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## APPLICATION

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

**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 appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box. If this is an application for joint credit, Applicant and Co-Applicant each agree and acknowledge the intent to apply for joint credit:

Applicant Initials: \_\_\_\_\_ Co-Applicant Initials: \_\_\_\_\_

**LOANLINER Account/Loan:** ☐ Individual ☐ Joint  
(Including ATM/Debit card access to the account if available)

### Amount Requested \$

**Purpose/Collateral:** ☐ Vehicle ☐ Personal ☐ Debt Consolidation

**Repayment:** ☐ Payroll Deduction ☐ Cash ☐ Automatic Transfer

**PAYMENT PROTECTION** 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				OTHER <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> GUARANTOR <input type="checkbox"/> OTHER			
NAME (Last - First - Initial)				NAME (Last - First - Initial)			
ACCOUNT NUMBER		SOCIAL SECURITY NUMBER		ACCOUNT NUMBER		SOCIAL SECURITY NUMBER	
BIRTH DATE		EMAIL ADDRESS		BIRTH DATE		EMAIL ADDRESS	
HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.		HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.	
DRIVER'S LICENSE NUMBER/STATE				DRIVER'S LICENSE NUMBER/STATE			
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT <b>Amount Paid:</b> \$ LENGTH AT RESIDENCE		PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT <b>Amount Paid:</b> \$ LENGTH AT RESIDENCE	
PREVIOUS ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE		PREVIOUS ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT 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)			
EMPLOYMENT/INCOME				EMPLOYMENT/INCOME			
EMPLOYMENT STATUS		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME START DATE		EMPLOYMENT STATUS		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME START DATE	
NAME AND ADDRESS OF EMPLOYER				NAME AND ADDRESS OF EMPLOYER			
<b>NOTICE:</b> ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.				<b>NOTICE:</b> ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.			
EMPLOYMENT INCOME PER		OTHER INCOME PER		EMPLOYMENT INCOME PER		OTHER INCOME PER	
\$		\$		\$		\$	

TITLE/GRADE		SOURCE		TITLE/GRADE		SOURCE	
<b>REFERENCE</b>				<b>REFERENCE</b>			
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU				NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			
RELATIONSHIP		HOME PHONE		RELATIONSHIP		HOME PHONE	
<b>WHAT YOU OWE</b>							
DEBT	CREDITOR NAME OTHER THAN THIS CREDIT UNION (Attach additional sheet(s) if necessary)	INTEREST RATE	PRESENT BALANCE	MONTHLY PAYMENT	OWED BY APPLICANT    OTHER		
		%	\$	\$	<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"/>	
<b>STATE LAW NOTICE(S)</b>							
<p><b>Notice to Nebraska Residents:</b> A credit agreement must be in writing to be enforceable under Nebraska law. To protect you and us from any misunderstandings or disappointments, any contract, promise, undertaking, or offer to forebear repayment of money or to make any other financial accommodation in connection with this loan of money or grant or extension of credit, or any amendment of, cancellation of, waiver of, or substitution for any or all of the terms or provisions of any instrument or document executed in connection with this loan of money or grant or extension of credit, must be in writing to be effective.</p> <p><b>Notice to Ohio Residents:</b> The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy 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.</p> <p><b>Notice to Wisconsin Residents:</b> (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.</p>							
Signature for Wisconsin Residents Only		Date					
X		(Seal)					
<b>SIGNATURES</b>							
<p>By signing or otherwise authenticating below: 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 what you owe. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. 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. It is a crime to willfully and deliberately provide incomplete or incorrect information in this application.</p>							
Applicant's Signature		Date		Other Signature		Date	
X		(Seal)		X		(Seal)	

# Supplemental Loan Application Questions



Applicant Information	Joint Owner Information
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Account Number: _____	Account Number: _____

## Product Applied For:

<input type="checkbox"/> Auto Loan	<input type="checkbox"/> Shared Secure Loan
<input type="checkbox"/> Motorcycle Loan	<input type="checkbox"/> First Step Loan
<input type="checkbox"/> Title Loan	<input type="checkbox"/> Personal Loan
<input type="checkbox"/> VISA Credit Card	<input type="checkbox"/> Emergency Loan
<input type="checkbox"/> Holiday Loan	<input type="checkbox"/> Debt Consolidation
<input type="checkbox"/> Other: _____	

## How Did You Hear The Loan You Are Applying For?

<input type="checkbox"/> New Employee Orientation	<input type="checkbox"/> Co-Worker
<input type="checkbox"/> Family	<input type="checkbox"/> Outreach Event
<input type="checkbox"/> Bulletin Board	<input type="checkbox"/> Branch Flyer
<input type="checkbox"/> Email	<input type="checkbox"/> Website
<input type="checkbox"/> OVFCU Employee: _____	<input type="checkbox"/> Other: _____