



**LETOURNEAU  
FEDERAL CREDIT UNION**  
2301 South High  
@ Longview, Texas 75602

# LOANLINER<sup>®</sup>

## Application

- HOW TO APPLY**
- Please complete front and back of application
  - Sign on back page
  - Return completed application to credit union
  - An incomplete or unsigned application may delay processing

**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.

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

**LOANLINER<sup>®</sup> Account/Loan:**  Individual  Joint Amount Requested \$ \_\_\_\_\_ Purpose/Collateral: \_\_\_\_\_  
 (Including ATM/Debit Card Access to the Account if Available)

Repayment:  Payroll Deduction  Cash  Military Allotment  Automatic Payment

**Payment Protection**  Single Credit Disability Insurance  Single Credit Life Insurance  Joint Credit Life Insurance

Check coverage(s) desired. The credit union will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions must be signed for coverage to become effective.

**Applicant**

NAME (Last - First - Initial) \_\_\_\_\_ MOTHER'S MAIDEN NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

DRIVER'S LICENSE NUMBER / STATE \_\_\_\_\_ LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self) \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ BUSINESS PHONE/ EXT. \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PRESENT ADDRESS (Street - City - State - Zip) \_\_\_\_\_  OWN  RENT  
 YEARS AT THIS ADDRESS \_\_\_\_\_

PREVIOUS ADDRESS (Street - City - State - Zip) \_\_\_\_\_  OWN  RENT  
 YEARS AT THIS ADDRESS \_\_\_\_\_

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:  
 MARRIED  SEPARATED  UNMARRIED (Single - Divorced - Widowed)

**Employment/Income**

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.

EMPLOYMENT INCOME \_\_\_\_\_ OTHER INCOME \_\_\_\_\_  
 \$ \_\_\_\_\_ PER \_\_\_\_\_ \$ \_\_\_\_\_ PER \_\_\_\_\_  
 NET  GROSS SOURCE \_\_\_\_\_

MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR?  YES  NO  
 WHERE \_\_\_\_\_ ENDING/SEPARATION DATE \_\_\_\_\_

PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS \_\_\_\_\_ STARTING DATE \_\_\_\_\_  
 \_\_\_\_\_ ENDING DATE \_\_\_\_\_

**Other:**  Co-Applicant  Spouse  Guarantor

NAME (Last - First - Initial) \_\_\_\_\_ MOTHER'S MAIDEN NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

DRIVER'S LICENSE NUMBER / STATE \_\_\_\_\_ LIST AGES OF DEPENDENTS NOT LISTED BY APPLICANT (Exclude Self) \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ BUSINESS PHONE/ EXT. \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PRESENT ADDRESS (Street - City - State - Zip) \_\_\_\_\_  OWN  RENT  
 YEARS AT THIS ADDRESS \_\_\_\_\_

PREVIOUS ADDRESS (Street - City - State - Zip) \_\_\_\_\_  OWN  RENT  
 YEARS AT THIS ADDRESS \_\_\_\_\_

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:  
 MARRIED  SEPARATED  UNMARRIED (Single - Divorced - Widowed)

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NAME AND ADDRESS OF EMPLOYER \_\_\_\_\_

TITLE/GRADE \_\_\_\_\_ START DATE \_\_\_\_\_ HOURS AT WORK \_\_\_\_\_

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PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS \_\_\_\_\_ STARTING DATE \_\_\_\_\_  
 \_\_\_\_\_ ENDING DATE \_\_\_\_\_

