

PERSONAL LOAN APPLICATION

Items in **RED** are required information.

Please enter your preferred Northwest Savings Bank Location

Type of Credit Requested

<input type="radio"/> Secured <input type="radio"/> Unsecured	<input type="radio"/> Individual Credit <input type="radio"/> Joint Credit
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Amount Requested \$ _____	For How Long _____	Purpose of request: _____
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SECTION A - INDIVIDUAL APPLICATION INFORMATION

Applicant's Name Last		First			Middle Initial	
Birthdate	Telephone #	Driver's License #	DL State	Expiration Date	# of Dependent	Ages of Dependents
Social Security		Email Address			Do you: <input type="radio"/> Own <input type="radio"/> Other	How Long
Current Address (Street, City, State & Zip)					County	
Landlord Name		Rent Payment (Required if Rent Checked)				
Previous Address (Street, City, State & Zip) Complete if less than 3 years at present address						
County					Did you: <input type="radio"/> Own <input type="radio"/> Other	How Long
Current Employer					How Long	
Address (Street, City, State & Zip)						
Business Phone #		Position/Title		Gross Monthly Income		
Sources of Other Income (Social Security, VA, Pensions, Alimony, or Child Support)					Amount Per Month	
Previous Employer (Company Name & Address) (Complete if less than 2 years at current employment)					How Long	
Name & Address of nearest relative not living with you			Relationship		Telephone Number (including area code)	

SECTION B - JOINT APPLICANT OR OTHER PARTY INFORMATION

Complete only if: for joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state.

Applicant's Name Last		First			Middle Initial	
Birthdate	Telephone #	Driver's License #	DL State	Expiration Date	# of Dependent	Ages of Dependents
Social Security		Email Address			Do you: <input type="radio"/> Own <input type="radio"/> Other	How Long
Current Address (Street, City, State & Zip)				County		Relationship to Applicant
Landlord Name		Rent Payment (Required if Rent Checked)				
Previous Address (Street, City, State & Zip) Complete if less than 3 years at present address						
County					Did you: <input type="radio"/> Own <input type="radio"/> Other	How Long
					<input type="radio"/> Rent	

Current Employer		How Long
Address (Street, City, State & Zip)		
Business Phone #	Position/Title	Gross Monthly Income
Sources of Other Income (Social Security, VA, Pensions, Alimony, or Child Support)		Amount Per Month
Previous Employer (Company Name & Address) (Complete if less than 2 years at current employment)		How Long
Name & Address of nearest relative not living with you	Relationship	Telephone Number (including area code)

SECTION C - MARITAL STATUS

Complete only if: for joint or secured credit, or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested.

Applicant	<input type="radio"/> Married	<input type="radio"/> Separated	<input type="radio"/> Unmarried (including single, divorced, and widowed)
Joint Applicant	<input type="radio"/> Married	<input type="radio"/> Separated	<input type="radio"/> Unmarried (including single, divorced, and widowed)

SECTION D -ASSETS & DEBIT INFORMATION

If Section B has been completed, this Section should be completed giving information about both the Applicant and joint Applicant or other Person. Please mark Applicant-related information with an "A".

If Section B was not completed, only give information about the Applicant in this Section

ASSETS OWNED	Financial Institution	Subject to Debit? (Yes or No)	Current Value
Description of Assets Checking Account (Where)			
Savings Account (Where)			
Certificate of Deposit(s) (Where)			
Marketable Securities (issuer, type, no. or shares)			
Real Estate (location, date acquired)			
Life Insurance (issuer, face value)			
Automobiles (make, model, year)			
Other			
TOTAL ASSETS			

DEBTS OWED				
Outstanding Debt: (Include charge accounts, installed contracts, credit cards, rent, mortgages and other obligations.)				
Financial Institution	Name in Which the Account is Carried	Original Amount	Present Balance	Monthly Payments
Mortgage Holder				
Second Mortgage Holder				
Automobiles				
Other Debt (credit card, department store, or credit union)				
TOTAL DEBTS				

SECTION E - SECURED CREDIT

Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable):

	Applicant		Co-Applicant	
1. Are you a Co-Signer or Co-Maker on a Loan?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
2. Are there any Outstanding Judgments Against You?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
3. Have you been Declared Bankrupt in the past 7 Years?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
4. Have you had a Foreclosure/Given Deed in Lieu in the last 7 Years?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
5. Are you a party to a Law Suit?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6. Are you a U.S. Citizen?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
7. Are you required to pay alimony or child support?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
If so, please include amount _____ and to whom payable _____				Applicant
If so, please include amount _____ and to whom payable _____				Co-Applicant

SECTION F - SECURED CREDIT

Complete only if credit is to be secured, Briefly describe the property to be given as security

Property Description
Names & Addresses of All Co-Owners of the Property
If the Security is Real Estate, Give the Full name of Your Spouse (if any)

SIGNATURE: I certify that everything I have stated in this application is correct. You may keep this application whether or not it is approved. By Signing below I authorize you to check on my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes. I also understand that I am executing this request for credit by electronic signature as defined by law, and I further understand that my electronic signature has the same force and effect as a handwritten signature.

NEW YORK RESIDENTS ONLY: A consumer report may be requested in connection with this application or in connection with updates, renewals or extensions of any credit granted as a result of this application. Upon my request I will be informed whether or not a consumer credit report was requested, and if so, the name and address of the agency that furnished the report.

OHIO RESIDENTS ONLY: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

If I do not qualify for credit with you under your standard lending guidelines; I authorize you to consider my application for credit under the terms and conditions of your affiliate lender, Northwest Consumer Discount Company. I authorize you to forward my application, credit record, and all other documents to Northwest Consumer Discount Company. I understand that if Northwest Consumer Discount Company approves my application, the terms and conditions of the loan may differ from the terms and conditions of the loan for which I originally applied with Northwest Savings Bank.

Yes, I/We authorize consideration by Northwest Consumer Discount Company.

No, I/We do not wish consideration by Northwest Consumer Discount Company.

If this is an application for joint credit, first applicant and joint applicant each agree that we intend to apply for joint credit by signing below.

First Applicant Signature _____ **Date required** _____

Joint Applicant Signature _____ **Date required** _____
(if applicable)