

APPLICATION

There are costs associated with the use of a credit card. Information about application or by calling us toll-free or collect at				out costs, rates and fees may be contained in disclosures provided with this or writing to us at the address stated on this application.				
Check below to indicate the	ich you are applying. N	Married Applicants may apply for a separate account.						
Individual Credit: You must 1. you live in or the pr 2. your spouse will us 3. you are relying on y	t section about yourself a ateral is located in a com as a basis for repayment.		your spouse AZ, CA, ID, I e from alimo	e if _A, NM, NV, ⁻ ony, child sup	ΓX, WA, WI)			
Joint Credit: Each Applicant box.	must individ	ually con	nplete appropriate section	n below. If Co-Borrower is s	pouse of the	e Applicant, m	nark the Co-Applicant	
LOANLINER Account/Loan: (Including ATM/Debit card ac				Credit Card Account:	Individual	☐ Joint		
☐ Personal ☐ Secured ☐	☐ Signature [☐ Auto [☐ Equipment ☐ Student					
If this is an application for join	nt credit, Applic	cant and	Co-Applicant each agree	and acknowledge the inter	nt to apply fo	or joint credit ((sign below):	
Applicant			Date	Co-Applicant			Date	
X			(Seal)	x			(Seal)	
			, , ,					
Amount Requested \$ Purpose/Collateral:				☐ Credit Limit Requested If Authorized User, Name:				
PAYMENT PROTECTION	ON Ar	e you int	erested in having your lo	an protected?	s 🗌 No)		
If you answer "yes", the crecorder for your loan to be cover							your loan approval. In	
APPLICANT				OTHER CO-APPLICANT SPOUSE OTHER				
NAME (Last - First - Initial)				NAME (Last - First - Initial)				
ACCOUNT NUMBER SOCIAL SECURITY NUMBER				ACCOUNT NUMBER	SOCIAL SE	ECURITY NUMBE	R	
BIRTH DATE	EMAIL ADDRESS	3		BIRTH DATE EMAIL ADDRESS				
HOME PHONE CELI	L PHONE	BU	JSINESS PHONE/EXT.	HOME PHONE	CELL PHONE	В	USINESS PHONE/EXT.	
DRIVER'S LICENSE NUMBER/STATE	AGES	S OF DEPE	NDENTS	DRIVER'S LICENSE NUMBER/ST	ATE	AGES OF DEPE	ENDENTS	
PRESENT ADDRESS (Street - City - S	State – Zip)		OWN RENT	PRESENT ADDRESS (Street - Ci	ty – State – Zip)		OWN RENT	
			LENGTH AT RESIDENCE		LENGTH AT RESIDENCE			
PREVIOUS ADDRESS (Street - City -	State - Zip)		OWN RENT	PREVIOUS ADDRESS (Street – City – State – Zip)				
			LENGTH AT RESIDENCE	LENGTH AT RESIDENCE				
MORTGAGE/RENT OWED TO				MORTGAGE/RENT OWED TO				
MORTGAGE BALANCE MON \$	THLY PAYMENT	ı	NTEREST RATE %	l <u>.</u>	MONTHLY PAY	MENT	INTEREST RATE %	
COMPLETE FOR JOINT CREDIT, SEC PROPERTY STATE:	CURED CREDIT O	R IF YOU L	LIVE IN A COMMUNITY	COMPLETE FOR JOINT CREDIT, PROPERTY STATE:	SECURED CR	EDIT OR IF YOU	LIVE IN A COMMUNITY	
MARRIED SEPARATED	UNMAR	RRIED (Sing	gle - Divorced - Widowed)	☐ MARRIED ☐ SEPARATED ☐ UNMARRIED (Single - Divorced - Widowed)				
EMPLOYMENT/INCOM	1E STAR	RT DATE		EMPLOYMENT/INCOME START DATE				
EMPLOYMENT STATUS FULL TIME PART TIME				EMPLOYMENT STATUS FU		ART TIME		
NAME AND ADDRESS OF EMPLOYER				NAME AND ADDRESS OF EMPLO	OYER			
NOTICE: ALIMONY, CHILD SUPPORT BE REVEALED IF YOU DO NOT CHO				NOTICE: ALIMONY, CHILD SUPF BE REVEALED IF YOU DO NOT (
EMPLOYMENT INCOME PER \$	OTHE \$	ER INCOME	PER	EMPLOYMENT INCOME PER \$		OTHER INCOM	ME PER	
TITLE/GRADE	SOUI	RCE		TITLE/GRADE		SOURCE		

PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS		PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS										
STARTING DATE	NG DATE ENDING DATE			STARTING DATE ENDING DATE								
				MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? YES NO WHERE ENDING/SEPARATION DATE								
REFERENCE			RE	EFEREN	ICE							
NAME AND ADDRESS OF NE	AREST RELATIVE NOT LIVING WITH Y	OU .	NAI	ME AND ADD	RESS OF NEAF	REST RE	LATIVE	NOT LI	VING WI	TH YOU	J	
RELATIONSHIP		HOME PHONE	REL	LATIONSHIP						ŀ	HOME PHO	ONE
WHAT YOU OWE												
DEBT	CREDITOR NAME OTHER THAN TH (Attach additional sheet(s) if necess		INTER	EST RATE	PRESENT BA	LANCE	ı	MONTHL	Y PAYM			
RENT									AFFLICA	NI OTHER		
FIRST MORTGAGE (Incl. Tax & Ins.)				%	\$!	\$				
				%	\$,	\$				
				%	\$			\$				
				%	\$			\$				
				%	\$			\$				
				%	\$			\$			<u> </u>	
				%	\$			\$			<u> </u>	
				%	\$			\$				
				%	\$			\$ \$				\dashv
				%	\$			\$ \$			 	
				%	\$			Ψ \$			$\frac{\square}{\square}$	
LIST ANY NAMES UNDER WH AND CREDIT HISTORY CAN B	L ICH YOUR CREDIT REFERENCES E CHECKED:		тот	OTALS \$ \$								
WHAT YOU OWN				1								
ASSET DESCRIPTION	LIST LOCATION OF PROPERTY OR	FINANCIAL INSTITUTION	1	MARKET	VALUE	PLED	GED AS	COLLA R LOAN	TERAL		ED BY	
				\$			YES		NO	_	ICANT	OTHER
				\$			YES		NO			
				\$		\dashv	YES		NO			
				\$		$\overline{\Box}$	YES	П	NO	$\overline{\Box}$		
				\$			YES		NO			
				\$			YES		NO			
				\$			YES		NO			
OTHER INFORMATION ABOUT YOU IF YOU ANSWER "YES" (BY CHECKING THE BOX) TO ANY QUESTION OTHER THAN #1, EXPLAIN ON AN ATTACHED SHEET							,	APPL	ICANT	OTHER		
	CITIZEN OR PERMANENT RESIDENT A	ALIEN?										
2. DO YOU CURRENTLY HAVE ANY OUTSTANDING JUDGMENTS OR HAVE YOU EVER FILED FOR BANKRUPTCY, HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13, HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST 7 YEARS, OR BEEN A PARTY IN A LAWSUIT?												
3. IS YOUR INCOME	LIKELY TO DECLINE IN THE NEXT TV	NO YEARS?										
	MAKER, CO-SIGNER OR GUARANTOR ne of Others Obligated on Loan): of Creditor):	ON ANY LOAN NOT LISTE	ED ABO	VE?								

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	(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)	x	(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.
- 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.

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Applica	ant's Signature			Date	Other	Signature			Date
X				(Seal)	X				(Seal)
CREE	DIT 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 OF	FICER COMMENTS:								
Credit C	Committee or Loan Officer Sign	natures							
				Date	M				Date
X				(Seal)	X				(Seal)



