



**SSMOK EMPLOYEES
FEDERAL CREDIT UNION**
PO Box 60347
Oklahoma City, OK 73146
405-272-6100
www.ssmokefcu.com

Application

NOTE AND COMPLETE **NOTICE TO OHIO APPLICANTS:** The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

WISCONSIN RESIDENTS ONLY: (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

Signature For Wisconsin Residents Only	Date
X	

Married Applicants may apply for a separate account.

Individual Credit: Complete **Applicant** section. Complete **Co-Applicant, Spouse**, (referred to as "Other") section: (1) about your spouse if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), or (2) if your spouse will use the Account. Please check box to indicate whom the information is about.

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

Amount Requested \$ _____ **Purpose:** _____

Repayment: Payroll Deduction Cash Automatic Payment Military Allotment _____

STATEMENT OF INTENT Are you interested in having your loan protected? Yes No

If you answer "yes", the credit union will disclose the cost to protect your loan. The protection is voluntary and does not affect your loan approval. In order for your loan to be covered, you will need to sign a separate application that explains the terms and conditions.

APPLICANT INFORMATION	OTHER <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE
NAME (Last - First - Initial)	NAME (Last - First - Initial)
DRIVER'S LICENSE NUMBER/STATE	DRIVER'S LICENSE NUMBER/STATE
BIRTH DATE	BIRTH DATE
ACCOUNT NUMBER	ACCOUNT NUMBER
SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER
HOME PHONE	HOME PHONE
CELL PHONE	CELL PHONE
BUSINESS PHONE/EXT.	BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT	PRESENT ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT
LENGTH AT RESIDENCE	LENGTH AT RESIDENCE
PREVIOUS ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT	PREVIOUS ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT
LENGTH AT RESIDENCE	LENGTH AT RESIDENCE
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)
LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)	LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)

EMPLOYMENT INFORMATION	
NAME AND ADDRESS OF EMPLOYER	NAME AND ADDRESS OF EMPLOYER
YOUR TITLE/GRADE	YOUR TITLE/GRADE
SUPERVISOR'S NAME	SUPERVISOR'S NAME
START DATE	START DATE
HOURS AT WORK	HOURS AT WORK
IF SELF EMPLOYED, TYPE OF BUSINESS	IF SELF EMPLOYED, TYPE OF BUSINESS
IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS	IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS
STARTING DATE	STARTING DATE
ENDING DATE	ENDING DATE
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO	MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO
WHERE	WHERE
ENDING/SEPARATION DATE	ENDING/SEPARATION DATE

INCOME INFORMATION	
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 _____ <input type="checkbox"/> NET <input type="checkbox"/> GROSS	EMPLOYMENT INCOME \$ _____ PER _____ <input type="checkbox"/> NET <input type="checkbox"/> GROSS
OTHER INCOME \$ _____ PER _____	OTHER INCOME \$ _____ PER _____
SOURCE	SOURCE



REFERENCES Please include Street, City, State and Zip. NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU RELATIONSHIP _____ HOME PHONE _____ NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE HOME PHONE _____	NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU RELATIONSHIP _____ HOME PHONE _____ NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE HOME PHONE _____
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ASSETS/PROPERTY Check box for Applicant/Other. List all assets and account number(s) -- Attach other sheets if necessary.					
APPLICANT SHARE DRAFT OR CHECKING AMOUNT \$ _____ NAME AND ADDRESS OF DEPOSITORY _____ SHARE DRAFT OR CHECKING AMOUNT \$ _____ NAME AND ADDRESS OF DEPOSITORY _____	OTHER (CO-APPLICANT, SPOUSE) SHARE DRAFT OR CHECKING AMOUNT \$ _____ NAME AND ADDRESS OF DEPOSITORY _____ SHARE DRAFT OR CHECKING AMOUNT \$ _____ NAME AND ADDRESS OF DEPOSITORY _____				
APPLICANT	OTHER	ASSET TYPE	LIST HOME AND ALL OTHER ITEMS YOU OWN AND LOCATION OF PROPERTY <small>For Example: Auto, Boat, Stocks, Bonds, Cash, Household Goods, Real Estate, etc.</small>	MARKET VALUE	PLEGED AS COLLATERAL FOR ANOTHER LOAN
<input type="checkbox"/>	<input type="checkbox"/>	HOME*		\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	<input type="checkbox"/>			\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	<input type="checkbox"/>			\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

***LIST EVERY LIEN AGAINST YOUR HOME -- This section must be completed for the property which will be given as security, if applicable.**
 A lien is a legal claim filed against property as security for payment of a debt. Liens include mortgages, deeds of trust, land contracts, judgments and past due taxes.

