAME AND ADDRESS OF EMPLOYER				<input type="radio"/> FULL TIME <input type="radio"/> PART TIME	
TITLE/GRADE		SUPERVISOR			
STARTING DATE	SHIFT/HOURS AT WORK	SELF EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF BUSINESS		
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE	ENDING/SEPARATION DATE		
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.					
<input type="checkbox"/> NET EMPLOYMENT INCOME	OTHER INCOME	SOURCE			
<input type="checkbox"/> GROSS					
\$ PER	\$ PER				
IF EMPLOYED IN CURRENT POSITION LESS THAN TWO YEARS, COMPLETE THE FOLLOWING:					
PREVIOUS EMPLOYER NAME & ADDRESS			STARTING DATE		
			ENDING DATE		
TITLE/GRADE		SUPERVISOR			

SHARE DRAFT OR CHECKING ACCOUNT NUMBER/AMOUNT	NAME & ADDRESS OF DEPOSITORY	
SAVINGS ACCOUNT NUMBER/AMOUNT	NAME & ADDRESS OF DEPOSITORY	
NAME AND ADDRESS OF CREDITOR(S) OF DEBTS PAID OFF		TELEPHONE
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP
		HOME PHONE
NAME & ADDRESS OF PERSONAL FRIEND — NOT A RELATIVE		HOME PHONE

SHARE DRAFT OR CHECKING ACCOUNT NUMBER/AMOUNT	NAME & ADDRESS OF DEPOSITORY	
SAVINGS ACCOUNT NUMBER/AMOUNT	NAME & ADDRESS OF DEPOSITORY	
NAME AND ADDRESS OF CREDITOR(S) OF DEBTS PAID OFF		TELEPHONE
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP
		HOME PHONE
NAME & ADDRESS OF PERSONAL FRIEND — NOT A RELATIVE		HOME PHONE

CONTINUED ON REVERSE SIDE

CHECK BOX FOR APPLICANT/CO-APPLICANT. LIST ALL ASSETS AND DEBTS — ATTACH OTHER SHEETS IF NECESSARY.

ASSETS

APPLICANT CO-APPLICANT	DESCRIBE (IE, AUTO, STOCKS, SAVINGS, ETC.). LIST HOME. LIST ALL OTHER ITEMS YOU OWN FREE AND CLEAR.	MARKETVALUE	PLEGDED AS COLLATERAL FOR ANOTHER LOAN
<input type="checkbox"/>	HOME	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	OTHER	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO

DEBTS

	CREDITOR NAME & ADDRESS	ACCOUNT NUMBER	PRESENT BALANCE	MONTHLY PAYMENT	NO. MONTHS PAST DUE
<input type="checkbox"/>	RENT		\$	\$	
<input type="checkbox"/>	MORTGAGE (Incl. Tax & Ins.)		\$	\$	
<input type="checkbox"/>	SECOND MORTGAGE		\$	\$	
<input type="checkbox"/>	HOME ASSOC. DUES		\$	\$	
<input type="checkbox"/>	AUTO LOAN		\$	\$	
<input type="checkbox"/>	AUTO LOAN		\$	\$	
<input type="checkbox"/>	CREDIT UNION		\$	\$	
<input type="checkbox"/>	CREDIT CARD		\$	\$	
<input type="checkbox"/>	CREDIT CARD		\$	\$	
<input type="checkbox"/>	ALIMONY/ SPOUSAL SUPP.		\$	\$	
<input type="checkbox"/>	CHILD SUPP.		\$	\$	
<input type="checkbox"/>	OTHER		\$	\$	

LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED

TOTALS

\$ \$

THESE QUESTIONS APPLY TO BOTH APPLICANT & CO-APPLICANT

IF A "YES" ANSWER IS GIVEN TO A QUESTION, EXPLAIN ON AN ATTACHED SHEET	Applicant		Co-Applicant		IF A "YES" ANSWER IS GIVEN TO A QUESTION, EXPLAIN ON AN ATTACHED SHEET	Applicant		Co-Applicant	
	YES	NO	YES	NO		YES	NO	YES	NO
HAVE YOU ANY OUTSTANDING JUDGMENTS?					IS YOUR INCOME LIKELY TO REDUCE IN THE NEXT TWO YEARS?				
IN THE LAST 10 YEARS HAVE YOU BEEN DECLARED BANKRUPT OR HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13 OF THE BANKRUPTCY CODE?					ARE YOU A CO-MAKER, COSIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE?				
HAVE YOU HAD PROPERTY FORECLOSED UPON OR GIVEN TITLE OR DEED IN LIEU THEREOF, IN THE LAST 7 YEARS?					FOR WHOM (NAME OF OTHERS OBLIGATED ON LOAN):				
ARE YOU A PARTY IN A LAW SUIT?					TO WHOM (NAME OF CREDITOR):				
ARE YOU OTHER THAN A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?									

SIGNATURES

You authorize the credit union to obtain and/or furnish information concerning your credit affairs to any association, firm, corporation or personnel office. When you accept or endorse a check advanced to you under this Plan, you agree to the terms and also acknowledge receipt of (1) information regarding billing errors or inquiries, (2) the Credit Agreement and Truth in Lending Disclosures. You agree to make payments of the amount and at the time shown on the voucher accompanying the check. If security and/or a change in terms is noted on the voucher, your endorsement constitutes acceptance of the terms of the security agreement and/or the change in terms. If the advance will be secured by shares and/or deposits, you pledge the shares and/or deposits shown on the voucher.

You further understand that when applicable, a Personal Identification Number (PIN) may be issued. This PIN, when validated will allow you, the co-applicant and any authorized users, to access your credit union's CREDIT CARD/ATM accounts through participating Automated Teller Machine (ATM) networks, subject to the terms and disclosures of the Credit Card Agreement and the Electronic Funds Transfer Disclosure for CREDIT CARD/ATM Access Card. You understand that use of your credit card will constitute acknowledgment of receipt and agreement to the terms of the CREDIT CARD/ATM Access Card disclosures.

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 all your debts and obligations. You authorize the credit union to check your employment and credit history and to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. 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. You understand that 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 the NCUA.

APPLICANT'S SIGNATURE X	DATE	CHECK ONE: <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> GUARANTOR SIGNATURE	DATE
(SEAL)		X	(SEAL)

DO NOT WRITE BELOW — FOR CREDIT UNION USE ONLY

DATE	APPROVED LIMITS	SIGNATURE	LINE OF CREDIT	OTHER	OTHER	DEBT RATIO
		\$	\$	\$	\$	

LOAN OFFICER

CREDIT COMMITTEE OR OTHER

ADVANCE APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO REFERRED TO _____	ADVANCE APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> COUNTER OFFER WILL BE MADE, IF ACCEPTED, ADVANCE APPROVED.	<input type="checkbox"/> COUNTER OFFER WILL BE MADE, IF ACCEPTED, ADVANCE APPROVED.

DESCRIBE COUNTER OFFER:

SPECIFIC REASON(S) FOR REJECTION:

OUTSIDE INFORMATION CONSIDERED? YES NO IF YES, ATTACH ADDITIONAL SHEET AND DESCRIBE: -

REASON(S) FOR REFERRAL:	CREDIT COMMITTEE SIGNATURES	DATE
	1.	
	2.	
	3.	

LOAN OFFICER SIGNATURE	DATE
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ECOA NOTICE AND REASON FOR REJECTION SENT OR DELIVERED ON _____ (DATE) BY _____ (INITIALS)