



Consumer Credit Application

ACCOUNT NUMBER - APPLICANT	ACCOUNT NUMBER - CO-APPLICANT	TODAY'S DATE
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APPLICANT INFORMATION 1. Are You: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Includes Single, Divorced and Widowed) 2. Married applicants can apply for an individual loan. Indicate if You want a(n): <input type="checkbox"/> Individual loan <input type="checkbox"/> Joint loan with Co-Applicant	CO-APPLICANT INFORMATION 3. Complete Co-Applicant information only if: a. This is for a joint account with Co-Applicant b. Your Co-Applicant will use Your Account c. You are relying on your Co-Applicant's income as a source of repayment for the credit requested. 4. Definitions: Whenever used in this application the words "You" and "Your" refer to the Applicant or Co-Applicant. and the words "We", "Us", and "Our" refer to the Lender.	RELATIONSHIP TO APPLICANT
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CREDIT AND COLLATERAL INFORMATION		
This application is for: <input type="checkbox"/> New Auto <input type="checkbox"/> Used Auto <input type="checkbox"/> Unsecured <input type="checkbox"/> Other (please specify) _____		
Amount Requested _____		Payment Amount Requested _____
Collateral Offered _____		
Vin Number _____ Mileage _____ Name(s) on title _____		

PAYMENT PROTECTION
<input type="checkbox"/> I am interested in Credit Life Insurance, a life insurance policy designed to pay off a borrower's debt if the borrower dies. The face value of a credit life insurance policy decreases proportionately with an outstanding loan amount as the loan is paid off over time until both reach zero value.
<input type="checkbox"/> I am interested in Gap Insurance. This type of policy protects borrowers against losses that can arise when the amount of compensation received from a total loss does not fully cover the amount the insured owes on the vehicle's financing or lease agreement. This situation arises when the balance owed on a car loan is greater than the book value of the vehicle.
<input type="checkbox"/> I am interested in Credit Disability Insurance, a health insurance policy that makes payments on your loan if you become sick or disabled and are unable to work.

APPLICANT INFORMATION				CO-APPLICANT INFORMATION			
FIRST NAME	INITIAL	LAST NAME		FIRST NAME	INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER			BIRTHDATE	SOCIAL SECURITY NUMBER			BIRTHDATE
CURRENT STREET ADDRESS		APT.	SINCE (MO. YR.)	CURRENT STREET ADDRESS		APT.	SINCE (MO. YR.)
CITY		STATE	ZIP	CITY		STATE	ZIP
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LIVE RENT FREE WITH OTHERS		MONTHLY PAYMENT		DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LIVE RENT FREE WITH OTHERS		MONTHLY PAYMENT	
HOME PHONE		CELL PHONE		HOME PHONE		CELL PHONE	
FORMER ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS			YEARS THERE	FORMER ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS			YEARS THERE
NO. OF DEPENDANTS		AGES OF DEPENDANTS		NO. OF DEPENDANTS		AGES OF DEPENDANTS	
NAME, ADDRESS AND PHONE NUMBER OF NEAREST RELATIVE NOT LIVING WITH YOU				NAME, ADDRESS AND PHONE NUMBER OF NEAREST RELATIVE NOT LIVING WITH YOU			

EMPLOYMENT/INCOME			EMPLOYMENT/INCOME		
NAME AND ADDRESS OF CURRENT EMPLOYER			NAME AND ADDRESS OF CURRENT EMPLOYER		
EMPLOYED SINCE (MO/YR) OR TOTAL YEARS EMPLOYMENT		POSITION	EMPLOYED SINCE (MO/YR) OR TOTAL YEARS EMPLOYMENT		POSITION
MONTHLY GROSS INCOME	WORK TELEPHONE	SUPERVISOR	MONTHLY GROSS INCOME	WORK TELEPHONE	SUPERVISOR
FORMER EMPLOYER IF CURRENT IS LESS THAN 2 YEARS			FORMER EMPLOYER IF CURRENT IS LESS THAN 2 YEARS		
YEARS EMPLOYED	TELEPHONE NUMBER	POSITION	YEARS EMPLOYED	TELEPHONE NUMBER	POSITION
OTHER INCOME (BE SPECIFIC)	NAME/ADDRESS OF PAYER	MONTHLY INCOME	OTHER INCOME (BE SPECIFIC)	NAME/ADDRESS OF PAYER	MONTHLY INCOME

WHAT YOU OWE	CREDITOR NAME IF SOMEONE OTHER THAN NICCU	INTEREST RATE	CURRENT BALANCE	MONTHLY PAYMENT	OWED BY	
					APPLICANT	CO-APPLICANT
		%	\$	\$		
		%	\$	\$		
		%	\$	\$		
		%	\$	\$		
		%	\$	\$		
		%	\$	\$		
		%	\$	\$		
		%	\$	\$		
		%	\$	\$		
		%	\$	\$		
		%	\$	\$		
TOTALS			\$	\$		

WHAT YOU OWN	LOCATION OF PROPERTY OR FINANCIAL INSTITUTION	MARKET VALUE	PLEGGED AS COLLATERAL ON ANOTHER LOAN		OWNED BY	
			YES	NO	APPLICANT	CO-APPLICANT
		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		

PLEASE ANSWER THE FOLLOWING QUESTIONS. IF A YES ANSWER IS GIVEN, EXPLAIN ON AN ATTACHED SHEET.	APPLICANT		CO-APPLICANT	
	YES	NO	YES	NO
1. Have you filed a petition for bankruptcy in the last 8 years?				
2. Have you ever had any auto, furniture or property repossessed?				
3. Are you a co-signer on any loan? For whom? _____ Amount \$ _____				
4. Have you ever had credit in any other name? What name? _____				
5. Have you any suits pending, judgments filed, alimony or support awards against you?				
6. Have you any obligations not listed?				
7. Do you have any past due bills?				
8. Is any income you have listed likely to reduce in the next 2 years?				
9a. Indicate Applicant's immigration status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other (Be Specific) _____				
9b. Indicate Co-Applicant's immigration status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other (Be Specific) _____				

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 what you owe and what you own. If there are any important changes you will notify us, in writing, immediately. You authorize North Iowa Community Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. 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. 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 NCUA.

X _____	_____	X _____	_____
APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE