

# BALTIMORE WASHINGTON FEDERAL CREDIT UNION

301 Hospital Drive  
Glen Burnie, MD 21061  
(410) 787-4680

# LOANLINER Application

### HOW TO APPLY

- Please complete front and back of application
- Sign on back page
- Return completed application to credit union
- An incomplete or unsigned application may delay processing

**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:** If you are applying with another person, complete the **Applicant** and **Other** sections.

**Guarantor:** Complete the **Other** section if you are a guarantor on an account/loan.

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

**LOANLINER® Account/Loan:**  Individual  Joint Amount Requested \$ \_\_\_\_\_ Purpose/Collateral: \_\_\_\_\_  
 (Including ATM/Debit Card Access to the Account if Available)

**Repayment:**  Payroll Deduction  Cash  Military Allotment  Automatic Payment

### Payment Protection

Single Credit Disability Insurance  Single Credit Life Insurance  
 Joint Credit Life Insurance

Check coverage(s) desired. The credit union will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions must be signed for coverage to become effective.

### Applicant

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

### Other: Co-Applicant Spouse Guarantor

NAME (Last - First - Initial)		MOTHER'S MAIDEN NAME	
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER		
DRIVER'S LICENSE NUMBER / STATE	LIST AGES OF DEPENDENTS NOT LISTED BY APPLICANT (Exclude Self)		
BIRTH DATE	HOME PHONE	BUSINESS PHONE/ EXT.	
E-MAIL ADDRESS			
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	YEARS AT THIS ADDRESS
PREVIOUS ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	YEARS AT THIS ADDRESS

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:  
 MARRIED  SEPARATED  UNMARRIED (Single - Divorced - Widowed)

### Employment/Income

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 OTHER INCOME  
 \$ \_\_\_\_\_ PER \_\_\_\_\_ \$ \_\_\_\_\_ PER \_\_\_\_\_  
 NET  GROSS SOURCE

MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR?  YES  NO  
 WHERE \_\_\_\_\_ ENDING/SEPARATION DATE \_\_\_\_\_

PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS STARTING DATE \_\_\_\_\_  
 \_\_\_\_\_ ENDING DATE \_\_\_\_\_

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:  
 MARRIED  SEPARATED  UNMARRIED (Single - Divorced - Widowed)

### Employment/Income

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 OTHER INCOME  
 \$ \_\_\_\_\_ PER \_\_\_\_\_ \$ \_\_\_\_\_ PER \_\_\_\_\_  
 NET  GROSS SOURCE

MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR?  YES  NO  
 WHERE \_\_\_\_\_ ENDING/SEPARATION DATE \_\_\_\_\_

PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS STARTING DATE \_\_\_\_\_  
 \_\_\_\_\_ ENDING DATE \_\_\_\_\_

<b>Applicant Reference</b>	RELATIONSHIP	<b>Other Reference</b>	RELATIONSHIP
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	HOME PHONE	NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	HOME PHONE

What You Owe	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"/> RENT <input type="checkbox"/> FIRST MORTGAGE <small>(Include Tax and Ins.)</small>			\$	\$		
2nd MORTGAGE			\$	\$		
1st AUTO LOAN			\$	\$		
2nd AUTO LOAN			\$	\$		
CHILD-CARE			\$	\$		
CHILD SUPPORT			\$	\$		
CREDIT CARD			\$	\$		
CREDIT CARD			\$	\$		
OTHER			\$	\$		
OTHER			\$	\$		
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED:			TOTALS	\$	\$	

What You Own	LIST LOCATION OF PROPERTY OR FINANCIAL INSTITUTION	MARKET VALUE	PLEGGED AS COLLATERAL FOR ANOTHER LOAN		OWNED BY	
			YES	NO	Applicant	Other
HOME		\$				
AUTO		\$	YES	NO		
SAVINGS		\$	YES	NO		
CHECKING		\$	YES	NO		
OTHER (Describe)		\$	YES	NO		

<b>Other Information About You</b>	IF YOU ANSWER "YES" TO ANY QUESTION OTHER THAN #1, EXPLAIN ON AN ATTACHED SHEET	<b>APPLICANT</b>	<b>OTHER</b>
		YES NO	YES NO
1. ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?			
2. DO YOU CURRENTLY HAVE ANY OUTSTANDING JUDGMENTS OR HAVE YOU EVER FILED FOR BANKRUPTCY, HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13, HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST 7 YEARS, OR BEEN A PARTY IN A LAWSUIT?			
3. IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS?			
4. ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE? FOR WHOM (Name of Others Obligated on Loan):	TO WHOM (Name of Creditor):		

**State Law Notices** **OHIO RESIDENTS ONLY:** 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.

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.

