



**B.O.N.D. COMMUNITY FEDERAL CREDIT UNION**

433 Moreland Avenue, N.E.  
P.O. Box 5286  
Little Five Points  
Atlanta, GA 31107  
(404) 525-0619



# Application

## 1 NOTE AND COMPLETE

Married Applicants may apply for a separate account.

**NOTICE TO OHIO APPLICANTS:** The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy 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.

- Individual Credit:** Complete **Applicant** section. Complete **Co-Applicant, Spouse**, (referred to as "Other") section: (1) about your spouse if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), or (2) if your spouse will use the Account. Please check box to indicate whom the information is about.
- Joint Credit:** Each Applicant must individually complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.

Amount Requested \$ \_\_\_\_\_ Purpose: \_\_\_\_\_  
Repayment:  Payroll Deduction  Cash  Automatic Payment  Military Allotment  \_\_\_\_\_

## STATEMENT OF INTENT

Are you interested in having your loan protected?  Yes  No  
If you answer "yes", then the credit union will disclose the cost of this voluntary payment protection to you. A separate election which discloses the terms and conditions must be signed for protection to be effective.

## 2 APPLICANT INFORMATION

### APPLICANT

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

### CO-APPLICANT SPOUSE

Referred to as "Other" Use "SAA" if information is "Same as Applicant"

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

## 3 EMPLOYMENT INFORMATION

NAME AND ADDRESS OF EMPLOYER		
YOUR TITLE/GRADE	SUPERVISOR'S NAME	
START DATE	HOURS AT WORK	IF SELF EMPLOYED, TYPE OF BUSINESS
IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS		
STARTING DATE	ENDING DATE	
IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE		
ENDING/SEPARATION DATE		

NAME AND ADDRESS OF EMPLOYER		
YOUR TITLE/GRADE	SUPERVISOR'S NAME	
START DATE	HOURS AT WORK	IF SELF EMPLOYED, TYPE OF BUSINESS
IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS		
STARTING DATE	ENDING DATE	
IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE		
ENDING/SEPARATION DATE		

## 4 INCOME INFORMATION

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 _____

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 _____

## 5 REFERENCES

Please include Street, City, State and Zip.

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	
RELATIONSHIP	HOME PHONE
NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE	
HOME PHONE	

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	
RELATIONSHIP	HOME PHONE
NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE	
HOME PHONE	