PERSONAL FINANCIAL STATEMENT

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

33 =			· · · · · · · · · · · · · · · ·	
SECTION A: ASSETS		SECTION	B: LIABILITIES	
Cash (1)	\	Other Debt		
Investments in Partnership (2)		Partnership		
Real Estate (Homestead) (3)		Mortgage		
Real Estate (Other) (3)		Credit Card		
OTHER ASSETS		OTHER LI		
Personal Property		Taxes Pay		
Automobiles (Market Value)		Auto Loan		
Notes Receivable		Notes Pay		
Life Insurance (Cash Value)		TOTAL L	IABILITIES (B)	
TOTAL ASSETS (A)	NET W	ORTH (A - B)	
		TOTAL	LIABILITIES &	
			NET WORTH	
SECTION C: CASH INCOME		SECTION	D: EXPENSES	
Gross Wages or Salaries		Mortgage F	Payments / Rent	
Commissions, Bonuses etc		Principal/In		
Partnership Income etc		Income Ta	xes	
Partnership Distributions		Partnership	o Contributions	
Interests & Dividends		Other Taxe	es	
Rental Income		Living Expe	enses & Misc.	
Other		Other		
TOTAL CASH INCOME (C)	TOTAL Ca	sh Expense (D)	
		NET Cas	sh Flow (C-D)	
SCHEDULE 1 - CASH				
Account Name	Bank Name	Account #	Balance	Security Dep.
7 toodant i tamo	Barik Harrio	7 toodant 11	Balarioo	Coounty Bop.
SCHEDULE 2 - INVESTMENT	S IN PARTNERSHIPS		I	
	Gen., Ltd., Other	Percentage	I Coot	Market Value
Partnership Name	Gen., Ltd., Other	Percentage	Cost	Market value
SCHEDULE 3 - REAL ESTAT I	<u> </u>			
	 Lien Holder	Cost	Balance	Market Value
Location	LICITIOIGCI	0031	Dalarice	Warket value
SCHEDULE 4 - NOTES PAYA	BLE	I	1	
Name of Institutions	Collateral	Original Am	t Balance	Maturity Date
		5 g		atanty Bato
The undersigned certifies that t	he information inserted	here is true and co	prrect, to the best	of my knowledge.
Signed X_		Date	A/C #	

GUARANTOR'S PROFILE – MU	JST ALSO CO	MPLETE THE IRS F	ORM 4	506-T (AT	TACHED)		
APPLYING FOR \$	BORROWER ACC	COUNT#	GUARANT	FOR ACCOUNT #			
BORROWER'S NAME LAST NAME		FIRST NAME	FIRST NAME		MIDDLE NAME		
GUARANTOR'S NAME LAST NAME		FIRST NAME		MIDDLE NAME			
E-MAIL ADDRESS							
LEGAL STATUS U.S.] G.C. □ W	V.P. ☐ Other					
SOCIAL SECURITY#	DO	B D	Driver's License #				
SPOUSE	SOCIAL SI	ECURITY#		SINGLE	SEPARATED		
STREET ADDRESS							
CITY		STATE	ZIP COD	E			
HOME PH \	WORK PH		CELL PH				
EMPLOYMENT							
NAME OF EMPLOYER							
STREET ADDRESS							
CITY		STATE	DE				
POSITION		START DATE	HOURS AT WORK				
SUPERVISOR NAME		IF SELF EMPLOYED, TYPE	OF BUSINI	ESS			
NAME OF BUSINESS	TYPE OF BUSINESS	OWNERSHIP (0% TO 100%) OR POSITION		MONTHLY INCOME	HOW LONG		
1.			\$				
2.			\$				
3.			\$				
ADJUSTED GROSS INCOME ON LAST 2	YEARS TAX RET	URNS					
YEAR: AMOUNT: \$		ASSETS -	LIABILITIES	= CURRE	NT NET WORTH		
YEAR: AMOUNT: \$							
		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			

Loan Application Fee

In order to proceed with your loan application, you agree to first deposit funds for payment of the application fees (see table below):

Loan type	Application	Ø
**	fees	
Unsecured Loans \$1,001 - \$30,000	\$50.00	
Unsecured Loans \$30,001 - \$75,000	\$100.00	
Unsecured Loans \$75,001 - \$100,000	\$150.00	
Personal Line of Credit \$5,000 - \$30,000	\$50.00	
Personal Line of Credit \$30,001 - \$49,000	\$100.00	
Student Line of Credit up to \$100,000	\$75.00	
Auto loan (Refinance only)	\$35.00	

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.

Applicant's Name:	
Account Number:	
Application Fee:	
Amuliaant's Cinnatura	
Applicant's Signature:	
Date:	