## LOAN APPLICATION SECTION A - PRIMARY MEMBER Co-Signer Primary Member PERSONAL INFORMATION ACCOUNT NUMBER JR./SR./III MONTHLY INCOME MONTHLY SALARY YEARS AT THIS ADDRESS ADDRESS List Alimony, child support, or separate maintenance only if you want it considered. Provide copies of recent paystubs for the last 30 days for proof of Other Income. TYPE OF OTHER INCOME MONTHLY AMOUNT CITY STATE HOME PHONE CELL PHONE PERSONAL REFERENCES NEAREST RELATIVE - NOT LIVING WITH YOU SOCIAL SECURITY NO. DRIVERS LICENSE NO. BIRTH DATE RELATIVE NAME JR./SR./III FORMER STREET ADDRESS IF LESS THAN 2 YEARS RELATIVE ADDRESS YEARS AT THIS ADDRESS CITY STATE ZIP RELATIVE HOME PHONE HOW RELATED TO YOU **EMPLOYER INFORMATION** ☐ Self Employed EMPLOYER NAME WHAT YOU OWE CHECK ONE: OWN RENT LIVE WITH PARENTS 1ST MORTGAGE/RENT-CREDITOR PAYMENT BALANCE INT RATE EMPLOYER ADDRESS \$ 2ND MORTGAGE-CREDITOR PAYMENT BALANCE INT RATE YOUR POSITION/JOB TITLE YOUR SUPERVISOR \$ **EMPLOYER** TELEPHONE START DATE AUTO LOAN-CREDITOR INT RATE PAYMENT BALANCE ☐ FULL TIME ☐ PART TIME \$ % \$ NO. OF HOURS WORKED EACH WEEK HOW OFTEN PAID CREDIT CARD-CREDITOR BALANCE PAYMENT INT RATE % \$ PRIOR EMPLOYER IF LESS THAN 2 YEARS EMPLOYER NAME OTHER LOAN-CREDITOR BALANCE INT BATE PAYMENT % \$ **EMPLOYER ADDRESS** ALIMONY-CREDITOR PAYMENT \$ YOUR POSITION/JOB TITLE YOUR SUPERVISOR CHILD SUPPORT-CREDITOR PAYMENT EMPLOYER TELEPHONE NO START DATE FND DATE SECTION B - CO-APPLICANT Spouse/RDP NOTICE: (1) If you have a spouse or registered domestic partner ("RDP")\*, you must complete CO-APPLICANT section about your spouse or RDP if: (a) You live in a community property state (AZ, CA ID, LA, NM, NV, TX, WA, WI); or The property used to secure the loan is located in a community property state; or (c) Your spouse or RDP will use the Account. Your spouse or RDP should not sign this application unless he/she wishes to be obligated on this Loan as a Co-Borrower. If you have a spouse/ RDP, you may still apply for individual credit. (2) If you are under 21 years of age, and are applying for a credit card, you must either: (a) Provide proof of your ability to make the required payments; or (b) Complete the CO-APPLICANT section and obtain the signature of a co-signer or joint applicant who is at least 21 years of age and has the means to repay the debt and agrees to joint liability. \* Refers to RDP's in a state with RDP laws that provide for community property rights that mirror those of a spouse. PERSONAL INFORMATION JR./SR./III

ADDRESS RENT YEARS AT OWN OTHER THIS ADDRESS CITY STATE ZIP HOME PHONE CELL PHONE SOCIAL SECURITY NO. DRIVERS LICENSE NO. BIRTH DATE FORMER STREET ADDRESS IF LESS THAN 2 YEARS YEARS AT THIS ADDRESS ADDRESS CITY STATE

					\$
Since you reside in a community prindicate your marital status:	operty state	and	are applyi	ng fo	or credit, please
CHECK ONE: MARRIED UN	NMARRIED		SEPARATE	D	
vith Spouse Co-Signer					
EMPLOYER INFORMATION -	- CO-APPL	ICA	NT		
☐ Self Employed					
EMPLOYER NAME					
EMPLOYER ADDRESS					
YOUR POSITION/JOB TITLE YOUR S		SUPERVISOR			
EMPLOYER TELEPHONE NO.			FULL TIME	ST	ART DATE
( )			PART TIME		
# OF HOURS WORKED EACH WEEK			HOW OFTEN PAID		
PRIOR EMPLOYER IF LESS THAN 2 Y	YEARS				
EMPLOYER NAME					
EMPLOYER ADDRESS					
YOUR POSITION/JOB TITLE	YOUR S	YOUR SUPERVISOR			
EMPLOYER TELEPHONE NO.			START DATE		END DATE
MONTHLY INCOME					
	RELATIONSHII	Р ТС	PRIMARY	APP	LICANT
\$					
List Alimony child support or s considered. Provide copies of proof of other income.	separate may recent pay	aint stul	enance o	nly las	if you want it at 30 days for
TYPE OF OTHER INCOME			MC	ONTH	HLY AMOUNT
			\$		
Since you reside in a community please indicate your marital sta		tate	and are	appl	lying for credit,
CHECK ONE:   MARRIED	UNMAR	RIE	D 🗆 SE	PAF	RATED

