

CONSUMER LOAN APPLICATION (APPCENTER VERSION)

CREDIT REQUESTED				COLLATERAL OFFERED			
Amount Requested	# of Payments	Preferred Payment Day		<input type="checkbox"/> Real Estate	<input type="checkbox"/> Deposit Account/Investments		
				<input type="checkbox"/> Titled / Vehicle	<input type="checkbox"/> Other	<input type="checkbox"/> Unsecured	
Description of Collateral Offered							
Purpose of Credit Request							
Loan Type (i.e. Installment, Credit Line)				Credit <input type="checkbox"/> A HELOC <input type="checkbox"/> A Home Equity Loan Requested is: <input type="checkbox"/> A Home Improvement Loan			
APPLICANT				CO-APPLICANT			
If the Applicant is married, he or she may apply for individual credit.							
Applicant's Role: <input type="checkbox"/> Borrower <input type="checkbox"/> Guarantor <input type="checkbox"/> Co-Signer				Applicant's Role: <input type="checkbox"/> Borrower <input type="checkbox"/> Guarantor <input type="checkbox"/> Co-Signer			
Name				Name			
Date of Birth		SSN		Date of Birth		SSN	
Driver's Lic. #		Exp. Date		Driver's Lic. #		Exp. Date	
Home Street Address			Yrs/Mos.	Home Street Address			Yrs/Mos.
City, State, Zip			County	City, State, Zip			County
Home Phone		Cell Phone		Home Phone		Cell Phone	
E-Mail Address				E-Mail Address			
# of Dependents		Ages of Dependents		# of Dependents		Ages of Dependents	
Previous Address (if current less than 2 years)			Yrs/Mos.	Previous Address (if current less than 2 years)			Yrs/Mos.
City, State, Zip				City, State, Zip			
EMPLOYMENT INFORMATION - APPLICANT				CO-APPLICANT			
Business Name/Employer <input type="checkbox"/> Self Employed				Business Name/Employer <input type="checkbox"/> Self Employed			
Business/Employer Street Address				Business/Employer Street Address			
City, State, Zip				City, State, Zip			
Business Phone		Monthly Income		Business Phone		Monthly Income	
Position/Title		From	To	Position/Title		From	To
Previous Business Name/Employer <input type="checkbox"/> Self Employed				Previous Business Name/Employer <input type="checkbox"/> Self Employed			
Business/Employer Street Address				Business/Employer Street Address			
City, State, Zip				City, State, Zip			
Business Phone		Monthly Income		Business Phone		Monthly Income	
Position/Title		From	To	Position/Title		From	To
PERSONAL REFERENCES - APPLICANT				CO-APPLICANT			
Name			Relationship	Name			Relationship
Address			Phone	Address			Phone
Name			Relationship	Name			Relationship
Address			Phone	Address			Phone
Name			Relationship	Name			Relationship
Address			Phone	Address			Phone

ABOUT YOUR EXISTING LOANS AND ACCOUNTS					
<input type="checkbox"/> Rent Home		<input type="checkbox"/> Own Home in the following names:			
Monthly Payment / Rent \$	Purchase Price	Date Purch.	Present Value	Original Loan Amount	Current Loan Balance
Name and Address of Mortgage Holder or Landlord					
Name of My Financial Institution			Checking Account #	Savings Account #	
OTHER INCOME (IF ANY) - Indicate Monthly Values (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.)					
Interest / Dividends \$	Rental Income \$	Other Income \$		Describe "Other Income" Source	
ASSETS			LOANS OR OTHER OBLIGATIONS		
Category	Value	Category	Amt Owed	Monthly Payment	
Cash/Deposits	\$				
Stocks or Bonds	\$				
Automobiles	\$	Auto Loans	\$	\$	
Real Estate	\$	Real Estate Loans	\$	\$	
Life Insurance (Face Value: \$)	\$	Life Insurance Loans	\$	\$	
Retirement Funds	\$	Credit Card Debt	\$	\$	
Other Assets	\$	Other Obligations	\$	\$	
Total Assets	\$	Total Liabilities	\$	\$	
		Net Worth	\$		
QUESTIONS					
Applicant	Co-Applicant	Explanation (Please use an additional sheet if necessary.)			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any outstanding judgments against you?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been declared bankrupt?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a party to a lawsuit?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you obligated on any loan resulting in judgment, foreclosure or title transfer?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you delinquent, in default on any Federal debt, financial obligation, bond, or loan guarantee?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you obligated to pay alimony, child support or separate maintenance?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is any part of the down payment borrowed?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a co-maker or an endorser on a loan?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had merchandise repossessed?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been denied credit with us?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. citizen?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you a resident alien?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you a non-resident alien?			
APPLICANT SIGNATURES					
<p>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.</p>					
We intend to apply for joint credit		_____ (Initial)	_____ (Initial)		
		Applicant	Co-Applicant		
APPLICANT:					
X _____	_____	X _____	_____		
Applicant	Date	Co-Applicant	Date		
TO BE COMPLETED BY INTERVIEWER					
Application Taken By: <input type="checkbox"/> Face to Face Interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet					
Interviewer	Interviewer's Phone	Interviewer's Employer Name/Address			
		SECURITY NATIONAL BANK, PO BOX 427, WITT, IL 62094			
App #	Branch	Product	Market Survey		
Mortgage Loan Originator Unique Identifier, if applicable:		Mortgage Loan Origination Company Identifier, if applicable:			

Authorization To Release Information

TO MY/OUR EMPLOYER, BANKS, LANDLORDS, CREDITORS, ETC:

This is your authorization to furnish any and all employment and earnings records, information regarding any bank and deposit accounts, information regarding my residence, and any information regarding my/our credit accounts to:

**Security National Bank
1 W Broadway
Witt, IL 62094
Telephone # (217) 594-2221
Fax # (217) 594-2255**

A copy of this signed authorization shall be accepted as an original.

All materials and facts collected from said investigation for the purpose of this transaction will become the property of Security National Bank.

This shall also apply to reverification as part of any Quality Control Program Review of a closed loan.

Your prompt reply will be sincerely appreciated.

I/We hereby authorize release of all information requested by the above.

Applicant Signature

Applicant Signature

Print Name

Print Name

Date

FEDERAL CREDIT APPLICATION INSURANCE DISCLOSURE

I have applied for an extension of credit with you. You are soliciting, offering, or selling me an insurance product or annuity in connection with this extension of credit. **FEDERAL LAW PROHIBITS YOU FROM CONDITIONING THE EXTENSION OF CREDIT ON EITHER:**

1. My purchase of an insurance product or annuity from you or from any of your affiliates; or
2. My agreement not to obtain, or a prohibition on me from obtaining, an insurance product or annuity from an unaffiliated entity.

By signing, I acknowledge that I have received a copy of this form on today's date. Unless this disclosure is provided electronically or I have applied for credit by mail, I also acknowledge that you have provided this disclosure to me orally.

Consumer

Date

Consumer

Date