

CONSUMER LOAN APPLICATION

Account Number _____
 Census Tract _____

LOAN REQUEST

PURPOSE OF LOAN _____ AMOUNT REQUESTED \$ _____ MONTHS NEEDED _____

PERSONAL INFORMATION

This application is designed to be completed by the applicant(s) with the lender's assistance.
 The Co-Applicant section and all other Co-Applicant questions should be completed to the extent possible if: (1) co-applicant will be jointly obligated with you on the loan; (2) you will be relying on income or assets of the co-applicant as a basis for repayment of the loan; (3) you are relying on income from alimony, child support or separate maintenance from the co-applicant or other party; or (4) you are married to the co-applicant and reside in, or the property is located in, a community property State. If you are married, your spouse need not be jointly obligated with you on the loan and need not sign as a co-applicant unless item (2) above applies or unless the spouse's signature is required under state law to create a valid lien, pass clear title or waive inchoate rights to property.

APPLICANT					CO-APPLICANT				
FULL NAME				DATE OF BIRTH	FULL NAME				DATE OF BIRTH
PRESENT ADDRESS – <input type="checkbox"/> Own <input type="checkbox"/> Rent Years Phone					PRESENT ADDRESS – <input type="checkbox"/> Own <input type="checkbox"/> Rent Years Phone				
PREVIOUS ADDRESS (complete if less than 2 years at present address)					PREVIOUS ADDRESS (Complete if less than 2 years at present address)				
MARITAL STATUS		DEPENDENTS			MARITAL STATUS		DEPENDENTS		
COMPLETE FOR SECURED LOANS ONLY <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried – (Includes Single, Divorced or Widowed)		Do Not Include Co-Applicant			COMPLETE FOR SECURED LOANS ONLY <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried – (Includes Single, Divorced or Widowed)		Do Not Include Applicant or Dependents Listed by Applicant		
		NO.	AGES				NO.	AGES	
SOCIAL SECURITY NO.					SOCIAL SECURITY NO.				
NAME AND ADDRESS OF EMPLOYER – How Long Phone					NAME AND ADDRESS OF EMPLOYER – How Long Phone				
Type of Business Position/Title					Type of Business Position/Title				
PREVIOUS EMPLOYER – How Long (Complete if current job held less than two years)					PREVIOUS EMPLOYER – How Long (Complete if current job held less than two years)				
Type of Business Position/Title					Type of Business Position/Title				
Are there any unsatisfied judgments against you? Yes <input type="checkbox"/> No <input type="checkbox"/>					Are there any unsatisfied judgments against you? Yes <input type="checkbox"/> No <input type="checkbox"/>				
In the last 7 years, have you been declared bankrupt? Yes <input type="checkbox"/> No <input type="checkbox"/>					In the last 7 years, have you been declared bankrupt? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Did you ever have credit in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/>					Did you ever have credit in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes, what name:					If Yes, what name:				

IF SELF EMPLOYED, PLEASE SUBMIT BALANCE SHEET, PROFIT AND LOSS STATEMENT, AND COPY OF LATEST FEDERAL TAX RETURN

ASSETS				INCOME			
DEPOSITS IN CHECKING & SAVINGS ACCOUNTS				AMOUNT OR VALUE		VERIFICATIONS REQUESTED <input checked="" type="checkbox"/>	
Name of Institution	Type	Account No.	Applicant	Co-Applicant	Monthly Income	Applicant	Co-Applicant
			<input type="checkbox"/>	<input type="checkbox"/>	Base Earnings <input type="checkbox"/> Gross <input type="checkbox"/> Net	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	Overtime	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	Bonuses-Commissions	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	Dividends-Interest	<input type="checkbox"/>	<input type="checkbox"/>
Net worth of Business Owned – Attach Current Financial Statement				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Vehicles – List Make	Year	Fully Paid	<input type="checkbox"/>	<input type="checkbox"/>	Other-Optional-See Remarks	<input type="checkbox"/>	<input type="checkbox"/>
1)		<input type="checkbox"/> Yes <input type="checkbox"/> No					
2)		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Personal Property – Furniture, Art, Jewelry, etc.				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Stocks-Bonds-Name	Number	@ Value Ea.	Pledged	<input type="checkbox"/>			<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Real Estate Owned				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
TOTAL ASSETS				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
						TOTAL INCOME	<input type="checkbox"/>
						Income Remarks – Note: Income from Alimony, Child Support or Maintenance Payments need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.	

LIABILITIES – OBLIGATIONS – CREDIT REFERENCES

NOTE: LIST ALL PERSONAL, TRUST PARTNERSHIP, OR CORPORATE DEBTS. IF RECENTLY PAID OFF, LIST FOR CREDIT REFERENCE, INCLUDE DEBTS FOR 1ST AND 2ND LIEN LOANS (MORTGAGE OR TRUST DEED), AUTOS, APPLIANCES, FURNITURE, PERSONAL LOANS AND NOTES, CO-SIGNED NOTES, ALIMONY, SUPPORT PAYMENTS, AND CHARGE ACCOUNTS.

