



OMNI Community Credit Union
 P.O. Box 1537
 Battle Creek, MI 49016
 (269) 441-1400 ▲ (866) OMNI-WOW

CHOICE LOAN APPLICATION

ACCOUNT NUMBER – APPLICANT	ACCOUNT NUMBER – CO-APPLICANT	DATE
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Applicant Information PRINT OR TYPE ALL INFORMATION

- Married applicants can apply for individual credit.** Indicate if You would like:
 Individual Credit Joint Credit with Your Spouse/Co-Applicant
- Method of Payment:** Payroll Deduction Automatic Share Transfer Cash Payment
- Frequency of Payment:** Weekly Bi-Weekly Semi-Monthly Monthly

Spouse/Co-Applicant Information

- Complete Spouse/Co-Applicant Information only if:**
 - This is for joint credit with Your Spouse or other Co-Applicant;
 - Your Spouse will use Your Account;
 - You are relying on Your Spouse's income as a source of repayment for the credit requested; or
 - You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (or Puerto Rico).
- 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 _____ Term _____ Collateral Offered _____ Value: \$ _____

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 at (866) OMNI-WOW or by writing Us at P.O. Box 1537, Battle Creek, MI 49016.

APPLICANT

FIRST NAME	INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER		BIRTHDATE	
CURRENT STREET ADDRESS	APT. NO.	YEARS THERE	
CITY	STATE	ZIP	
COUNTY	DRIVERS LICENSE NUMBER		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)			YEARS THERE
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	HOME TELEPHONE	NO. OF DEP.	AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU			
NAME, ADDRESS AND TELEPHONE OF PERSONAL FRIEND NOT LIVING WITH YOU			

SPOUSE/CO-APPLICANT

FIRST NAME	INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER		BIRTHDATE	
CURRENT STREET ADDRESS	APT. NO.	YEARS THERE	
CITY	STATE	ZIP	
COUNTY	DRIVERS LICENSE NUMBER		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)			YEARS THERE
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	HOME TELEPHONE	NO. OF DEP.	AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU			
NAME, ADDRESS AND TELEPHONE OF PERSONAL FRIEND NOT LIVING WITH YOU			

EMPLOYMENT AND INCOME If self-employed attach financial statement or income tax returns.

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

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

OTHER INCOME Alimony, child support, or separate maintenance income need not be revealed if You do not choose to have it considered. (Proof Required)

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.

TYPE	BANK (OR OTHER) NAME, ADDRESS	ACCOUNT NO.	INTEREST RATE	APPROX. BAL.
CHECKING				
SAVINGS				
OTHER				
CAR 1 - YR. - MAKE - MODEL			BALANCE OWED	
CAR 2 - YR. - MAKE - MODEL			BALANCE OWED	
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED		PURCHASE PRICE	APPROX. VALUE	

TYPE	BANK (OR OTHER) NAME, ADDRESS	ACCOUNT NO.	INTEREST RATE	APPROX. BAL.
CHECKING				
SAVINGS				
OTHER				
CAR 1 - YR. - MAKE - MODEL			BALANCE OWED	
CAR 2 - YR. - MAKE - MODEL			BALANCE OWED	
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED		PURCHASE PRICE	APPROX. VALUE	

