

# CONSUMER LOAN APPLICATION

CREDIT REQUESTED					
Account Requested <input type="checkbox"/> Individual <input type="checkbox"/> Joint	Amt. Requested	# of Payments	Preferred Pmt. Amt.	Preferred Pmt. Day	Market Survey
We intend to apply for joint credit.					
Specific Purpose of Loan					
Collateral Offered					
Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/>					

## COMPLETION INSTRUCTIONS FOR APPLICANT

Complete the Applicant Information section for the first Applicant. Mark the appropriate box to indicate whether the Applicant is applying as a Borrower, Cosigner, Guarantor, Grantor (of collateral), or Other for a different capacity. If the Applicant is married, he or she may apply for individual credit.

APPLICANT INFORMATION: <input type="checkbox"/> Borrower <input type="checkbox"/> Cosigner <input type="checkbox"/> Guarantor <input type="checkbox"/> Grantor <input type="checkbox"/> Other: _____					
Applicant's Full Name (First M.I. Last)		Social Security Number		Former Names and Aliases	
Home Phone	Date of Birth	Driver's License Number	Ages of Dependents	Years of Education	Years in Current Profession

ADDRESS INFORMATION			
Home Address (Street, City, State, Zip Code) (If rural, show Road and Box No)			Since <input type="checkbox"/> Own <input type="checkbox"/> Rent
Mailing Address (Street or P.O. Box, City, State, Zip Code)			
Previous Home Address (Street, City, State, Zip Code)			From To

EMPLOYMENT INFORMATION					
Applicant's Employer (If Self-Employed, Name and Nature of Business)			Business Address (Street, City, State, Zip Code)		
Type of Business	Supervisor	Phone Number	Title / Position	Since	Salary per
Second Employer (If Self-Employed, Name and Nature of Business)			Business Address (Street, City, State, Zip Code)		
Type of Business	Supervisor	Phone Number	Title / Position	Since	Salary per

PERSONAL REFERENCES			
Name	Address (Street or P.O. Box, City, State, Zip Code)	Phone Number	Relationship

## COMPLETION INSTRUCTIONS FOR CO-APPLICANTS

(a) If you are applying for joint credit or will be permitted to use the account, complete the Co-Applicant Information section as a Borrower. (b) If the Applicant is applying for individual credit, but 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 the Co-Applicant Information section, to the extent possible, providing information about the person on whose alimony, support, or maintenance payments or income or assets the Applicant is relying. (c) If the Applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested, complete the Co-Applicant Information section with regard to the Applicant's spouse.

CO-APPLICANT INFORMATION: <input type="checkbox"/> Borrower <input type="checkbox"/> Cosigner <input type="checkbox"/> Guarantor <input type="checkbox"/> Grantor <input type="checkbox"/> Other: _____					
Co-Applicant's Full Name (First M.I. Last)		Social Security Number		Former Names and Aliases	
Home Phone	Date of Birth	Driver's License Number	Ages of Dependents	Years of Education	Years in Current Profession

ADDRESS INFORMATION			
Home Address (Street, City, State, Zip Code) (If rural, show Road and Box No)			Since <input type="checkbox"/> Own <input type="checkbox"/> Rent
Mailing Address (Street or P.O. Box, City, State, Zip Code)			
Previous Home Address (Street, City, State, Zip Code)			From To

EMPLOYMENT INFORMATION					
Co-Applicant's Employer (If Self-Employed, Name and Nature of Business)			Business Address (Street, City, State, Zip Code)		
Type of Business	Supervisor	Phone Number	Title / Position	Since	Salary per
Second Employer (If Self-Employed, Name and Nature of Business)			Business Address (Street, City, State, Zip Code)		
Type of Business	Supervisor	Phone Number	Title / Position	Since	Salary per

PERSONAL REFERENCES			
Name	Address (Street or P.O. Box, City, State, Zip Code)	Phone Number	Relationship



LIFE INSURANCE									
App	CoA	Joint	Description	Agent / Company Name	Policy Number	Face Value	Net Cash Value	Beneficiary	Subject to Debt

BUSINESSES OWNED							
App	CoA	Joint	Business Name	Financial Statement Date	Date Received	Value	Subject to Debt

RETIREMENT FUNDS						
App	CoA	Joint	Description of Retirement Plan	Year Fully Vested	Value	Subject to Debt

PERSONAL PROPERTY													
PARTIES													
PROPERTY TYPES: A=Automobiles B=Boats & Recreational Vehicles C=Collectibles H=Household Goods M=Manufactured Homes O=Other													
App	CoA	Joint	Type	Description	Value	Subject to Debt	App	CoA	Joint	Type	Description	Value	Subject to Debt

