



There are costs associated with the use of a credit card. Information about costs, rates and fees may be contained in disclosures provided with this application or by calling us toll-free or collect at or writing to us at the address stated on this application.								
Check below to indicate t	Check below to indicate the type of credit for which you are applying. Married Applicants may apply for a separate account.							
<ul> <li>Individual Credit: You must complete the Applicant section about yourself and the Other section about your spouse if</li> <li>you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI)</li> <li>your spouse will use the account, or</li> <li>you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the Other section to the extent possible about the person on whose payments you are relying.</li> <li>Joint Credit: Each Applicant must individually complete appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant</li> </ul>								
box.						o rippilouni, n		
LOANLINER Account/Loa (Including ATM/Debit card	access to	the account if	available)	Credit Card Account:	] Individual	☐ Joint		
Personal Secured	-							
If this is an application for j	oint credit,	Applicant and	I Co-Applicant each agre	e and acknowledge the inter	nt to apply fo	or joint credit (	sign below):	
Applicant			Date	Co-Applicant			Date	
X			(Seal)	X			(Seal)	
Amount Requested \$				Credit Limit Requested	15			
Purpose/Collateral:				If Authorized User, Name				
PAYMENT PROTEC	TION	Are you in	terested in having your I	oan protected?	s 🗌 N	0		
If you answer "yes", the cr	redit union	will disclose	the cost to protect your	loan. The protection is volu on that explains the terms an	ntary and d	oes not affect	your loan approval. In	
APPLICANT	,,,		-9			OUSE 🗌 OTH	IER	
NAME (Last - First - Initial)				NAME (Last - First - Initial)				
ACCOUNT NUMBER SOCIAL SECURITY NUMBER				ACCOUNT NUMBER	SOCIAL S	ECURITY NUMBE	R	
BIRTH DATE	EMAIL AD	DRESS		BIRTH DATE EMAIL ADDRESS				
HOME PHONE C	ELL PHONE	В	USINESS PHONE/EXT.	HOME PHONE	CELL PHONE	B	USINESS PHONE/EXT.	
DRIVER'S LICENSE NUMBER/STA	TE	AGES OF DEPE	ENDENTS	DRIVER'S LICENSE NUMBER/ST	ATE	AGES OF DEPE	INDENTS	
PRESENT ADDRESS (Street – City	- State - Zip		OWN RENT	PRESENT ADDRESS (Street – City – State – Zip)				
			LENGTH AT RESIDENCE					
PREVIOUS ADDRESS (Street – Cit	ty – State – Zij	)		PREVIOUS ADDRESS (Street – City – State – Zip)				
			LENGTH AT RESIDENCE	LENGTH AT RESIDENCE				
MORTGAGE/RENT OWED TO				MORTGAGE/RENT OWED TO				
MORTGAGE BALANCE M \$	ONTHLY PAY	MENT	INTEREST RATE %		MONTHLY PAY	MENT	INTEREST RATE %	
COMPLETE FOR JOINT CREDIT, S PROPERTY STATE:	SECURED CF	EDIT OR IF YOU	LIVE IN A COMMUNITY	COMPLETE FOR JOINT CREDIT, PROPERTY STATE:	SECURED CR	EDIT OR IF YOU	LIVE IN A COMMUNITY	
	ED 🗌	UNMARRIED (Sin	gle - Divorced - Widowed)			UNMARRIED (Sin	gle - Divorced - Widowed)	
EMPLOYMENT/INCO	OME	START DATE		EMPLOYMENT/INC	OME	START DATE		
EMPLOYMENT STATUS		ART TIME		EMPLOYMENT STATUS		PART TIME		
NAME AND ADDRESS OF EMPLO	YER			NAME AND ADDRESS OF EMPL	OYER			
NOTICE: ALIMONY, CHILD SUPPO BE REVEALED IF YOU DO NOT C				NOTICE: ALIMONY, CHILD SUPF BE REVEALED IF YOU DO NOT				
EMPLOYMENT INCOME PER \$		OTHER INCOM \$	IE PER	EMPLOYMENT INCOME PER \$		OTHER INCOM	IE PER	
TITLE/GRADE		SOURCE		TITLE/GRADE		SOURCE		

PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS			PREV	PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS						/EARS		
STARTING DATE	ENDING DATE			TING DATE	E			END	ING DAT	E		
MILITARY: IS DUTY STATION WHERE	TRANSFER EXPECTED DURING NEX	T YEAR? YES N NING/SEPARATION DATE			JTY STATION T	RANSFI	ER EXP	ECTED			_	] YES ] NO ATION DATE
REFERENCE			RE	FEREN	ICE							
NAME AND ADDRESS OF NE	AREST RELATIVE NOT LIVING WITH	/OU	NAME	E AND ADD	DRESS OF NEAR	REST R	ELATIV	E NOT L	VING WI	тн үо	U	
RELATIONSHIP		HOME PHONE	RELA	TIONSHIP							HOME PH	ONE
WHAT YOU OWE												
DEBT	CREDITOR NAME OTHER THAN TH (Attach additional sheet(s) if necess		INTERES	ST RATE	PRESENT BA			MONTH		ENT	01	WED BY
		sary)									APPLICA	NT OTHER
Incl. Tax & Ins.)				%	\$			\$				
				%	\$			\$				
				%	\$			\$				
				%	\$			\$				
				%	\$			\$				
				%	\$			\$				
				%	\$			\$				
				% %	\$ \$			\$ \$				
				%	\$			<u>ֆ</u> \$				
				%	\$			<u>\$</u>				
				%	\$			<u>\$</u>				
LIST ANY NAMES UNDER WH AND CREDIT HISTORY CAN B	I ICH YOUR CREDIT REFERENCES BE CHECKED:		TOTA	ALS	\$			\$				
WHAT YOU OWN												
ASSET DESCRIPTION	LIST LOCATION OF PROPERTY OR	FINANCIAL INSTITUTIO	N	MARKET	VALUE	PLED	GED AS			-	IED BY	
				\$			YES		NO		LICANT	
				Ψ \$			YES		NO			
				\$			YES		NO			
				\$			YES		NO			
				\$			YES		NO			
				\$			YES		NO			
				\$			YES		NO			
OTHER INFORMA		OU ANSWER "YES" (BY PLAIN ON AN ATTACHED	CHECKIN	G THE BOX	() TO ANY QUE	STION	OTHER '	THAN #1	,	APPI	LICANT	OTHER
1. ARE YOU A U.S.	CITIZEN OR PERMANENT RESIDENT	ALIEN?										
	PLAN CONFIRMED UNDER CHAPTER 13, HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST 7 YEARS, OR BEEN A PARTY											
3. IS YOUR INCOME	E LIKELY TO DECLINE IN THE NEXT T	WO YEARS?										
	AKER, CO-SIGNER OR GUARANTOR ne of Others Obligated on Loan): a of Creditor):	ON ANY LOAN NOT LIST	ED ABOVE	Ξ?								

#### STATE LAW NOTICE(S)

Notice to Nebraska Residents: A credit agreement must be in writing to be enforceable under Nebraska law. To protect you and us from any misunderstandings or disappointments, any contract, promise, undertaking, or offer to forebear repayment of money or to make any other financial accommodation in connection with this loan of money or grant or extension of credit, or any amendment of, cancellation of, waiver of, or substitution for any or all of the terms or provisions of any instrument or document executed in connection with this loan of money or grant or extension of credit, must be in writing to be effective.

Notice to New York Residents: New York residents may contact the New York State Department of Financial Services to obtain a comparative listing of credit card rates, fees, and grace periods. New York State Department of Financial Services: 1-800-342-3736 or www.dfs.ny.gov.

Notice to Ohio Residents: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

**Notice to Wisconsin Residents**: (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

Signature for Wisconsin Residents Only	Date
x	(2.1)
<u>^</u>	(Seal)

#### **CONSENSUAL SECURITY INTEREST**

You grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure your credit card account. Shares and deposits in an IRA or any other account that would lose special tax treatment under state or federal law if given as security are not subject to the security interest you have given in your shares and deposits. You may withdraw these other shares unless you are in default. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. For example, if you have an unpaid credit card balance, you agree we may use funds in your account(s) to pay any or all of the unpaid balance.

By signing or otherwise authenticating below, you are affirmatively agreeing that you are aware that granting a security interest is a condition for the credit card and you intend to grant a security interest. You acknowledge and agree that your pledge does not apply during any periods when you are a covered borrower under the Military Lending Act. For clarity, you will not be deemed a covered borrower, and your pledge will apply, if: (i) you become obligated on a credit transaction or establish an account for credit when you are not a covered borrower; or (ii) you cease to be a covered borrower.

Security Interest Acknowledgement and Agreement	Date	Security Interest Acknowledgement and Agreement	Date
X	(Seal)		(Seal)

#### SIGNATURES

By signing or otherwise authenticating below:

- 1. 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. If there are any important changes you will notify us in writing immediately. You authorize the 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 crime to willfully and deliberately provide incomplete or incorrect information in this application.
- 2. If you are applying for a credit card, you understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the Consumer Credit Card Agreement and Disclosure.

Applicant <sup>*</sup>	's Signature			Date (Seal)	Other:	Signature			Date (Seal)
CREDIT	UNION USE ONLY	,							
DATE	APPROVED DECLINED (Adverse Action Notice Sent)	APPROVED LIMITS:	SIGNATURE \$	LINE OF ( \$	CREDIT	OTHER \$	OTHER \$	DEBT R. BEFORE	ATIO/SCORE AFTER
LOAN OFFIC	ER COMMENTS:								
Credit Con	nmittee or Loan Officer Sigr	natures							
x				Date (Seal)	x				Date (Seal)



## Loan Application Fee

In order to proceed with your loan application, you agree to first deposit funds for payment of the application fee of \$35.00. This fee applies to Personal, Signature, Personal Line of credit, No Doc, Low Doc, Post-Graduation Consolidation and any other promotional unsecured Loans.

