



Topeka Firemen's Credit Union
 2447 S.E. 29th St.
 Topeka, Kansas 66605
 Telephone: 785-266-7533
 Fax: 785-266-8811

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

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
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)		
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 _____	
<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 _____

Other: <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> 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.
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