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CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

ACCOUNT NUMBER - APPLICANT	ACCOUNT NUMBER - CO-APPLICANT	DATE
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Applicant Information PRINT OR TYPE ALL INFORMATION 1. If You live in a community property state, 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 individual credit. Indicate if You would like: <input type="checkbox"/> Individual Credit <input type="checkbox"/> Joint Credit with Your Spouse/Co-Applicant 3. Method of Payment: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Automatic Transfer <input type="checkbox"/> Cash Payment 4. Frequency of Payment: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	Spouse/Co-Applicant Information 5. Complete Spouse/Co-Applicant Information only if: a. This is for joint credit with Your Spouse or other Co-Applicant. b. Your Spouse will use Your Account. c. You are relying on Your Spouse's income as a source of repayment for the credit requested. d. You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (and Puerto Rico). 6. Definitions: Whenever used in this application the words "You" and "Your" refer to the Applicant(s) or Spouse/Co-Applicant and the words "We," "Us," and "Our" refer to the Lender.
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Open-End Loans Applied For:
 Signature Line of Credit: Limit Desired \$ _____
 Overdraft Protection: Limit Desired \$ _____
 Share Secured: Limit Desired \$ _____
 Other _____
 Other _____
 Other _____
 Other _____
 Other _____

Closed-End Loans Applied For:
 Type: New Auto Used Auto Other (specify) _____
 Signature
 Amount Requested \$ _____ Length of Repayment Mos. _____
 Purpose _____
 Collateral Offered _____

Attach a copy of Your valid Driver's License or I.D. Card

APPLICANT

FIRST NAME	INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	BIRTHDATE	
CURRENT STREET ADDRESS	APT. NO.	SINCE (MO. YR.)	
CITY	STATE	ZIP	
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)		YEARS THERE	
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	HOME TELEPHONE	NO. OF DEPENDENTS	AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU			
PERSONAL REFERENCE - NAME ADDRESS TELEPHONE			

SPOUSE/CO-APPLICANT

FIRST NAME	INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	BIRTHDATE	
CURRENT STREET ADDRESS	APT. NO.	SINCE (MO. YR.)	
CITY	STATE	ZIP	
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)		YEARS THERE	
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	HOME TELEPHONE	NO. OF DEPENDENTS	AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU			
PERSONAL REFERENCE - NAME ADDRESS TELEPHONE			

EMPLOYMENT AND INCOME

Attach a recent pay stub. If self-employed or retired, attach financial statement and most current income tax return.

CURRENT EMPLOYER	EMPLOYMENT DATE	
ADDRESS/CITY/STATE/ZIP		
WORK TELEPHONE	POSITION	MO. GROSS INCOME
		\$
FORMER EMPLOYER	POSITION	YEARS

CURRENT EMPLOYER	EMPLOYMENT DATE	
ADDRESS/CITY/STATE/ZIP		
WORK TELEPHONE	POSITION	MO. GROSS INCOME
		\$
FORMER EMPLOYER	POSITION	YEARS

OTHER INCOME

You need not list income from alimony, child support or separate maintenance payments unless You want it considered in evaluating this credit application.

TYPE OF THE INCOME	MONTHLY AMOUNT
	\$
NAME AND ADDRESS OF PAYER	

TYPE OF THE INCOME	MONTHLY AMOUNT
	\$
NAME AND ADDRESS OF PAYER	

ASSETS AND DEPOSITS

Attach a separate sheet if necessary.

DESCRIPTION	ACCOUNT NUMBER/TYPE	BALANCE/VALUE

DESCRIPTION	ACCOUNT NUMBER/TYPE	BALANCE/VALUE

A = Applicant C = Spouse/Co-Applicant
 D = Debts to be paid off if loan is granted

Credit Information. Please list all open accounts. Attach separate sheet if necessary.

Please Check			Name of Creditor List all obligations including Mokolumne Federal Credit Union Loans	Monthly Payments	Balance Owed	Amount Past Due
A	C	D				
			1. Mortgage/Rent: (circle one)			
			2.			
			3.			
			4.			
			5.			
			6.			
			7.			
			8.			
			9.			
			10.			
			11.			
			12.			
			13.			
			14.			

Please answer the following questions. If a yes answer is given, explain on an attached sheet.	A		C		TOTALS	\$	\$	\$
	Yes	No	Yes	No				
1. Have You filed a petition for bankruptcy in the last 10 years?					← Please Check: A = Applicant C = Spouse/Co-Applicant →			
2. Have You ever had any auto, furniture or property repossessed?								
3. Are You a co-maker or co-signer on any loan? For Whom _____ Amount \$ _____					6. Have You any obligations not listed?			
4. Have You ever had credit in any other name? What Name _____					7. Do You have any past due bills?			
5. Have You any suits pending, judgments filed, alimony or support awards against You?					8. Is any income You have listed likely to reduce in the next 2 years?			
					9. Indicate immigration status:			
					Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____			
					Co-Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____			

SIGNATURES

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Credit Line Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure. You will receive a copy of that Agreement no later than the time of Your first credit advance and You promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature.

You hereby acknowledge Your intent to apply for joint credit _____ Applicant's Initials _____ Co-Applicant's initials _____

X _____ X _____
 SIGNATURE OF APPLICANT DATE SIGNATURE OF SPOUSE/CO-APPLICANT DATE

DO NOT WRITE BELOW - FOR CREDIT UNION USE ONLY

DATE	APPROVED LIMITS	SIGNATURE	LINE OF CREDIT	OTHER	OTHER	DEBT RATIO
		\$	\$	\$	\$	
LOAN OFFICER			CREDIT MANAGER OR OTHER			
LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO			LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> COUNTER OFFER WILL BE MADE IF ACCEPTED, LOAN APPROVED.			<input type="checkbox"/> COUNTER OFFER WILL BE MADE IF ACCEPTED, LOAN APPROVED.			
DESCRIBE COUNTER OFFER:						
SPECIFIC REASON(S) FOR REJECTION						
LOAN OFFICER SIGNATURE			DATE		ADDITIONAL INFORMATION:	
COMMENTS						
<input type="checkbox"/> ECOA NOTICE AND REASON FOR REJECTION OR UNACCEPTED COUNTER OFFER SENT OR DELIVERED ON					(DATE) BY	