



13200 SW 128th St., Suite C1
Miami, FL 33186-5826
Phone: (786) 257-2300
www.baptisthealthfcu.org

CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

ACCOUNT NUMBER – APPLICANT	ACCOUNT NUMBER – CO-APPLICANT	DATE
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Applicant Information

PRINT OR TYPE ALL INFORMATION

1. If You live in a community property state, please indicate Your marital status:
☐ Married ☐ Separated ☐ Unmarried (Includes Single, Divorced, and Widowed)
2. Married applicants can apply for individual loan. Indicate if You want an:
☐ Individual Credit ☐ Joint Credit with Your Spouse/Co-Applicant
3. Method of Payment:
☐ Payroll Deduction ☐ Automatic Share Transfer ☐ Cash Payment
4. Frequency of Payment: _____

Spouse/Co-Applicant Information

5. Complete Spouse/Co-Applicant Information only if:
a. This is for joint credit with Your Spouse or other Co-Applicant;
b. Your Spouse will use Your Account;
c. You are relying on Your Spouse's income as a source of repayment for the credit requested; or
d. You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (and Puerto Rico).
6. Definitions:
Whenever used in this application, the words "You" and "Your" refer to the Applicant(s) or Spouse/Co-Applicant and the words "We," "Us," and "Our" refer to the Lender.

CREDIT APPLIED FOR

Type of Credit _____	Amount Requested \$ _____	Refinanced Amount \$ _____
Total Request \$ _____	Purpose _____	Collateral Offered _____

There are costs associated with the use of any Credit Card issued to You by Us. You may request specific information about these costs by contacting Us by telephone locally at (786) 257-2300 [callers from outside the (786) area code may call tollfree at 1-866-896-8728] or by writing Us at 13200 SW 128th St., Suite C1, Miami, FL 33186-5826.

APPLICANT OR CO-SIGNER

FULL NAME				
SOCIAL SECURITY NUMBER			BIRTHDATE	
CURRENT STREET ADDRESS		APT. NO.	SINCE	
CITY		STATE	ZIP	
DRIVER'S LICENSE NUMBER/STATE		E-MAIL ADDRESS		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)			YEARS THERE	
DO YOU: ☐ OWN ☐ RENT	MO. PAYMENT	HOME TELEPHONE	NO. OF DEPENDENTS	AGES OF DEP.

SPOUSE/CO-APPLICANT

FULL NAME				
SOCIAL SECURITY NUMBER			BIRTHDATE	
CURRENT STREET ADDRESS		APT. NO.	SINCE	
CITY		STATE	ZIP	
DRIVER'S LICENSE NUMBER/STATE		E-MAIL ADDRESS		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)			YEARS THERE	
DO YOU: ☐ OWN ☐ RENT	MO. PAYMENT	HOME TELEPHONE	NO. OF DEPENDENTS	AGES OF DEP.

EMPLOYMENT AND INCOME

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP		
WORK TELEPHONE	POSITION	MO. GROSS INCOME
FORMER EMPLOYER	POSITION	YEARS

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP		
WORK TELEPHONE	POSITION	MO. GROSS INCOME
FORMER EMPLOYER	POSITION	YEARS

OTHER INCOME

Alimony, child support, or separate maintenance income need not be revealed if You do not choose to have it considered.

TYPE OF OTHER INCOME	MONTHLY AMOUNT
NAME AND ADDRESS OF PAYER	

TYPE OF OTHER INCOME	MONTHLY AMOUNT
NAME AND ADDRESS OF PAYER	

ASSETS AND DEPOSITS

Attach a separate sheet if necessary.

DESCRIPTION	ACCOUNT NUMBER/TYPE	BALANCE/VALUE

DESCRIPTION	ACCOUNT NUMBER/TYPE	BALANCE/VALUE

REFERENCES

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU
ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU
NAME OF PERSONAL REFERENCE NOT LIVING WITH YOU
ADDRESS OF PERSONAL REFERENCE NOT LIVING WITH YOU

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU
ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU
NAME OF PERSONAL REFERENCE NOT LIVING WITH YOU
ADDRESS OF PERSONAL REFERENCE NOT LIVING WITH YOU

A = Applicant C = Spouse/Co-Applicant
D = Debts to be paid off if loan is granted

Please answer the following questions. If a yes answer is given, explain on attached sheet.		A		C		TOTALS		\$		\$			
		Yes	No	Yes	No	Please Check: A = Applicant/Co-signer/Guarantor C = Spouse/Co-Applicant				A	C		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
1. Have You filed a petition for bankruptcy in the last 10 years?		☐	☐	☐	☐	6. Have You any obligations not listed?				☐	☐	☐	☐
2. Have You ever had any auto, furniture, or property repossessed?		☐	☐	☐	☐	7. Do You have any past due bills?				☐	☐	☐	☐
3. Are You a co-maker or co-signer on any loan not listed above? For whom _____ Amount \$ _____		☐	☐	☐	☐	8. Is any income You have listed likely to reduce in the next 2 years?				☐	☐	☐	☐
4. Have You ever had credit in any other name? What name _____		☐	☐	☐	☐	9. Indicate immigration status:							
						Applicant ☐ U.S. Citizen ☐ Permanent U.S. Resident ☐ Other _____							
5. Have You any suits pending, judgments filed, alimony, or support awards against You?		☐	☐	☐	☐	Co-Applicant ☐ U.S. Citizen ☐ Permanent U.S. Resident ☐ Other _____							

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Credit Line Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure. You will receive a copy of that Agreement and Disclosure no later than the time of Your first credit advance and You promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature. **If You are issued an ATM card, debit card or credit card, by signing below, You grant and consent to a lien on Your shares with Us (except IRA and Keogh accounts) and any dividends due or to become due to You from Us to the extent You owe on any unpaid credit card balance and/or Personal Line of Credit balance created through the use of Your ATM or debit card.**

You hereby acknowledge Your intent to apply for joint credit _____

Applicant's Initials Co-Applicant's Initials

<u>X</u> _____	<u>X</u> _____
SIGNATURE OF APPLICANT	SIGNATURE OF SPOUSE/CO-APPLICANT
DATE	DATE