



### **Instructions for Loan Application**

1. Please complete the attached loan application
2. Print the completed form and sign it
3. Return the completed, signed form with a current paystub to:

OPPD EFCU  
444 S 16<sup>th</sup> St. Mall, E/AR/EP 5  
Omaha, NE 68102-2608

To expedite the process, you can fax or email us the information, but we will need the signed originals before we can disburse a check.

If purchasing a new vehicle, please include the purchase contract or the window sticker. If the vehicle is a used vehicle, we need to know the year, make, model, and mileage, or the VIN# and mileage.

Please give us a call 531-226-3177, if you have any questions, or if we can be of any assistance.

Thank you

Your OPPD Credit Union

# Application

<b>Married Applicants:</b> May apply for a separate account. <b>Individual Credit:</b> You must complete the <b>Applicant</b> section about yourself and the <b>Other</b> 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 <b>Other</b> section to the extent possible about the person on whose payments you are relying. <b>Joint Credit:</b> Each Applicant must <b>individually</b> complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box. <b>Guarantor:</b> Complete the <b>Other</b> section if you are a guarantor on an account/loan.			
<input type="checkbox"/> <b>LOANLINER Account/Loan:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Joint <i>(Including ATM/Debit Card Access to the Account if Available)</i> Amount Requested \$ _____ Purpose/Collateral: _____ Repayment: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Cash <input type="checkbox"/> Military Allotment <input type="checkbox"/> Automatic Payment			
<b>PAYMENT PROTECTION</b>		Are you interested in having your loan protected? <input type="checkbox"/> Yes <input type="checkbox"/> 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.	
<b>APPLICANT</b>		<b>OTHER</b> <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER	
NAME _____		NAME _____	
ACCOUNT NUMBER _____		ACCOUNT NUMBER _____	
SOCIAL SECURITY NUMBER _____	DRIVER'S LICENSE NUMBER/STATE _____	SOCIAL SECURITY NUMBER _____	DRIVER'S LICENSE NUMBER/STATE _____
AGES OF DEPENDENTS _____	EMAIL ADDRESS _____	AGES OF DEPENDENTS _____	EMAIL ADDRESS _____
BIRTH DATE _____	HOME PHONE _____	CELL PHONE _____	BUSINESS PHONE/EXT. _____
PRESENT ADDRESS (Street - City - State - Zip) _____		PRESENT ADDRESS (Street - City - State - Zip) _____	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____		<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____	
PREVIOUS ADDRESS (Street - City - State - Zip) _____		PREVIOUS ADDRESS (Street - City - State - Zip) _____	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____		<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)			
<b>EMPLOYMENT/INCOME</b>		<b>EMPLOYMENT/INCOME</b>	
NAME AND ADDRESS OF EMPLOYER _____		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 \$ _____ Per _____		OTHER INCOME \$ _____ Per _____	
<input type="checkbox"/> NET <input type="checkbox"/> GROSS		SOURCE _____	
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WHERE _____		ENDING/SEPARATION DATE _____	
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS _____		STARTING DATE _____	
		ENDING DATE _____	
<b>REFERENCE</b>		<b>REFERENCE</b>	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____		RELATIONSHIP _____	
		HOME PHONE _____	

