

# PERSONAL LOAN APPLICATION

[SEE REVERSE SIDE FOR IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT]

IMPORTANT: Read these Directions before completing this Application. Check the Appropriate Box.

- If you are applying for individual credit or an individual account, in your own name, and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections A-D. If the requested credit or account is to be secured, also complete the first part of Section F.
- If you are applying for joint credit with another person or for a joint account or an account that you and another person will use, complete all Sections, providing information in Section E about the joint applicant.  
We intend to apply for joint credit.      Applicant \_\_\_\_\_      Co-Applicant \_\_\_\_\_
- If you are applying for individual credit or an individual account, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections to the extent possible, providing information in Section E about the person on whose alimony, support, or maintenance payments or income or assets you are relying.

## SECTION A - APPLICANT

NAME (Please print full name)	HOME PHONE	CELL PHONE	AMOUNT OF LOAN REQUESTED \$	REQUESTED MOS. TO PAY
PRESENT STREET ADDRESS	HOW LONG AT THIS ADDRESS:		PURPOSE OF LOAN	
CITY, STATE AND ZIP	E-MAIL ADDRESS:		COLLATERAL OFFERED AND HOW OWNED	
IMMEDIATE PREVIOUS ADDRESS	HOW LONG AT THIS ADDRESS:		Have you ever applied to us for a loan? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When?	
CITY AND STATE	ZIP			
SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER - STATE	BIRTH DATE	NO. OF DEPENDENTS - LIST BY AGE	
NAME, ADDRESS AND RELATIONSHIP OF TWO NEAREST RELATIVES NOT LIVING WITH YOU OTHER THAN A PRESENT OR FORMER SPOUSE				ARE YOU A U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No
MY PRINCIPAL FINANCIAL INSTITUTION IS:	Services presently used: <input type="checkbox"/> Checking Account No. <input type="checkbox"/> Savings Account No. <input type="checkbox"/> Safe Deposit <input type="checkbox"/> Loan <input type="checkbox"/> Cert. of Deposit	OTHER FINANCIAL INSTITUTIONS USED		

## SECTION B - INCOME AND EMPLOYMENT

PRESENT EMPLOYER	SALARY AND WAGES		Monthly Income \$
EMPLOYER ADDRESS	BUSINESS PHONE	OTHER INCOME- From Whom or Describe (Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)	
POSITION OR TITLE	DATE OF EMPLOY		\$
PREVIOUS EMPLOYER AND ADDRESS			\$
POSITION OR TITLE	YEARS EMPLOYED	TOTAL MONTHLY INCOME	\$

Is any income listed in this Section likely to be reduced in the next two years or before the credit requested is paid off?  
 No  Yes (Explain in detail, use separate sheet if needed):

If you have chosen to disclose income from alimony, child support or separate maintenance, is such income pursuant to:	How Long Received	How Often	From Whom
<input type="checkbox"/> Written Agreement <input type="checkbox"/> Court Decree <input type="checkbox"/> Other			

## SECTION C - ASSETS

AUTOS (Make, Model, Year)	VALUE \$	VALUE \$	VALUE \$	TOTAL VALUE \$
REAL ESTATE (Location)			DATE OCCUPIED	VALUE \$
REAL ESTATE (Location)			DATE OCCUPIED	VALUE \$
LIFE INSURANCE (Name each Company)			FACE VALUE \$	CASH VALUE \$
OTHER ASSETS (Describe)				ESTIMATED VALUE \$
AUTO INSURANCE AGENTS: (Name and Address)			TOTAL ASSETS	\$

## SECTION D - LIABILITIES AND INDEBTEDNESS

List below all indebtedness to banks, credit unions, stores, finance companies, individuals and other creditors, including obligations to pay alimony, child support, separate maintenance, rent, mortgages, etc.

CREDITOR	TYPE OF DEBT OR ACCOUNT NUMBER	ORIGINAL DEBT	PRESENT AMOUNT OWED	COLLATERAL	MONTHLY PAYMENT
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
<b>Totals</b>			LIABILITIES \$		MONTHLY PAYMENTS \$

Have you ever been bankrupt or had any judgments or garnishments against you?  NO  YES - WHEN?