The application fee shall not be considered as an advance expense deposit, or as an interest or loan finance charge, nor shall it be included in the calculation of the interest.

I/We have read the above terms and conditions and acknowledge receiving a copy by signing below.

Account Number:

Applicant's Name: \_\_\_\_\_

Applicant's Signature:

Date: \_\_\_\_\_

11770 University Blvd. Sugar Land, TX 77478

Tel: 281.921.8500 . Fax: 281.921.8550 . www.nizaricu.org . info@nizaricu.org



# PERSONAL FINANCIAL STATEMENT

## COMPLETE ONLY IF APPLYING FOR MORE THAN \$25,000.00

SECTION $\mathbf{A}$ : ASSETS	SECTION <b>B</b> : LIABILITIES
Cash (1)	Other Debts Payable (1)
Investments in Partnership (2)	Partnership Payable (2)
Real Estate (Homestead) (3)	Mortgage Payable (3)
Real Estate (Other) (3)	Credit Card Debts
OTHER ASSETS	OTHER LIABILITIES
Personal Property	Taxes Payable
Automobiles (Market Value)	Auto Loan Payable
Notes Receivable	Notes Payable
Life Insurance (Cash Value)	NET WORTH (A - B)
TOTAL ASSETS (A)	TOTAL LIABILITIES <b>(B)</b>

## SECTION C: CASH INCOME & EXPENSE

Gross Wages or Salaries	Mortgage Payments / Rent
Commissions, Bonuses etc	Principal/Interest Payments
Partnership Income etc	Income Taxes
Partnership Distributions	Partnership Contributions
Interests & Dividends	Other Taxes
Rental Income	Living Expenses & Misc.
Other	Other
TOTAL CASH INCOME (A)	TOTAL Cash Expense <b>(B)</b>
	NET Cash Flow (A-B)

#### SCHEDULE 1 - CASH

Account Name	Bank Name	Account #	Balance	Security Dep.

#### SCHEDULE 2 - INVESTMENTS in PARTNERSHIPS

Partnership Name	Gen., Ltd., Other	Percentage	Cost	Market Value

### SCHEDULE 3 - REAL ESTATE

Location	Lien Holder	Cost	Balance	Market Value

## SCHEDULE 4 - NOTES PAYABLE

Name of Institutions	Collateral	Original Amt	Balance	Maturity Date

### The undersigned certifies that the information inserted here is true and correct, to the best of my knowledge.

GUARANTOR'S PROFILE – MUST ALSO COMPLETE THE IRS FORM 4506-T (ATTACHED)								
APPLYING FOR \$	BORROWE	R ACC	OUNT # GUARANT			OR ACCOUNT #		
BORROWER'S NAME			FIRST NAME			MIDDLE NA	AME	
GUARANTOR'S NAME			FIRST NAME			MIDDLE NA	AME	
SON / DAUGHTER OF								
LEGAL STATUS 🗌 U.S.	🗌 G.C.		/.P. □L-1		E-2	🗌 H-1	1	□ S.S.
SOCIAL SECURITY #		DO	В	Driv	er's Lice	nse #		
SPOUSE	SO	CIAL SE	ECURITY #				iLE	SEPARATED
STREET ADDRESS	·							
CITY			STATE		ZIP COD	E		
HOME PH	WORK PH				CELL PH			
EMPLOYMENT								
NAME OF EMPLOYER								
STREET ADDRESS								
CITY			STATE ZIP COD			DE		
POSITION			START DATE HOURS AT WORK				RK	
SUPERVISOR NAME			IF SELF EMPLOYED, TY	PE O	F BUSINI	ESS		
NAME OF BUSINESS	TYPE C BUSINE		OWNERSHIP (0% TO 100%) OR POSITION			MONTHLY INCOME HOW		HOW LONG
1.					\$			
2.					\$			
3.					\$			
ADJUSTED GROSS INCOME ON LAST	2 YEARS TAX	K RETI	URNS		<u>.</u>			
YEAR: AMOUNT: \$			ASSETS -	LIA	BILITIES	=	CURREN	NT NET WORTH
YEAR: AMOUNT: \$								
		SIC	GNATURE					
You promise that everything you have stated in this profile is correct to the best of your knowledge. If there are any important changes you will notify us in writing immediately. You authorize Nizari Progressive Federal Credit Union to obtain credit reports in correlation with this application for credit and for any update, increase renewal, extension or collection of the credit received.								
I fully understand that in case the borrower fails to make his or her payments, I will be responsible for 100% of the loan amount and Nizari Progressive Federal Credit Union may also debit my account up to the full amount of the outstanding loan.								
X								

**Guarantor Signature** 

Date

NIZARI PROGRESSIVE FEDERAL CREDIT UNION | ISMAILIS HELPING ISMAILIS