



Marion L. Healey Building
 P.O. Box 55 • 94 Highland Avenue
 Winthrop, Maine 04364

APPLICATION

Check below to indicate the type of credit for which you are applying. Married Applicants may apply for a separate account.

Individual Credit: You must complete the Applicant section about yourself and the Other section about your spouse if

1. 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)
2. your spouse will use the account, or
3. 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.

Joint Credit: Each Applicant must **individually** complete appropriate section below. If Co-Applicant is spouse of the Applicant, mark the Co-Applicant box.

Account/Loan: Individual Joint

If this is an application for joint credit, Applicant and Co-Applicant each agree and acknowledge the intent to apply for joint credit (sign below):

Applicant Signature X	Date (Seal)
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Co-Applicant Signature X	Date (Seal)
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Amount Requested \$ Credit Limit Requested \$
 Purpose/Collateral:

APPLICANT			OTHER <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> GUARANTOR <input type="checkbox"/> OTHER		
NAME (Last - First - Initial)			NAME (Last - First - Initial)		
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER/INDIVIDUAL TAX ID NUMBER		ACCOUNT NUMBER	SOCIAL SECURITY NUMBER/INDIVIDUAL TAX ID NUMBER	
BIRTH DATE	EMAIL ADDRESS		BIRTH DATE	EMAIL ADDRESS	
HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.	HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.
DRIVER'S LICENSE NUMBER/STATE		AGES OF DEPENDENTS	DRIVER'S LICENSE NUMBER/STATE		AGES OF DEPENDENTS
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE	PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE
PREVIOUS ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE	PREVIOUS ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE
MORTGAGE/RENT OWED TO			MORTGAGE/RENT OWED TO		
MORTGAGE BALANCE \$	MONTHLY PAYMENT \$	INTEREST RATE %	MORTGAGE BALANCE \$	MONTHLY PAYMENT \$	INTEREST RATE %
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)			COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)		

EMPLOYMENT/INCOME		EMPLOYMENT/INCOME	
EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	HOURS PER WEEK	EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	HOURS PER WEEK
START DATE:		START DATE:	
NAME AND ADDRESS OF EMPLOYER		NAME AND ADDRESS OF EMPLOYER	
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.		NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.	
EMPLOYMENT INCOME PER \$	OTHER INCOME PER \$	EMPLOYMENT INCOME PER \$	OTHER INCOME PER \$
TITLE/GRADE	SOURCE	TITLE/GRADE	SOURCE
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN TWO YEARS		PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN TWO YEARS	
STARTING DATE	ENDING DATE	STARTING DATE	ENDING DATE
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE		MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE	

REFERENCE		REFERENCE	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	
RELATIONSHIP	HOME PHONE	RELATIONSHIP	HOME PHONE

Lender Name:

CREDIT UNION USE ONLY

DATE	<input type="checkbox"/> APPROVED	APPROVED LIMITS: SIGNATURE	LINE OF CREDIT	OTHER
	<input type="checkbox"/> DECLINED <small>(Adverse Action Notice Sent)</small>	\$	\$	\$
		DEBT RATIO/SCORE: BEFORE	AFTER	

LOAN OFFICER COMMENTS:

Credit Committee or Loan Officer Signatures	Date
X	(Seal)

Credit Committee or Loan Officer Signatures	Date
X	(Seal)