



Consumer Loan Application

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 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.

What type of credit are you requesting? *(Please check appropriate box)*

<input type="checkbox"/> SECURE	<input type="checkbox"/> UNSECURED	<input type="checkbox"/> OPEN-END Line of Credit	<input type="checkbox"/> CLOSED-END Term Loan
<input type="checkbox"/> INDIVIDUAL (Own income or assets)	<input type="checkbox"/> INDIVIDUAL (Own income or assets plus income or assets from other sources)	Loan Amount <input type="text"/>	
<input type="checkbox"/> JOINT	<input type="checkbox"/> COSIGNER	Term <input type="text"/>	
		Purpose <input type="text"/>	

CHECK BOX FOR JOINT ACCOUNT: [] If you are applying for a joint account or an account that you and another person will use, complete all sections, providing information about the Joint Applicant or user. We intend to apply for Joint Credit.

Applicant _____

Co-Applicant _____

SECTION A: APPLICANT / COSIGNER INFORMATION

Name (include Jr., Sr., III if applicable)		Date of Birth	
Present Address			Apt. No.
City	State	Zip	County
Telephone (incl. area code)	How long at the above address?	Social Security Number	
Previous Address (if less than 3 years at current address)			
DEPENDENTS		How many years at previous address?	
NO.	AGES		
Driver's License / ID Number		State <input type="text"/>	
Immigration Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Perm. Resident of U.S. <input type="checkbox"/> Other			
List any other names under which you have applied for or been granted credit:			
DO NOT COMPLETE THIS SECTION IF APPLYING FOR INDIVIDUAL UNSECURED CREDIT			
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)			
Other Income: Frequency		Amount \$ _____ Source _____	

PLEASE PROVIDE US WITH HOUSING INFORMATION:

<input type="checkbox"/> Live with parents	<input type="checkbox"/> Rent	<input type="checkbox"/> Own
Rent Payment \$ _____	Mortgage Payment (including taxes) \$ _____	Balance on Mortgage: \$ _____

WE'D LIKE TO KNOW ABOUT YOUR INCOME:

Employer	
Employer's Address	
Length of Employment	Employers Telephone Number:
Years	Months

Occupation/Position	
How Often Paid? Monthly \$ _____	Gross <input type="checkbox"/> Net <input type="checkbox"/> Weekly <input type="checkbox"/> Avg. Monthly Overtime Pay \$ _____
Monthly Gross Salary \$ _____	Employee ID (if any)
Previous Employer (if less than 3 years at present employer)	
Previous Employer's Address	
Length of Employment	Previous Employers Telephone Number:
Years	Months

SECTION B: COMPLETE THIS SECTION FOR AN AUTOMOBILE, RECREATIONAL VEHICLE, MOBILE HOME, TRUCK OR BOAT LOAN

Name of Seller			
Serial or VIN Number		Mileage	
Make/Model	Year	New <input type="checkbox"/>	Used <input type="checkbox"/>
Purchase Price \$ _____	Down Payment (-) \$ _____	Amount to be Financed \$ _____	

AUTOMOBILE, RECREATIONAL VEHICLE, MOBILE HOME OR TRUCK LOAN ONLY

Name to appear on title certificate (Title holder to sign Security Agreement)			
Address (No. & Street)			
City	State	Zip	
BOAT ONLY		TYPE	
Length	Single <input type="checkbox"/>	Inboard <input type="checkbox"/>	Twin <input type="checkbox"/>
Engine Make	H.P.	Year	
Hull/Serial Number			
Boat Registration/Documentation Number (Documented owner to sign Security Agreement)			

COMPLETE THIS SECTION IF YOUR LOAN IS SECURED BY AN AUTOMOBILE, RECREATIONAL VEHICLE, MOBILE HOME, TRUCK, OR BOAT.

