



FAMILY 1ST

OF TEXAS
FEDERAL CREDIT UNION

3501 Western Center Blvd. • Fort Worth, TX 76137

CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

MEMBER NUMBER	DATE
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Applicant Information PRINT OR TYPE ALL INFORMATION

1. If You live in a community property state, are You:

Married Separated Unmarried (Includes Single, Divorced and Widowed)

2. Married applicants can apply for individual credit. Indicate if You would like:

Individual Credit Joint Credit with Your Spouse/Co-Applicant

3. Method of Payment: Payroll Deduction Automatic Share Transfer Cash Payment

Spouse/Co-Applicant Information

4. 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 (or Puerto Rico).

5. 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 and/or Maximum Requested \$ _____

Purpose _____ Collateral Offered _____

Please refer to the Important Credit Card Disclosures located on Page 3.

APPLICANT/CO-SIGNER/GUARANTOR

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NUMBER		BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.	YEARS THERE
CITY	STATE	ZIP
EMAIL ADDRESS		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)		YEARS THERE
HOME PHONE	CELL PHONE	SECONDARY PHONE
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	HOME PHONE	NO. OF DEP. AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST FRIEND/RELATIVE NOT LIVING WITH YOU		
NAME, ADDRESS AND TELEPHONE OF OTHER NEARBY FRIEND/RELATIVE 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
EMAIL ADDRESS		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)		YEARS THERE
HOME PHONE	CELL PHONE	SECONDARY PHONE
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	HOME PHONE	NO. OF DEP. AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST FRIEND/RELATIVE NOT LIVING WITH YOU		
NAME, ADDRESS AND TELEPHONE OF OTHER NEARBY FRIEND/RELATIVE 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	SUPERVISOR'S NAME	
WORK TELEPHONE	POSITION	MO. GROSS INCOME
FORMER EMPLOYER	POSITION	YEARS THERE

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

OTHER INCOME You need not list income from alimony, child support or separate maintenance payments unless You want it considered in evaluating this credit application.

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
SEE ATTACHED		

DESCRIPTION	ACCOUNT NUMBER/TYPE	BALANCE/VALUE

CREDIT INFORMATION Please list all open accounts with or without a balance. Attach separate sheet if necessary.

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

PLEASE CHECK			LENDER (OR OTHER) NAME & ADDRESS LIST ALL OBLIGATIONS INCLUDING CREDIT UNION LOANS	ACCOUNT NUMBER	INTEREST RATE	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENT
A	C	D						
			SEE ATTACHED					

Please answer the following questions. If a yes answer is given, explain on attached sheet.	A		C		TOTALS				
	YES	NO	YES	NO					
1. Have You filed a petition for bankruptcy in the last 10 years?					Please Check: A=Applicant/Co-Signer/Guarantor C=Co-Applicant				
2. Have You ever had any auto, furniture or property repossessed?					YES	NO	YES	NO	
3. Are You a co-maker or co-signer on any loan? For Whom _____ Amount \$ _____					7. Do You have any past due bills?				
4. Have You ever had credit in any other name? What name _____					8. Is any income You have listed likely to reduce in the next 2 years?				
5. Have You any suits pending, judgments filed, alimony or support awards against You?					9. Indicate immigration status: Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____ Co-Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____				

SIGNATURES

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 acknowledge receiving a copy of that Agreement prior to the time of Your first 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 a Credit Card, ATM card or debit card, by signing below, You grant and consent to a lien on Your shares with Us (except those deposits established under a governmental approved tax deferral plan such as 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 Line of Credit balance created through the use of Your ATM card or debit card.

You hereby acknowledge Your intent to apply for joint credit _____
Applicant's Initials Co-Applicant's Initials

X _____ **X** _____
Signature of Applicant/Co-Signer/Guarantor Date Signature of Spouse/Co-Applicant Date

LOAN OFFICER

LOAN APPROVED YES NO

SPECIFIC REASON(S) FOR REJECTION/APPROVAL			
LOAN OFFICER SIGNATURE	DATE	CREDIT LIMIT \$	OTHER APPROVED CREDIT LIMIT \$
EXECUTIVE OFFICER SIGNATURE	DATE	CREDIT LIMIT \$	OTHER APPROVED CREDIT LIMIT \$
<input type="checkbox"/> ECOA NOTICE AND REASON FOR REJECTION OR UNACCEPTED COUNTER OFFER SENT OR DELIVERED ON			(DATE) BY