



**STATE HIGHWAY PATROL FEDERAL CREDIT UNION**  
 1900 Polaris Parkway, Suite 400  
 Columbus, Ohio 43240  
 Phone: (614) 431-0784 or 1-800-282-3006  
 FAX: (614) 431-1158  
 www.shpfcu.org



# Application

**Married Applicants:** May apply for a separate account.  
**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:** Each Applicant must **individually** complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.  
**Guarantor:** Complete the **Other** section if you are a guarantor on an account/loan.

**LOANLINER Account/Loan:**  
*(Including ATM/Debit Card Access to the Account if Available)*  
 Amount Requested \$ \_\_\_\_\_  
 Purpose/Collateral: \_\_\_\_\_  
 Repayment: \_\_\_\_\_

**PAYMENT PROTECTION** 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.

<b>APPLICANT</b>		
NAME		
PASSWORD	ACCOUNT NUMBER	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE	
AGES OF DEPENDENTS	EMAIL ADDRESS	
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.
PRESENT ADDRESS		
LENGTH AT RESIDENCE		
PREVIOUS ADDRESS		
LENGTH AT RESIDENCE		
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:		
MARRITAL STATUS:		
<b>EMPLOYMENT/INCOME</b>	\$	PER
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.		
OTHER INCOME		
\$	PER	SOURCE
\$	PER	SOURCE
\$	PER	SOURCE
\$	PER	SOURCE
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR?		
WHERE	ENDING/SEPARATION DATE	
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS		STARTING DATE
		ENDING DATE
<b>REFERENCE</b>	RELATIONSHIP	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		HOME PHONE

<b>OTHER</b>		
NAME		
PASSWORD	ACCOUNT NUMBER	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE	
AGES OF DEPENDENTS	EMAIL ADDRESS	
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.
PRESENT ADDRESS		
LENGTH AT RESIDENCE		
PREVIOUS ADDRESS		
LENGTH AT RESIDENCE		
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:		
MARRITAL STATUS:		
<b>EMPLOYMENT/INCOME</b>	\$	PER
NAME AND ADDRESS OF EMPLOYER		
TITLE/GRADE	START DATE	HOURS AT WORK
SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS	
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		ENDING DATE
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NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		HOME PHONE