Insurance	Agent	
Address		
City	State	Zip

TELL US ABOUT YOUR BANK ACCOUNTS:

Checking	Savings	Account Number (s)
Address		
Checking	Savings	Account Number (s)
Address		

OTHER INCOME:

Alimony, child support, or separate maintenance income need not be revealed if the Applicant or Co-Applicant does not choose to have it considered as a basis for repaying this loan.	
Describe source of other income:	Total Gross Monthly Income \$

SECOND MORTGAGE:

Address (No. & Street)		
City	State	Zip
Date Property Purchased	Gross Monthly Income of Applicant \$	
Purchase Price \$	Estimated Value \$	

COMPLETE THIS SECTION FOR A HOME IMPROVEMENT LOAN:

Address of property to be improved (No. & Street)		
City	State	Zip
Property Owner(s) - All owners must be present at Closing		
1.		
2.		
Date Purchased	Present Value \$	
Describe the improvement(s) planned:		

SECTION C: PLEASE TELL US ABOUT YOURSELF. (JOINT-APPLICANT, USER OR OTHER PARTY)

Name (include Jr., Sr., III if applicable)	Date of Birth
Present Address	Apt. No

City		State	Zip	County
Telephone (incl. area code)	How long at the above address?		Social Security Number	
Previous Address (if less than 3 years at current address)				
DEPENDENTS			How many years at previous address?	
NO.	AGES			
List any other names under which you have applied for or been granted credit:				
DO NOT COMPLETE THIS SECTION IF APPLYING FOR INDIVIDUAL UNSECURED CREDIT				
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)				

PLEASE PROVIDE US WITH HOUSING INFORMATION:

<input type="checkbox"/> Live with parents	<input type="checkbox"/> Rent	<input type="checkbox"/> Own
Rent Payment \$	Mortgage Payment (including taxes) \$	Balance on Mortgage: \$

WE'D LIKE TO KNOW ABOUT YOUR INCOME:

Employer		
Employer's Address		
Length of Employment		Employers Telephone Number:
Years	Months	
Occupation/Position		
Monthly Gross Salary \$	Employee ID (if any)	
Previous Employer (if less than 3 years at present employer)		
Previous Employer's Address		
Length of Employment		Previous Employers Telephone Number:
Years	Months	

TELL US ABOUT YOUR BANK ACCOUNTS:

Checking	Savings	Account Number (s)
Address		
Checking	Savings	Account Number (s)
Address		

OTHER INCOME:

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Describe source of other income:	Total Gross Monthly Income \$

CERTIFICATION AND SIGNATURES

I (We) certify that the information stated is complete and accurate, and has been furnished by me (us) knowing that you intend to rely on it in considering my (our) application. I (We) understand that you may request a consumer report in connection with this application and for purposes of updating, renewing or extending further credit, taking collection action on my loan, or other legitimate purposes associated with my loan, and if I (we) ask, I (we) will be informed whether or not such a report was requested and, if so, the name and address of the consumer reporting agency that furnished the report. I (We) also authorize you to check my (our) employment history.

NOTICE TO GUARANTOR: If you are providing information to the Lender on this Application for the purpose of acting as a guarantor for one or more primary applicant(s) and the Lender determines that you are a guarantor, do not meet the credit underwriting standards for this particular loan and/or amount, be advised that the Lender is required by law to, and will, provide an adverse action notice detailing the specific reasons for the credit denial *directly* to the primary applicant(s) and not to you. As a guarantor, be prepared to share any specific reasons for adverse action based on your credit history with the primary applicant(s). If you are unwilling to share this information, you should not complete this application in the capacity of guarantor. By completing and submitting this application as guarantor, you are authorizing the Lender to share the specific reasons for adverse action with the primary applicant(s) in the event this application is denied.

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AUTO-DEDUCT: Please deduct my (our) monthly loan payment automatically from my (our) Personal Checking, Money Market or Statement Savings Account Number ____.

IMPORTANT: THIS APPLICATION MUST BE SIGNED AND DATED BELOW BEFORE IT CAN BE PROCESSED.

Applicant's Signature

Date

Co-Applicant's Signature

Date

INSURANCE INFORMATION

IF THE CREDIT IS TO BE USED FOR SECOND MORTGAGE, HOME IMPROVEMENT, OR THE PURCHASE OF AN AUTOMOBILE, MOBILE HOME, RECREATIONAL VEHICLE OR BOAT, WE NEED TO KNOW YOUR INSURANCE INFORMATION:

Insurance Agent's Name		Telephone Number () -	
Address	City	State	Zip

Submit

Print