**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

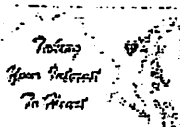
X \_\_\_\_\_  
SIGNATURE FOR WISCONSIN RESIDENTS ONLY DATE

**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 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, renewal or extension 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 federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.

X _____ (SEAL) APPLICANT'S SIGNATURE DATE	X _____ (SEAL) OTHER SIGNATURE DATE
---	---

For Credit Union Use Only						
DATE	APPROVED	APPROVED SIGNATURE	LINE OF CREDIT	OTHER	OTHER	DEBT RATIO/SCORE BEFORE AFTER
	DENIED (Adverse Action Notice Sent)	\$	\$	\$	\$	
LOAN OFFICER COMMENTS:						
SIGNATURES:						
X _____			X _____			



# Baltimore Washington Federal Credit Union

## Verification of Income

I, \_\_\_\_\_ (print name), Employee# \_\_\_\_\_ authorize Baltimore Washington Medical Center to release payroll information to Baltimore Washington Federal Credit Union for the purpose of a loan application.

Signature and Date: \_\_\_\_\_

Printed Name and Date: \_\_\_\_\_

### Baltimore Washington Medical Center Use Only:

Employee Name: \_\_\_\_\_

Employee #: \_\_\_\_\_

Adjusted Date of Hire: \_\_\_\_\_

Hourly wage: \_\_\_\_\_

Shift Differential: \_\_\_\_\_

FTE(hours per week): \_\_\_\_\_

Completed By: \_\_\_\_\_

Title: \_\_\_\_\_

Date Completed: \_\_\_\_\_

## **LOAN APPLICATION INSTRUCTIONS**

PLEASE DROP OFF ALL **COMPLETED** LOAN APPLICATIONS TO ONE OF THE TELLERS. BE SURE TO THOROUGHLY COMPLETE YOUR APPLICATION OR IT WILL BE RETURNED TO YOU. THIS WILL CAUSE YOUR APPLICATION TO GO TO THE BOTTOM OF THE PILE WHEN IT IS RETURNED.

**IF YOUR LOAN WILL REQUIRE A GUARANTOR,**  
THE GUARANTOR MUST FILL OUT A SEPARATE APPLICATION (MARK THE BOX FOR GUARANTOR) AND SUBMIT THEIR MOST RECENT 1 MONTH'S PAYSTUBS IF THEY DO NOT WORK AT BWMC . ATTACH THEIR APPLICATION TO YOUR APPLICATION.

**ANYONE WHO DOES NOT WORK AT BWMC**  
MUST SUBMIT THEIR MOST RECENT 1 MONTH'S PAYSTUBS FOR INCOME VERIFICATION. BWMC EMPLOYEE INCOMES WILL BE VERIFIED THROUGH HUMAN RESOURCES.

**FOR CARS BOUGHT THROUGH A DEALER:**  
YOU WILL NEED THE BILL OF SALE. REMEMBER: YOU HAVE 3 BUSINESS DAYS TO GET FINANCING WITH US OR THE DEALER WILL PUT YOU WITH THEIR LENDER.

**REFINANCE OF AN EXISTING CAR LOAN WITH ANOTHER LENDER:**  
YOU WILL NEED THE BILL OF SALE, FINANCIAL AGREEMENT, TITLE, ALL PAYOFF INFORMATION INCLUDING 1-800 CUSTOMER SERVICE #, AND THE ACCOUNT #. (SUBMIT EITHER THE MONTHLY BILL OR COUPON BOOKLET)

**IF YOU ARE BUYING A VEHICLE FROM A PRIVATE PARTY:**  
YOU WILL NEED A COPY OF THEIR TITLE, INSPECTION CERTIFICATE, ALL PAYOFF INFO IF THERE IS STILL A LIEN ATTACHED TO THE VEHICLE, AND A NOTARIZED BILL OF SALE SIGNED BY BOTH BUYERS AND SELLERS .  
(CREDIT UNION HAS A NOTARY)

**FOR A DEBT CONSOLIDATION LOAN:**  
ADD THE TOTAL OF ALL DEBTS TO BE PAID OFF/ THIS SHOULD AGREE WITH THE AMOUNT REQUESTED AT THE TOP OF THE APPLICATION.  
SUBMIT A COPY OF THE MOST RECENT STATEMENTS FOR ALL BILLS TO BE PAID OFF. (THE BILL WILL INCLUDE FULL ACCOUNT # AND 1 800 CUSTOMER SERVICE # TO VERIFY BALANCE AND ADDRESS TO SEND PAYOFF.