PURPOSE	(A)–Applicant; (CA)–Co-Applicant; (JT)–Jointly		OFFICE USE VERIFICATION REQUESTED <input checked="" type="checkbox"/>	ACCOUNT NUMBER	MONTHLY PAYMENT	BALANCE OWED / Pay Out of Loan <input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>					
		OWED TO (NAME & ADDRESS)	<input type="checkbox"/>		\$	If Balance <input type="checkbox"/>
			<input type="checkbox"/>		\$	is Zero <input type="checkbox"/>
			<input type="checkbox"/>		\$	Indicate <input type="checkbox"/>
			<input type="checkbox"/>		\$	Date <input type="checkbox"/>
			<input type="checkbox"/>		\$	Closed in <input type="checkbox"/>
			<input type="checkbox"/>		\$	This Space <input type="checkbox"/>
1) ATTACH ADDITIONAL LIST IF MORE SPACE NEEDED. 2) IF ANY OBLIGATION IS PAST DUE – ATTACH LETTER OF EXPLANATION.				TOTAL LIABILITIES	\$	\$ <input type="checkbox"/>

REAL ESTATE OWNED

ADDRESS OF RESIDENCE PROPERTY		MORTGAGE HOLDER		ADDRESS OF MORTGAGE HOLDER		ACCOUNT NUMBER
PRESENT VALUE	DATE PURCHASED	PURCHASE PRICE	BALANCE FINANCED	MONTHLY PAYMENT	PRESENT BALANCE	

INSURANCE

LIFE INSURANCE—COMPANY NAME AND ADDRESS			(A)—Applicant; (CA)—Co-Applicant; (JT)—Jointly			
			<input checked="" type="checkbox"/>	TYPE	FACE AMOUNT	CASH VALUE
INSURANCE ON AUTOMOBILE		Carrier:			Policy #:	
Agent:		Address:			Phone:	

PERSONAL REFERENCES

NAME OF NEAREST RELATIVE NOT OR PERSONAL LIVING WITH YOU REFERENCE	RELATIONSHIP	ADDRESS	CITY	STATE	PHONE

AGREEMENT

The undersigned hereby declare and represent that they have read the foregoing Application, that all statements made therein are complete and true to their knowledge, that all financial and credit information of value to the consideration of this Loan Request has been given and that the statements are made and information given as an inducement to the Lender to grant the Loan for which this Application is made. The Applicant(s) authorize the Lender, or his Agent, to verify the information contained herein and to make such additional normal inquiries as reasonably may be related to or associated with this Application, from credit bureaus and from employers, creditors, and references listed on this Application, and agree that such information, along with this Application, shall remain the Lender's property.

The undersigned understand that the selection of a dealer or contractor is their responsibility and that this financial institution in no way guarantees equipment, materials or workmanship and that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, as applicable under the provisions of Title 18, United States Code, Section 1014.

Accepted:

Applicant _____	Co-Applicant _____
Date _____	Date _____
We intend to apply for joint credit.	
Driver's License No. _____	Driver's License No. _____

LENDER USE

DISBURSEMENT DETAILS	DESCRIPTION OF COLLATERAL
Loan Proceeds \$ _____	New <input type="checkbox"/> } Year _____ Make _____
Official Fees \$ _____	Used <input type="checkbox"/> } Model _____
Credit Life Ins. Premium \$ _____	Serial Number _____
Credit Disability Ins. Premium \$ _____	Color _____ Body Style _____
Other \$ _____	No. of Cylinders _____ License Plate # _____
Amount Financed \$ _____	Sales Price \$ _____ Invoice \$ _____
FINANCE CHARGE \$ _____	Down Payment \$ _____ Trade-In \$ _____
Service Charge \$ _____	Loan Requested \$ _____ % to Price _____
Interest \$ _____	Dealer Name: _____
Total of Payments	Address: _____
ANNUAL PERCENTAGE RATE %	Phone _____ Salesman: _____
If secured by collateral, has an insurance loss payable been requested? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a copy of the Insurance Policy in the file? <input type="checkbox"/> Yes <input type="checkbox"/> No	OTHER COLLATERAL: _____

Loan <input type="checkbox"/> Approved – <input type="checkbox"/> Rejected – Amount \$ _____ Special Conditions: _____ Interest Rate: _____ % <input type="checkbox"/> Simple <input type="checkbox"/> Add-on <input type="checkbox"/> Discount Term: _____ months – Payment \$ _____ –1st Due: _____ Security: _____ Customer Notified _____ Dealer Notified _____	① Total Monthly Income \$ _____ Total Housing Expense \$ _____ Payments on All Debts \$ _____ Payment for This Loan \$ _____ ≠ Total All Payments \$ _____ Debt to Income Ratio (Line 2 Divided by Line 1) _____ % Comments: _____ _____ _____
Approved by _____ Date _____	