PLEASE CHECK ONE BOX.					
IMPORTANT: Read these Directio	ns before completing this Application				
You are applying for an individual account in your own name and are person as the basis for repayment of the credit requested.	e relying on your own income or assets and not the income or assets of another				
	other person will use, complete all Sections A and B, providing information in B				
We intended to apply for joint credit.					
Applicant: Co-Applicant: _					
You are applying for an individual account, but are relying on income from alimony, child support, or separate maintenance or on the income of assets of another person as the basis for repayment of the credit requested, complete all Sections to the extent possible, providing information in Co-Borrower Section B about the person on whose alimony, support, or maintenance payments or income or assets you are relying on.					
AGREEMENT "You" and "Your" mean each and all of the applicants signing below					
tion. It is a violation of Section 1014, Title 18, U.S. Code, to make a false stater Credit Union.	notify the Credit Union in writing immediately if there is any change in your financial condi- ment or overvalue security for the purpose of influencing the action of any federally insured				
priate from time to time (you understand that this will assist, for example, in authorize the Credit Union to give information concerning your credit experien	ion, tax returns and related information from the IRS that the Credit Union considers appro- determining your eligibility for renewal of credit and additional extension of credit). You ce with us to others. By signing below, you authorize Ranho Federal CU to use your credit and in considering whether to offer other products and services to you. You understand and commation the Credit Union may receive.				
	ound by the terms and conditions of the applicable Rancho Federal Credit Union disclosure u if your application is approved and before the first transaction is made). All other loans Agreements.				
SIGNATURES I have read and agree to be bound by the Agreement above.	ACKNOWLEDGEMENT OF PLEDGE OF SHARES FOR MASTERCARD APPLICANTS ONLY				
,	BY REQUESTING AND RECEIVING, SIGNING AND USING, OR PERMITTING				
Applicant Signature Date	OTHERS TO USE A MASTERCARD ISSUED TO YOU BY RANCHO FEDERAL CREDIT UNION, YOU AGREE, AS CARDHOLDER, TO THE TERMS OF THE				
	MASTERCARD AGREEMENT AND DISCLOSURE STATEMENT, AND YOU FURTHER ACKNOWLEDGE AND AGREE THAT THE MASTERCARD AGREEMENT AND DISCLOSURE STATEMENT CONTRACTOR OF THE MASTER CARD AGREEMENT AND DISCLOSURE STATEMENT CONTRACTOR OF T				
Spouse/Co-Borrower Signature (If applicable)  Date	AND DISCLOSURE STATEMENT CONTAINS THE FOLLOWING PROVISION:  If you have executed a written agreement granting a security interest in any				
AM REQUESTING A LOAN FOR: (Please Check One)	deposit accounts (checking, savings, or share accounts) or other funds held by issuer to secure your obligations under this credit card plan, such accounts and/or funds are additional security for your obligations to issue arising from the use of your card.				
Mastercard (complete MasterCard request section below)	THIS MEANS THAT IF YOU ARE IN DEFAULT UNDER THE TERMS OF THE MASTERCARD PROGRAM, WE MAY EXERCISE OUR RIGHTS AS A				
Auto Loan	SECURED PARTY TO APPLY ANY FUNDS YOU HAVE ON DEPOSIT WITH US TO SATISFY YOUR INDEBTEDNESS.				
Personal Loan	NOTICE: This acknowledgment must be signed by you and returned to the Credit Union				
Bill Consolidation	X				
Shared Secured Loan	MEMBER'S SIGNATURE DATE				
Motorcycle Loan	X				
Loan Amount \$	SPOUSE/CO-APPLICANT'S SIGNATURE (IF APPLICABLE)  DATE				
☐ Purchase ☐ Refinance ☐ Lease Buy-Out	Choose to submit your application by				
☐ Dealer ☐ Private Party	<b>Email</b> - memserv@ranchofcu.org <b>Visit</b> - Nearest Branch				
/ear Make	Fax - Nearest Branch				
Model	Mail - RFCU, P.O. Box 2728, Downey, CA 90242				
Prefer to Repay My Loan By:	CHECKLIST				
☐ Payroll ☐ Direct ☐ Cash/Check ☐ Transfer	Being prepared when you submit your loan application will quicken the				
Deduction Deposit Payment	process. Please review this checklist and bring the following documents with you when you meet with your loan officer for the first time.				
Insurance Requested:	1. IDENTIFICATION ☐ Primary ☐ Co-Borrower/Co-Signer				
☐ Single ☐ Joint ☐ Single ☐ Joint ☐ MBI ☐ GAP ☐ None	Copy of Valid ID or Drivers License				
Life Life Disability Disability	2. VERIFICATION OF INCOME ☐ Primary ☐ Co-Borrower/Co-Signer				
<u> </u>	A) Most recent Pay Stubs for the past 30 days				
MASTERCARD REQUEST See insert for current rates, fees and other charges for our MasterCard Credit Card program.	B) Self-Employed or your salary is commission based:  Please provide a full signed copy of your last (2) years of federal tax returns (1040's). Include all schedules, worksheets				
MasterCard Credit Line Requested \$	and make sure the copies you supply are signed.				
☐ New MasterCard Request	☐ Last 2 years of 1040's ☐ Year to Date Profit & Loss Statement for this year.				
☐ Add Joint Applicant	C) Other additional income such as alimony, child support,				
Add Authorized User	bonuses etc.				
Increase Credit Line	Provide copy of written agreement with proof of income				
Name(s) to Appear	received.  3. PRIMARY RESIDENCE				

FORM 501W Rev. 2/18 00133-3189

on MasterCard \_

If you pay rent, provide a copy of your rent or lease agreement.

☐ Rent / Lease Contract