

PERSONAL LOAN APPLICATION

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 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 MOS. TO PAY
PRESENT STREET		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			
CITY AND STATE		ZIP		Have you ever applied to us for a loan? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When?	
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 <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Safe Deposit <input type="checkbox"/> Loan presently used No. No. <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		
If you have chosen to disclose income from alimony, child support or separate maintenance, is such income pursuant to: <input type="checkbox"/> Written Agreement <input type="checkbox"/> Court Decree <input type="checkbox"/> Other			HOW LONG RECEIVED	HOW OFTEN	FROM WHOM

SECTION C - ASSETS

AUTOS (Make, Model, Year)	VALUE	VALUE	VALUE	TOTAL VALUE
REAL ESTATE (Location)			DATE OCCUPIED	VALUE
OTHER ASSETS (describe)				ESTIMATED VALUE
OTHER ASSETS (describe)				
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
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage	(omit rent)	(omit rent)		
CREDIT CARDS					
Totals			LIABILITIES		MONTHLY PAYMENTS
Have you ever been bankrupt or had any judgments or garnishments against you? <input type="checkbox"/> NO <input type="checkbox"/> YES- WHEN?			MONTHLY DEBT TO INCOME %	ASSETS TO LIABILITIES %	

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"/> 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		
		\$				
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 <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Safe Deposit <input type="checkbox"/> Loan presently used No. No. <input type="checkbox"/> Cert. of Deposit				OTHER FINANCIAL INSTITUTIONS USED		

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.

APPLICANT'S SIGNATURE _____ DATE _____ CO-APPLICANT/GUARANTOR/ENDORSER SIGNATURE (Where Applicable) _____ DATE _____

X _____ X _____