FIRST MORTGAGE HELD BY _____	OTHER LIENS (Describe) _____
PRESENT BALANCE \$ _____	
IS THE PROPERTY DESCRIBED IN THIS SECTION: YOUR PRINCIPAL DWELLING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS ANYONE OTHER THAN YOUR SPOUSE A PART OWNER OF YOUR HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	
LISTED AS THE APPLICANT'S ADDRESS IN THE "APPLICANT INFORMATION" SECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	

DEBTS In addition to Rent/Mortgage list all other debts (for example, auto loans, credit cards, second mortgage, home assoc. dues, alimony, child support, child care, medical, utilities, auto insurance, IRS liabilities, etc.) Please use a separate line for each credit card and auto loan. Attach other sheets if necessary.

APPLICANT	OTHER	DEBT TYPE	CREDITOR NAME AND ADDRESS	ACCOUNT NUMBER	ORIGINAL BALANCE	PRESENT BALANCE	MONTHLY PAYMENT	PAST DUE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> RENT <input type="checkbox"/> MORTGAGE (incl. Tax & Ins.)			\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED _____					TOTALS	\$ _____	\$ _____	\$ _____

FINANCIAL INFORMATION These questions apply to both Applicant and Other.

IF A "YES" ANSWER IS GIVEN TO A QUESTION, EXPLAIN ON AN ATTACHED SHEET				
DO YOU HAVE ANY OUTSTANDING JUDGMENTS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU EVER FILED FOR BANKRUPTCY OR HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU HAD PROPERTY FORECLOSED UPON OR GIVEN A DEED IN LIEU OF FORECLOSURE IN THE LAST 7 YEARS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU A PARTY IN A LAWSUIT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU OTHER THAN A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR WHOM (Name of Others Obligated on Loan): _____				TO WHOM (Name of Creditor): _____

SIGNATURES

You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of all your debts and obligations. If you request, the credit union will tell you the name and address of any credit bureau from which it received a credit report on you. You understand that it is a crime to willfully and deliberately provide incomplete or incorrect information in this application. If there are any important changes, you will notify us in writing immediately. You also agree to notify us of any change in your name, address or employment within a reasonable time thereafter.

Applicant's Signature _____ Date _____ <div style="border: 1px solid black; padding: 5px; width: 100px; margin-top: 10px;"> X (SEAL) </div>	Other Signature _____ Date _____ <div style="border: 1px solid black; padding: 5px; width: 100px; margin-top: 10px;"> X (SEAL) </div>
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CREDIT UNION INFORMATION

LOAN OFFICER ADVANCE APPROVED: YES NO COUNTER OFFER WILL BE MADE, IF ACCEPTED, ADVANCE APPROVED
 CREDIT COMMITTEE OR OTHER OUTSIDE INFORMATION CONSIDERED: YES NO IF YES, ATTACH ADDITIONAL SHEET AND DESCRIBE
\$ _____ APPROVED LIMIT _____ DEBT RATIO _____

REFERRED TO/REASON(S) FOR REFERRAL: _____

DESCRIBE COUNTER OFFER: _____

SPECIFIC REASON(S) FOR REJECTION: _____

SIGNATURES: **LOAN OFFICER** **CREDIT COMMITTEE**

Signature	Date
X	(SEAL)

Signature	Date
X	(SEAL)

Signature	Date
X	(SEAL)

Signature	Date
X	(SEAL)

ECOA NOTICE AND REASON FOR REJECTION SENT OR DELIVERED ON _____ (DATE) BY _____ (INITIALS)

LOAN ORIGINATOR ORGANIZATION _____ NMLSR ID NUMBER _____

LOAN ORIGINATOR _____ NMLSR ID NUMBER _____