SCHEDULE OF REAL ESTATE OWNED													
PARTIES													
TYPES: S=Single Family D=Duplex T=Triplex F=Four-Plex C=Condominium P=P.U.D. L=Land O=Summary/Other													
App	CoA	Joint	Type:	Property Disposition:	Property Address		Date Acquired	Cost	Principal Residence				
				<input type="checkbox"/> Sold <input type="checkbox"/> Pending Sale <input type="checkbox"/> Rental <input type="checkbox"/> N/A					<input type="checkbox"/> Yes <input type="checkbox"/> No				
			Current Market Value	Total Mortgages & Liens	Gross Rental Income	Taxes, Ins., Maint.	Net Rental Income						
			Creditor 1 Name and Address	Unpaid Bal.	Pmt. Amt.	Per	Lien Position		<input type="checkbox"/> First Lien <input type="checkbox"/> Junior Lien				
			Creditor 2 Name and Address	Unpaid Bal.	Pmt. Amt.	Per	Lien Position		<input type="checkbox"/> First Lien <input type="checkbox"/> Junior Lien				
				<input type="checkbox"/> Sold <input type="checkbox"/> Pending Sale <input type="checkbox"/> Rental <input type="checkbox"/> N/A					<input type="checkbox"/> Yes <input type="checkbox"/> No				
			Current Market Value	Total Mortgages & Liens	Gross Rental Income	Taxes, Ins., Maint.	Net Rental Income						
			Creditor 1 Name and Address	Unpaid Bal.	Pmt. Amt.	Per	Lien Position		<input type="checkbox"/> First Lien <input type="checkbox"/> Junior Lien				
			Creditor 2 Name and Address	Unpaid Bal.	Pmt. Amt.	Per	Lien Position		<input type="checkbox"/> First Lien <input type="checkbox"/> Junior Lien				
				<input type="checkbox"/> Sold <input type="checkbox"/> Pending Sale <input type="checkbox"/> Rental <input type="checkbox"/> N/A					<input type="checkbox"/> Yes <input type="checkbox"/> No				
			Current Market Value	Total Mortgages & Liens	Gross Rental Income	Taxes, Ins., Maint.	Net Rental Income						
			Creditor 1 Name and Address	Unpaid Bal.	Pmt. Amt.	Per	Lien Position		<input type="checkbox"/> First Lien <input type="checkbox"/> Junior Lien				
			Creditor 2 Name and Address	Unpaid Bal.	Pmt. Amt.	Per	Lien Position		<input type="checkbox"/> First Lien <input type="checkbox"/> Junior Lien				
				<input type="checkbox"/> Sold <input type="checkbox"/> Pending Sale <input type="checkbox"/> Rental <input type="checkbox"/> N/A					<input type="checkbox"/> Yes <input type="checkbox"/> No				
			Current Market Value	Total Mortgages & Liens	Gross Rental Income	Taxes, Ins., Maint.	Net Rental Income						
			Creditor 1 Name and Address	Unpaid Bal.	Pmt. Amt.	Per	Lien Position		<input type="checkbox"/> First Lien <input type="checkbox"/> Junior Lien				
			Creditor 2 Name and Address	Unpaid Bal.	Pmt. Amt.	Per	Lien Position		<input type="checkbox"/> First Lien <input type="checkbox"/> Junior Lien				

CREDIT LIFE AND DISABILITY INSURANCE			
Applicant desires the following voluntary insurance: <input type="checkbox"/> Credit Life <input type="checkbox"/> Credit Disability <input type="checkbox"/> Involuntary Unemployment			
Co-Applicant desires the following voluntary insurance: <input type="checkbox"/> Credit Life <input type="checkbox"/> Credit Disability <input type="checkbox"/> Involuntary Unemployment			

**APPLICANT SIGNATURE(S)**

I/We hereby apply for the loan or credit described in this application. I/We certify that I/we made no misrepresentations in this loan application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. Lender is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by Lender for that purpose. Lender may disclose to any other interested parties information as to Lender's experiences or transactions with my/our account. I/We understand that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted. These representations and authorizations extend not only to Lender, but also to any insurer of the loan and to any investor to whom Lender may sell all or any part of the loan. I/We further authorize Lender to provide to any such insurer or investor any information and documentation that they may request with respect to my/our application, credit or loan.

**APPLICANT:**

X \_\_\_\_\_ Date X \_\_\_\_\_ Date  
 Applicant Co-Applicant

FOR LENDER'S USE ONLY				
Officer No. / Name	Approved By	Concurrence By (If Needed)	Committee Date	Decision Date
Branch	Application Date	Application No.	Commitment No.	Loan No.
Decision and Comments: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Incomplete <input type="checkbox"/> Counteroffer <input type="checkbox"/> Conditional Approval <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other: _____				