



Consumer Loan Application

Married applicants may apply for a separate account. Check the appropriate box to indicate Individual or Joint Credit.

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,TX,WA,WI), or (2) if your spouse will use the Account, or (3) if there is a co-applicant on this account. Check box to indicate whom information is about. Joint Credit: Provide information about both of you by completing **APPLICANT** and **OTHER** sections. Please print in ink or type.

Amount applied for: \$	Purpose:	Date:
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APPLICANT'S INFORMATION

Name:	Social Security Number:	Employee Number:	Home Phone:
Department:	Driver's License:	Date of Birth:	Ages of Dependents:
Current Full Address:	Years at this address:		
Previous Full Address:	Years at this address:		
Employer:	Position:	Supervisor:	Start Date: Work Phone:
Previous Employer Name and Address:			Dates Employed:
Name, Address, & Phone of nearest relative not living with you:			
Name, Address, & Phone of personal friend-not a relative:			

- Spouse
 Other Co-applicant

OTHER APPLICANT'S INFORMATION

Name:	Social Security Number:	Employee Number:	Home Phone:
Department:	Driver's License:	Date of Birth:	Ages of Dependents:
Current Full Address:	Years at this address:		
Previous Full Address:	Years at this address:		
Employer:	Position:	Supervisor:	Start Date: Work Phone:
Previous Employer Name & Address:			Dates Employed:
Name, Address, & Phone of nearest relative not living with you:			
Name, Address, & Phone of personal friend-not a relative:			

APPLICANT

ASSETS

OTHER

Institution name and address of share draft/checking accounts.

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Institution name and address of share/savings accounts.

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Homes, vehicles, and other items. Please note value and if presently secured by another loan.

	\$	Secured: Y/N
	\$	Secured: Y/N
	\$	Secured: Y/N
	\$	Secured: Y/N

INCOME

Alimony, child support, or separate maintenance income need not be disclosed if you choose not to have it considered.

APPLICANT

OTHER

Employment Income: \$	per	Gross/Net	Employment Income: \$	per	Gross/Net
Other Income: \$	Source:		Other Income: \$	Source:	

We may report information about your loan to credit bureaus. Late or missed payments, or other defaults may be reflected on your credit report.

DEBTS AND OBLIGATIONS

Creditor name and address	Account Number	Original Amt	Balance	Payment	X if past due
Mortgage/Rent:					
401k Loans:					

Have you any outstanding judgments?
 Have you ever filed for Bankruptcy or had a debt adjustment plan confirmed under Chapter 13?
 Are you presently using a debt reduction or consumer counseling service?
 Have you had property foreclosed upon or repossessed in the last 7 years?
 Are you currently a party in a lawsuit?
 Are you other than a U.S. Citizen or permanent resident alien?
 Is your income likely to decline in the next two years?
 Are you a co-maker, co-signer, or guarantor on any loan not listed above?

Applicant		Other	
Yes	No	Yes	No

If there are any important changes, you will notify us in writing immediately. You agree to notify us of any change in your name, address, or employment within a reasonable time thereafter. You also 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. You authorize the credit union to obtain credit reports in connection with this application for credit and for any update, renewal, or extension of the credit received. 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 federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to state chartered credit unions insured by NCUA.

Applicant's Signature Date

Other Signature Date

PLEASE ATTACH A COPY OF YOUR MOST RECENT PAYSTUB; IF JOINT, A COPY OF THE OTHER APPLICANT'S PAYSTUB. IF YOU ARE SELF EMPLOYED, A COPY OF YOUR MOST RECENT 1040 AND SCHEDULES C AND/OR F.

OPTIONAL CREDIT INSURANCE -- NOTICE TO INSURED -- CALIFORNIA

Credit life (single or joint) and/or Credit Disability Insurance is not required to obtain credit under this plan and will be included only if requested immediately below by the APPLICANT. The insurance rates shown below insures a member's open-end or closed-end loan with one level premium rate applying to the outstanding insurable loan balance of each insured loan. Premiums are added to insured loans at the end of each month. You can cancel this insurance within thirty (30) days after you receive your Certificate by telling us that you want to do so. We will refund to you all the premium you have paid for insurance under this Certificate. If you cancel this insurance after thirty (30) days, you will not get all of your premium back. If you apply for Credit Insurance you authorize McClatchy Employees Credit Union to add the required premiums to your account, charge a finance charge on the premiums which applies to your account and forward the premium collected from you to the insurance company.

SINGLE COVERAGE
CREDIT LIFE INSURANCE
PREMIUM RATE
.068 per \$100 of outstanding balance
Maximum amount of life insurance is
\$35,000.00

JOINT COVERAGE
CREDIT LIFE INSURANCE
PREMIUM RATE
.112 per \$100 of outstanding balance
Maximum amount of life insurance is
\$35,000.00

SINGLE COVERAGE
CREDIT DISABILITY INSURANCE
PREMIUM RATE
.253 per \$100 of outstanding balance
Maximum monthly disability benefit is
\$600.00

YOU MUST CHECK ONE OR MORE OF THE BOXES BELOW AND SIGN THIS FORM:

I want Single Credit Life Insurance
 I want Joint Credit Life Insurance
 I want Credit Disability Insurance
 I am waiving credit insurance

Signature of Applicant:

FOR CREDIT UNION USE ONLY

Approved
 Denied
 Counter Offer _____

Denial Reasons: _____ Comments: _____

Decision made by: Credit Committee
 Board of Directors
 Other _____

 Signature Date Signature Date