

Consumer Loan Application

CREDIT REQUESTED				COLLATERAL OFFERED											
Amount Requested		# of Payments		Preferred Payment Date		<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>(i.e. Installment, Credit Line)</i>				Credit Requested is: <input type="checkbox"/> HELOC <input type="checkbox"/> Home Equity Loan <input type="checkbox"/> Home Improvement Loan											
APPLICANT <i>If the Applicant is married, he/she may apply for individual credit.</i>				CO-APPLICANT											
Applicant's Roll: <input type="checkbox"/> Borrower <input type="checkbox"/> Guarantor <input type="checkbox"/> Co-Signer				Applicant's Roll: <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															
# of Dependents		Ages of Dependents		# of Dependents		Ages of Dependents									
Previous Address <i>(if current less than 2 years)</i>				Yrs/Mos.				Previous Address <i>(if current less than 2 years)</i>				Yrs/Mos.			
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							
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

Rent Home 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	AMOUNT 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?

