| CONSUMER CREDIT APPLICATION | | | | | | | | | | | | |
|--|---|----------|--------|---------------------|----|-----|--------------------|--|-----------------|-----------------------|------------|---------------|
| IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one of more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law. | | | | | | | | | | | | |
| TYPE OF CREDIT REQUESTED | | | | | | | | | | | | |
| Important: Check (v) the appropriate boxes below and complete the applicable sections. | | | | | | | | | | | | |
| UNSECURED | INDIVIDUAL CREDIT- relying on my income or assets as well as income or assets from other sources. | | | | | | | | | | | |
| AMOUNT REQUEST | | | | | | | | | | | | |
| \$ | | | | | | | | | | | | |
| INDIVIDUAL APPLICATION INFORMATION | | | | | | | | | | | | |
| NAME (Last, First, Middle) FORMER NAMES & ALIASES (if applicable) | | | | | | | | | | | | |
| BIRTHDATE | IRTHDATE TELEPHONE NO | | | DRIVER'S LICENSE NO | | | SOCIAL SECURITY NO | | | NO. DEPENDENTS AGE OF | | OF DEPENDENTS |
| ADDRESS (Street, C | City, Stat | e & Zip) | | | | I | | COUNT | Ϋ́ | , E | wn ent? | HOW LONG |
| PREVIOUS ADDRESS (Street, City, Sate & Zip) (Complete if less than 2 years at present COUNTY Do you own address) Or rent? | | | | | | | | | | HOW LONG | | |
| EMPLOYER HOW LONG | | | | | | | | | | HOW LONG | | |
| BUSINESS PHONE Ext. POSITION OR TITLE SALARY PER MONTH | | | | | | | NTH | | | | | |
| | | | | | | | | GROSS | DSS: \$ NET: \$ | | | |
| PREVIOUS EMPLOYER (Company Name & Address) (Complete if less than 2 years at present employer) HOW LONG | | | | | | | | | | | | |
| NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU RELATIONSHIP TELEPHONE NO. (Include Area Code) | | | | | | | | | | | | |
| Alimony, child support , or separate maintenance income need not to be revealed if you do not wish to have it considered as a basis for repaying this obligation. | | | | | | | | | | | | |
| SOURCES OF OTHER INCOME AMOUNT PER MONTH \$ | | | | | | | | | | | | |
| Is any income listed in this Section likely to be reduced before the credit request is paid off? Have you previously re | | | | | | | | previously rece | | dit from us? | | |
| JOINT APPLICATION OR OTHER PARTY INFORMATION (Complete only if: for joint credit or for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state.) | | | | | | | | | | | | |
| NAME (Last, First, Middle) FORMER NAMES & ALIASES (if applicable) | | | | | | | | | | | | |
| BIRTHDATE | | TELEPHO | ONE NO | DRIVER'S LICENSE | NO | SOC | IAL SECU | RITY NO | NO. DEP | ENDENTS | AGE | OF DEPENDENTS |
| RELATIONSHIP TO APPLICANT (If Any) PRESENT ADDRESS (Street, City, State & Zip) | | | | | | | | | | HOW LONG | | |
| EMPLOYER | | | | | | | | | HOW LONG | | | |
| BUSINESS PHONE Ext. POSITION OR TITLE SALARY | | | | | | | PER MO | NTH | | | | |
| | | | | | | | | GROSS: \$ NET: \$ | | | | |
| PREVIOUS EMPLOYER (Company Name & Address) (Complete if less than 2 years at present employer) HOW LONG | | | | | | | | HOW LONG | | | | |
| Alimony, child support, or separate maintenance income need not to be revealed if you do not wish to have it considered as a basis for repaying this obligation. | | | | | | | | | | | | |
| SOURCES OF OTHER INCOME | | | | | | | | AMOUNT PER MONTH \$ | | | | |
| Is any income listed in this Section likely to be reduced before the credit request is paid off? No Yes (Explain) | | | | | | | | Has Joint Applicant or Other Party ever received credit from us? | | | | |
| | | | | | | | | | | | | |

| ASSET & LIABILITY INFORMATION | | | the sub- | | | | | | |
|--|--|---------------------|--------------------|---------------------|--|--|--|--|--|
| If Co-Applicant, this section should be completed giving | g information about both the Applicant and | d Co-Applicant or C | ther Person. | | | | | | |
| ASSETS (Use separate sheet if needed) ASSET TYPE | ACCOUNT OWNER | INSTI | VALUE | | | | | | |
| CHECKING ACCOUNT(S) | | | | \$ | | | | | |
| SAVINGS ACCOUNT(S) | | | | | | | | | |
| | | | | \$ | | | | | |
| OTHER DEPOSIT ACCOUNT(S) | | | | \$ | | | | | |
| REAL ESTATE | | | | \$ | | | | | |
| LIFE INSURANCE | | | | \$ | | | | | |
| AUTOMOBILES | | | | \$ | | | | | |
| OTHER | | | | \$ | | | | | |
| TOTAL ASSETS | | | | \$ | | | | | |
| LIABILITIES (Use separate sheet if needed) | 1 | | | J | | | | | |
| CREDITOR | ACCOUNT OWNER | ORIGINAL BALANCE | PRESENT BALANCE | MONTHLY PAYMENTS | | | | | |
| LANDLORD OR MORTGAGE HOLDER | | \$ | \$ | \$ | | | | | |
| AUTOMOBILES | | \$ | \$ | \$ | | | | | |
| | | Ş | Ş | \$ | | | | | |
| | | \$ | \$ | \$ | | | | | |
| | | \$ | \$ | \$ | | | | | |
| | | \$ | \$ | \$ | | | | | |
| | | \$ | \$ | \$ | | | | | |
| | | \$ | \$ | \$ | | | | | |
| TOTAL LIABILITIES | | \$ | \$ | \$ | | | | | |
| QUESTIONS | | | | | | | | | |
| Please complete the following questions: Are there any outstanding judgements against you? | | | | | | | | | |
| Have you ever declared bankruptcy? | Yes No Yes No | | | | | | | | |
| Are you obligated to pay alimony, child support, or separate maintenance? | Yes No Yes No | | | | | | | | |
| APPLICANT(S) SIGNATURE | | | | | | | | | |
| 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 the 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. | | | | | | | | | |
| x | x | | | | | | | | |
| Applicant Date | Co-A | pplicant | | Date | | | | | |
| FOR LENDER USE ONLY | | | | | | | | | |
| LOAN OFFICER: | DECISION DATE: | | APPROVED | DENIED | | | | | |