



FIRST ABILENE FEDERAL CREDIT UNION
 1118 Pine Street
 Abilene, TX 79601
 325-670-2429
 www.firstabilenefcu.org



Application

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 the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.
Guarantor: Complete the **Other** section if you are a guarantor on an account/loan.

LOANLINER Account/Loan:
(Including ATM/Debit Card Access to the Account if Available)
 Amount Requested \$
 Purpose/Collateral:
 Repayment:

PAYMENT PROTECTION Are you interested in having your loan protected? Yes No
 If you answer "yes", then the credit union will disclose the cost of this voluntary payment protection to you. A separate election which discloses the terms and conditions must be signed for protection to be effective.

APPLICANT	
NAME	
MOTHER'S MAIDEN NAME	ACCOUNT NUMBER
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE
AGES OF DEPENDENTS	EMAIL ADDRESS
BIRTH DATE	HOME PHONE BUSINESS PHONE/EXT.
PRESENT ADDRESS	LENGTH AT RESIDENCE
PREVIOUS ADDRESS	LENGTH AT RESIDENCE
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:	
MARITAL STATUS:	
EMPLOYMENT/INCOME	\$ PER
NAME AND ADDRESS OF EMPLOYER	
TITLE/GRADE	START DATE HOURS AT WORK
SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.	
OTHER INCOME	
\$	PER SOURCE
\$	PER SOURCE
\$	PER SOURCE
\$	PER SOURCE
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR?	
WHERE	ENDING/SEPARATION DATE
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS	STARTING DATE
	ENDING DATE
REFERENCE	RELATIONSHIP
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	HOME PHONE

OTHER		<input type="checkbox"/> CO-APPLICANT	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> OTHER
NAME				
MOTHER'S MAIDEN NAME	ACCOUNT NUMBER			
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE			
AGES OF DEPENDENTS	EMAIL ADDRESS			
BIRTH DATE	HOME PHONE BUSINESS PHONE/EXT.			
PRESENT ADDRESS	LENGTH AT RESIDENCE			
PREVIOUS ADDRESS	LENGTH AT RESIDENCE			
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:				
MARITAL STATUS:				
EMPLOYMENT/INCOME	\$	PER		
NAME AND ADDRESS OF EMPLOYER				
TITLE/GRADE	START DATE	HOURS AT WORK		
SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS			
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.				
OTHER INCOME				
\$	PER	SOURCE		
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MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR?				
WHERE	ENDING/SEPARATION DATE			
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS	STARTING DATE			
	ENDING DATE			
REFERENCE	RELATIONSHIP			
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	HOME PHONE			