MONTHLY DEBT TO INCOME %	ASSETS TO LIABILITIES: %
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## SECTION E - JOINT APPLICANT, USER OR OTHER PARTY (Use separate sheets, if needed.)

If this Section of Application is completed, the indebtedness of Co-Applicant/Guarantor/Endorser must be shown under the "Liabilities and Indebtedness" Section above. (Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)

NAME AND RELATIONSHIP TO APPLICANT	ADDRESS	<input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> CO-SIGNER	<input type="checkbox"/> GUARANTOR <input type="checkbox"/> ENDORSER			
EMPLOYED BY	HOW LONG	POSITION OR TITLE	BUSINESS PHONE	HOME PHONE	SOCIAL SECURITY NUMBER	BIRTH DATE
MONTHLY INCOME \$	OTHER INCOME \$	TOTAL INCOME \$	DRIVERS LICENSE NUMBER - STATE			

Is any income listed in this Section likely to be reduced in the next two years or before the credit requested is paid off?  
 No  Yes (Explain in detail, use separate sheet if needed):

NAME, ADDRESS AND RELATIONSHIP OF TWO NEAREST RELATIVES NOT LIVING WITH YOU OTHER THAN A PRESENT OR FORMER SPOUSE	ARE YOU A U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No	
MY PRINCIPAL FINANCIAL INSTITUTION IS:	Services presently used: <input type="checkbox"/> Checking Account No. <input type="checkbox"/> Savings Account No. <input type="checkbox"/> Safe Deposit <input type="checkbox"/> Loan <input type="checkbox"/> Cert. of Deposit	OTHER FINANCIAL INSTITUTIONS USED

## SECTION F - MARITAL STATUS

APPLICANT:  Married  Separated  Unmarried (including single, divorced, and widowed)      OTHER PARTY:  Married  Separated  Unmarried (including single, divorced, and widowed)

## SIGNATURES

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not loan is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

APPLICANTS SIGNATURE

CO-APPLICANT/CO-SIGNER/GUARANTOR/ENDORSEER SIGNATURE (Where Applicable)

X \_\_\_\_\_ DATE

X \_\_\_\_\_ DATE

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Loan Originator's Name (print or type)	Loan Originator Identifier	Loan Originator's Phone Number (including area code)
Loan Origination Company's Name	Loan Origination Company Identifier	Loan Origination Company's Address

**INSURANCE DISCLOSURES – CONSUMER CREDIT APPLICATIONS**

DATE \_\_\_\_\_

<b>CONSUMER(S) NAME</b>	<b>FINANCIAL INSTITUTION NAME</b>
<b>CONSUMER(S) ADDRESS</b>	<b>FINANCIAL INSTITUTION ADDRESS</b>

In this disclosure, the terms "you" and "your" refer to the Consumer(s) named above. The terms "we," "us" and "our" refer to the Financial Institution.

Loan application type: \_\_\_\_\_ .

**PURCHASE OF INSURANCE OR AN ANNUITY FROM US IS NOT REQUIRED  
PURCHASE OF INSURANCE OR AN ANNUITY FROM OTHERS IS NOT PROHIBITED**

*In no way will our decision to extend credit to you be based or conditioned upon whether or not you purchase an insurance product or annuity from us or any affiliate of ours; nor will we prohibit you or ask you not to obtain an insurance product or annuity from an unaffiliated entity.*

**Consumer Acknowledgment**

By signing below you acknowledge receiving a copy of this written disclosure and (except for transactions conducted by mail) that the disclosures were also orally given to you by the Financial Institution.

Dated: \_\_\_\_\_ .

*(If you have received this disclosure in the mail, please return a signed copy to the Financial Institution.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Financial Institution Certification**

(Check if applicable). The Consumer's application for credit was taken by telephone. The undersigned on behalf of the Financial Institution certifies giving these disclosures orally to the Consumer(s) at the time of application and that an oral acknowledgment of receipt of the disclosures was obtained from the Consumer(s). These disclosures were mailed to the Consumer(s) at the address noted above within 3 business days beginning the first business day after the application was taken, as permitted by federal regulation.

Dated: \_\_\_\_\_ By: \_\_\_\_\_