SBCFCU
SANTA BARBARA COUNTY FEDERAL CREDIT UNION

2623 De La Vina St, Santa Barbara, CA 93105
Phone: 805-682-3357 • Fax: 805-569-9047

CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

ACCOUNT NUMBER – APPLICANT	ACCOUNT NUMBER – CO-APPLICANT	DATE

Applicant Information

PRINT OR TYPE ALL INFORMATION

1. If You live in a community property state, are You:

☐ Married ☐ Separated ☐ Unmarried (Includes Single, Divorced and Widowed)

2. Married applicants can apply for individual credit. Indicate if You want an:

☐ Individual Loan ☐ Joint Loan with Your Spouse/Co-Applicant

3. Method of Payment: ☐ Payroll Deduction ☐ Automatic Share Transfer ☐ Cash Payment

4. Frequency of Payment: ☐ Monthly ☐ Other _____

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; or
d. You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (or 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.

Open-End Credit Applied For:

☐ _____ - Limit Desired $ _____
☐ _____ - Limit Desired $ _____
☐ _____ - Limit Desired $ _____
☐ _____ - Limit Desired $ _____
☐ Other _____

Closed-End Credit Applied For:

Type: ☐ New Auto ☐ Used Auto ☐ Signature
☐ Other (specify) _____
Amount Requested $_____ Length of Repayment Mos. _____
Purpose _____
_____
Collateral Offered _____

There are costs associated with the use of any Credit Card issued to You by Us. You may request specific information about these costs by contacting Us by telephone at (805) 682-3357 [callers from outside of the (805) area code may call collect] or by writings to Us at 2623 De La Vina Street, Santa Barbara, CA 93105.

APPLICANT OR CO-SIGNER

FIRST NAME	INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER			BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.		SINCE (MO. YR.)
CITY	STATE		ZIP
COUNTY	TOWNSHIP		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)			YEARS THERE
DO YOU: ☐ OWN ☐ RENT ☐ PAY BOARD AMOUNT $_____	HOME TELEPHONE ( )	NO. OF DEP.	AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU			

SPOUSE/CO-APPLICANT

FIRST NAME	INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER			BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.		SINCE (MO. YR.)
CITY	STATE		ZIP
COUNTY	TOWNSHIP		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)			YEARS THERE
DO YOU: ☐ OWN ☐ RENT ☐ PAY BOARD AMOUNT $_____	HOME TELEPHONE ( )	NO. OF DEP.	AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU			

EMPLOYMENT AND INCOME

If self-employed or retired, attach financial statement or income tax returns.

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP		
WORK TELEPHONE ( )	POSITION	MO. GROSS INCOME $
FORMER EMPLOYER	POSITION	YEARS THERE

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP		
WORK TELEPHONE ( )	POSITION	MO. GROSS INCOME $
FORMER EMPLOYER	POSITION	YEARS THERE

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 OTHER INCOME	MONTHLY AMOUNT $
NAME AND ADDRESS OF PAYER	

TYPE OF OTHER INCOME	MONTHLY AMOUNT $
NAME AND ADDRESS OF PAYER	

ASSETS AND DEPOSITS

Attach a separate sheet if necessary.

TYPE	BANK (OR OTHER) NAME & ADDRESS	ACCOUNT NO.	INTEREST RATE	APPROX. BAL.
Checking				
Savings				
Other				
CAR 1 - YR. - MAKE – MODEL			BALANCE OWED $	
CAR 2 - YR. - MAKE – MODEL			BALANCE OWED $	
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED		PURCHASE PRICE $		APPROX. VALUE $

TYPE	BANK (OR OTHER) NAME & ADDRESS	ACCOUNT NO.	INTEREST RATE	APPROX. BAL.
Checking				
Savings				
Other				
CAR 1 - YR. - MAKE - MODEL			BALANCE OWED $	
CAR 2 - YR. - MAKE - MODEL			BALANCE OWED $	
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED		PURCHASE PRICE $		APPROX. VALUE $

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CREDIT INFORMATION Please list all open accounts with or without a balance. Attach separate sheet if necessary.

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

PLEASE CHECK A	C	D	LENDER (OR OTHER) NAME & ADDRESS LIST ALL OBLIGATIONS INCLUDING CREDIT UNION LOANS	ACCOUNT NUMBER	INTEREST RATE	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENT
☐	☐	☐						
☐	☐	☐						
☐	☐	☐						
☐	☐	☐						
☐	☐	☐						
☐	☐	☐						
☐	☐	☐						
☐	☐	☐						
☐	☐	☐						
☐	☐	☐						
☐	☐	☐						
☐	☐	☐						
☐	☐	☐						
			TOTALS				$	$

Please answer the following questions. If a yes answer is given, explain on attached sheet.	A Yes	A No	C Yes	C No
1. Have You filed a petition for bankruptcy in the last 14 years?	☐	☐	☐	☐
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 $ _____	☐	☐	☐	☐
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?	☐	☐	☐	☐

Please Check: A=Applicant/Co-Signer C=Spouse/Co-Applicant

	A Yes	A No	C Yes	C No
7. Do You have any past due bills?	☐	☐	☐	☐
8. Is any income You have listed likely to reduce in the next two years?	☐	☐	☐	☐
9. Do You have any credit application(s) pending, that if approved, will result in additional debt? Creditor(s)_____ Total Amount(s) $_____	☐	☐	☐	☐

10. Indicate immigration status:

Applicant ☐ U.S. Citizen ☐ Permanent U.S. Resident ☐ Other_____

Co-Applicant ☐ U.S. Citizen ☐ Permanent U.S. Resident ☐ 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 Credit Card contained in Our Credit Card Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Card Account Agreement And Disclosure. You acknowledge receiving a copy of that Agreement and 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**. If You are issued a credit card, by signing below, You grant and consent to a lien on Your shares with Us (except IRA and Keogh Accounts) and any dividends due or to become due to You from Us to the extent You owe on any unpaid credit card balance.**

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

APPLICANT/CO-SIGNER SIGNATURE	**SPOUSE/CO-APPLICANT SIGNATURE**
DATE	**DATE**

LOAN OFFICER	**CREDIT MANAGER OR OTHER**
LOAN APPROVED ☐ YES ☐ NO ☐ REFERRED TO CC ☐ COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED	LOAN APPROVED ☐ YES ☐ NO ☐ COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED
DESCRIBE COUNTER OFFER:	
SPECIFIC REASON(S) FOR REJECTION/APPROVAL:	
LOAN OFFICER SIGNATURE DATE	ADDITIONAL INFORMATION:
CREDIT MANAGER OR OTHER DATE	

☐ ECOA NOTICE AND REASON FOR REJECTION OR UNACCEPTED COUNTER-OFFER SENT OR DELIVERED ON (DATE) BY

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