



Loan Amount Requested _____	Complete Spouse/Co-Applicant section if: (1) this is to be a joint account with your spouse; (2) your spouse will use the account; (3) you live in a community property state; or (4) you are relying on your spouse's income in applying for this account. This section must also be completed about your co-applicant if this is for a joint account with someone other than your spouse.
Terms _____	
Purpose _____	

REFERRED VIA: <input type="checkbox"/> YELP <input type="checkbox"/> CREDIT KARMA <input type="checkbox"/> PROMO CODE _____ <input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER _____
OFFICE LOCATION: <input type="checkbox"/> SEAL BEACH <input type="checkbox"/> NORCO <input type="checkbox"/> LOS ALAMITOS

**APPLICANT
PERSONAL INFORMATION**

CREDIT UNION ACCOUNT NO.	SOCIAL SECURITY NO.
<small>MARITAL STATUS: CHECK ONE if you reside in or are relying on property in a commonly property state or if you are applying for a secured credit or joint account.</small> <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED	
FIRST NAME	INITIAL LAST NAME (JR/SR)
CURRENT STREET ADDRESS	APT NO. YEARS AT THIS ADDRESS
CITY/STATE	ZIP DRIVER'S LICENSE NO.
DATE OF BIRTH	HOME PHONE NO. OF DEPENDENTS (NOT INCLUDING YOURSELF)

**SPOUSE / CO-APPLICANT
PERSONAL INFORMATION**

CREDIT UNION ACCOUNT NO.	SOCIAL SECURITY NO.
<small>MARITAL STATUS: CHECK ONE if you reside in or are relying on property in a commonly property state or if you are applying for a secured credit or joint account.</small> <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED	
FIRST NAME	INITIAL LAST NAME (JR/SR)
CURRENT STREET ADDRESS	APT NO. YEARS AT THIS ADDRESS
CITY/STATE	ZIP DRIVER'S LICENSE NO.
DATE OF BIRTH	HOME PHONE NO. OF DEPENDENTS (NOT INCLUDING YOURSELF)

EMPLOYMENT INCOME

PRESENT EMPLOYER	GROSS MONTHLY SALARY \$
WORK PHONE	NO. OF YEARS IN THIS LINE OF WORK
POSITION/TYPE OF WORK	START DATE
OTHER INCOME SOURCE	AMOUNT \$

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HOUSING EXPENSE	MONTHLY PAYMENT	CELL PHONE	EMAIL ADDRESS
<input type="checkbox"/> Mortgage or <input type="checkbox"/> Rent	\$		

REFERENCE	NAME / ADDRESS / PHONE	RELATIONSHIP TO YOU
Nearest relative not living with you:		

SIGNATURES "You" and "Your" mean each and all of the applicants signing below.

1. You certify the accuracy of the information given in this application and you will notify the Credit Union in writing immediately if there is any change in your financial condition. It is a violation of section 1014, Title 18, U.S. Code, to make a false statement or overvalue security for the purpose of influencing the action of any federally insured Credit Union.

2. You authorize the Credit Union to gather whatever credit, employment information, tax returns and related information from the Internal Revenue Service that the Credit Union considers appropriate from time to time (you understand that this will assist, for example, in determining you eligibility for renewal of credit and additional extensions of credit.) You authorize the Credit Union to give information concerning your credit experience with us to others. You understand and agree that the Credit Union may retain this application and any other credit information the Credit Union may receive.

By signing below or by using or authorizing another to use the Account, you will be bound by the terms and conditions of the applicable Sea Air Federal Credit Union disclosure, which will be given to you if your application is approved and before the first transaction is made.

X _____	X _____
Applicant Signature	Spouse / Co-Applicant Signature (if applicable)
Date	Date