

APPLICANT NAME:		 <div style="text-align: right;"> E 529 North Foothills Drive P.O. Box 3327 Spokane, WA 99220 (509) 483-9416 or (800) 365-5168 Fax: (509) 483-1014 www.safewayfcu.com </div>
CREDIT UNION ACCT #:	SOCIAL SECURITY #	
DRIVERS LICENSE #/STATE:		

AMOUNT OF MONEY YOU ARE REQUESTING		PURPOSE	SECURITY OFFERED, IF ANY:
ADD TO PRESENT LOAN?	APPROX. LENGTH OF LOAN	REPAYMENT METHOD? <input type="checkbox"/> AUTO DEDUCTION FROM <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> PAYROLL OR <input type="checkbox"/> MONTHLY CASH	

APPLICANT INFORMATION			EMPLOYMENT/INCOME INFORMATION		
BIRTHDATE	HOME PHONE	CELL PHONE	EMPLOYER	BUSINESS/EMPLOYER PHONE	POSITION
PRESENT ADDRESS(STREET,CITY,STATE,ZIP)		YRS. AT ADDRESS	STARTING DATE	PREVIOUS EMPLOYER/POSITION/LENGTH OF EMPLOMENT	
		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	NOTICE: Alimony, Child Support, or Separate Maintenance need not be revealed if you do not choose to have it considered.		
PREVIOUS ADDRESS(STREET,CITY,STATE,ZIP)		YRS. AT ADDRESS	WAGE INFO <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK \$ PER <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR	WEEKLY HOURS (AVG.)	
YOUR EMAIL ADDRESS, IF ANY:			OTHER INCOME \$ PER	SOURCE	

Indicate marital status If you reside in a Community Property state (AZ ,CA, ID, LA, NM, NV, TX, WA OR WI) <input type="checkbox"/> UNMARRIED (SINGLE,DIVORCED) <input type="checkbox"/> MARRIED (Note spousal info below) <input type="checkbox"/> SEPARATED			SPOUSAL EMPLOYMENT/INCOME INFORMATION		
			EMPLOYER	POSITION	BUSINESS PHONE
NAME OF SPOUSE (IF APPLICABLE)		SPOUSE SOCIAL SEC. # /BIRTHDATE	WAGE (GROSS) \$ PER		WEEKLY HOURS
NUMBER OF DEPENDANTS (EXCLUDE SELF)		AGES OF DEPENDANTS	OTHER INCOME \$ PER		SOURCE

REFERENCES		
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		HOME PHONE
		RELATIONSHIP
NAME AND ADDRESS OF A PERSONAL FRIEND- NOT A RELATIVE		HOME PHONE
		RELATIONSHIP

OUTSTANDING DEBTS (LIST EVERYTHING-ATTACH OTHER SHEETS IF NEEDED)			
	CREDITOR NAME	PRESENT BALANCE	MONTHLY PAYMENT
<input type="checkbox"/> RENT			
<input type="checkbox"/> MORTGAGE			
AUTO LOAN			
OTHER			
OTHER			
OTHER			
OTHER			
OTHER			
OTHER			
OTHER			
CHILD SUPPORT			

YEAR AND MAKE OF YOUR AUTOMOBILE:
ESTIMATED VALUE OF YOUR HOME:

Everything that you have stated in this application is complete and correct to the best of your knowledge. The Credit Union is authorized to check your credit, Employment history, obtain a credit report and to answer questions about their credit experience with you.

APPLICANT SIGNATURE	DATE	If you are applying for credit jointly, both of you, the applicant and Co-applicant, must initial the box below. We intend to apply for joint credit.
APPLICANT SIGNATURE	DATE	
		APPLICANT INITIALS CO-APPLICANT INITIALS