

## 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 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	EMAIL ADDRESS
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<b>PRESENT ADDRESS</b>	STREET	HOW LONG AT THIS ADDRESS
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CITY	STATE	ZIP
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<b>PREVIOUS ADDRESS</b>	STREET	HOW LONG AT THIS ADDRESS
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CITY	STATE	ZIP
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SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	STATE	BIRTHDATE	ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
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DEPENDENTS NUMBER	AGES
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NAME, ADDRESS AND RELATIONSHIP OF TWO NEAREST RELATIVES NOT LIVING WITH YOU OTHER THAN A PRESENT OR FORMER SPOUSE

NAME	RELATIONSHIP	ADDRESS

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"/> Cert. of Deposit <input type="checkbox"/> Loan

OTHER FINANCIAL INSTITUTIONS USED:

AMOUNT OF LOAN	REQUESTED MOS. TO PAY
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PURPOSE OF LOAN	HAVE YOU EVER APPLIED TO US FOR A LOAN? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF YES, WHEN?
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COLLATERAL OFFERED AND HOW OWNED

## SECTION B Income and Employment

PRESENT EMPLOYER			BUSINESS PHONE	
ADDRESS STREET		CITY	STATE	ZIP
POSITION OR TITLE			DATE OF EMPLOYMENT	
SALARY AND WAGES			Monthly Income	
OTHER INCOME <small>From Whom or Describe (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.)</small>				
<b>TOTAL MONTHLY INCOME</b>				
PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
POSITION OR TITLE			DATE OF EMPLOYMENT	

## 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)			<b>TOTAL ASSETS</b>	

## 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.

CREDITORS	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					
<b>TOTALS</b>			LIABILITIES		
Have you ever been bankrupt or had any judgements or garnishments against you?			MONTHLY DEBT TO INCOME	%	ASSETS TO LIABILITIES
<input type="checkbox"/> NO <input type="checkbox"/> YES WHEN?					%

## SECTION E Joint Applicant, User, or other Party

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		RELATIONSHIP TO APPLICANT		<input type="checkbox"/> Co Applicant <input type="checkbox"/> Endorser <input type="checkbox"/> Guarantor	
ADDRESS STREET		CITY	STATE	ZIP	
EMPLOYED BY	HOW LONG	POSITION OR TITLE	BUSINESS PHONE	ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
MONTHLY INCOME	OTHER INCOME		TOTAL INCOME \$		
SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	STATE	BIRTHDATE	HOME PHONE	
Is any income listed in the Section likely to be reduced in the next two years or before the credit requested is paid off? <input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN IN DETAIL, USE SEPERATE SHEET IF NEEDED)					
NAME, ADDRESS AND RELATIONSHIP OF TWO NEAREST RELATIVES NOT LIVING WITH YOU OTHER THAN A PRESENT OR FORMER SPOUSE					
NAME	RELATIONSHIP	ADDRESS			
NAME	RELATIONSHIP	ADDRESS			
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"/> Cert. of Deposit	<input type="checkbox"/> Loan

## SECTION F Marital Status

APPLICANT:  MARRIED  SEPARATED  UNMARRIED (SINGLE, DIVORCED OR WIDOWED)

OTHER PARTY:  MARRIED  SEPARATED  UNMARRIED (SINGLE, DIVORCED OR 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.*

**SIGNATURE OF APPLICANT:**

**DATE:**

**X**

**CO APPLICANT/GUARANTOR/ENDORSER SIGNATURE (WHERE APPLICABLE)**

**DATE:**

**X**