

<input checked="" type="checkbox"/> NEW LOAN	<input type="checkbox"/> RENEWAL _____ TIMES REN.	<h1 style="margin:0;">CREDIT APPLICATION</h1>	LOAN NO. _____
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**IMPORTANT: Please read these directions before completing this Application, and check (✓) the appropriate box below.**

If you are applying for individual credit in your own name, and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections A and E. If the requested credit is to be secured, also complete the first part of Section C and Section D.

If you are applying for joint credit with another person, complete all Sections except D, providing information in B about the joint applicant. If the requested credit is to be secured, then complete Section D. We intend to apply for joint credit. (Applicant)

If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections except D to the extent possible, providing information in B about the person on whose alimony, support, or maintenance payments or income or assets you are relying. If the requested credit is to be secured, then complete Section D. (Co-Applicant)

AMOUNT REQUESTED \$	PAYMENT DATE DESIRED	PROCEEDS OF CREDIT TO BE USED FOR
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**SECTION A - INFORMATION REGARDING APPLICANT**

FULL NAME (Last, First, Middle)		BIRTH DATE	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.
PRESENT ADDRESS (Street, City, State & Zip)			SUPERVISOR DISTRICT	HOW LONG AT PRESENT ADDRESS
PREVIOUS ADDRESS (Street, City, State & Zip)				HOW LONG AT PREVIOUS ADDRESS?
PRESENT EMPLOYER (Company Name & Address)				
HOW LONG WITH PRESENT EMPLOYER?	YOUR POSITION OR TITLE		NAME OF SUPERVISOR	BUSINESS PHONE Ext.
PREVIOUS EMPLOYER (Company Name & Address)				HOW LONG WITH PREVIOUS EMPLOYER?
YOUR PRESENT GROSS SALARY OR COMMISSION \$ PER	YOUR PRESENT NET SALARY OR COMMISSION \$ PER	NO. DEPENDENTS	AGES OF DEPENDENTS	

**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.**

Alimony, child support, separate maintenance received under:  Court Order  Written Agreement  Oral Understanding

OTHER INCOME \$ PER	SOURCES OF OTHER INCOME	SOURCE OF REPAYMENT
Is any income listed in this section likely to be reduced before the credit requested is paid off?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)	DATE OF FINANCIAL STATEMENT

**REPAYMENT TERMS**

Have you ever received credit from us?	<input type="checkbox"/> No <input type="checkbox"/> Yes - When?	Checking Account No. Where?	Savings Account No. Where?
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NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU RELATIONSHIP TELEPHONE NO. (Include Area Code)

MY INSURANCE AGENT IS (Name & Address)	INSURANCE REQUIRED <input type="checkbox"/>	INSURANCE NOT REQUIRED <input type="checkbox"/>
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Are you a co-maker, endorser, or Guarantor on any Loan or Contract?	<input type="checkbox"/> No <input type="checkbox"/> Yes - For Whom? to Whom?
Are there any unsatisfied judgments against you?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Amount \$ if "Yes" To Whom Owed?
Have you been declared bankrupt in the last 14 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Where? Year?

OTHER OBLIGATIONS (For example, liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary.)

**SECTION B- INFORMATION REGARDING JOINT APPLICANT OR OTHER PARTY (Use separate sheets if necessary.)**

FULL NAME (Last, First, Middle)		BIRTH DATE	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.
RELATIONSHIP TO APPLICANT (if Any)	PRESENT ADDRESS (Street, City, State & Zip)		RESIDENTIAL PHONE	HOW LONG AT PRESENT ADDR
PRESENT EMPLOYER (Company Name & Address)				
HOW LONG WITH PRESENT EMPLOYER?	POSITION OR TITLE		NAME OF SUPERVISOR	BUSINESS PHONE Ext.
PREVIOUS EMPLOYER (Company Name & Address)				
PRESENT GROSS SALARY OR COMMISSION \$ PER	PRESENT NET SALARY OR COMMISSION \$ PER	NO. DEPENDENTS	AGES OF DEPENDENTS	HOW LONG WITH PREVIOUS EMPLOYER?

**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.**

Alimony, child support, separate maintenance received under:  Court Order  Written Agreement  Oral Understanding

OTHER INCOME \$ PER	SOURCES OF OTHER INCOME
Is any income listed in this section likely to be reduced before the credit requested is paid off?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)

Has Joint Applicant or Other Party ever received credit from us?	<input type="checkbox"/> No <input type="checkbox"/> Yes - When?	Checking Account No. Where?	Savings Account No. Where?
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NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU RELATIONSHIP TELEPHONE NO. (Include Area Code)

Are you a co-maker, endorser or Guarantor on any Loan or Contract?	<input type="checkbox"/> No <input type="checkbox"/> Yes - For Whom? to Whom?
Are there any unsatisfied judgments against you?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Amount \$ if "Yes" To Whom
Owed? Have you been declared bankrupt in the last 14 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Where? Year?

OTHER OBLIGATIONS (For example, liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary.)

**SECTION C - MARITAL STATUS (Do not complete if this is an Application for individual unsecured credit.)**

APPLICANT  Married  Separated  Unmarried (including single, divorced, and widowed) OTHER PARTY  Married  Separated  Unmarried (including single, divorced, and widowed)

**SIGNATURES**

Everything that I have stated in this Application is correct to the best of my knowledge. I understand that you will retain this Application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

APPLICANT'S SIGNATURE	DATE	OTHER SIGNATURE (Where Applicable)	DATE
X		X	

**SECTION D - 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 NAME OF JOINT OWNER (If Any)      TYPE OF PROPERTY:  Homestead    Farm    Commercial  
OTHER:

**SECTION E - ASSETS AND LIABILITIES**

ASSETS		Cash or Market Value	Liabilities and Pledged Assets. List the creditor's name, address and account number for all outstanding debts, including automobile loans, revolving charge accounts, real estate loans, alimony, child support, stock pledges, etc. Use continuation sheet, if necessary. Indicate by (*) those liabilities which will be satisfied with this transaction.		
Description			LIABILITIES	Monthly Payment & Mos. Left to Pay	Unpaid Balance
Cash deposit toward purchase held by:			Name and address of Company	\$ Payment/Months	\$
<i>List checking and savings accounts below</i>					
Name and address of Bank, S&L, or Credit Union			Acct. no.		
Acct No.			Name and address of Company	\$ Payment/Months	\$
Name and address of Bank, S&L, or Credit Union			Acct. no.		
Acct No.			Name and address of Company	\$ Payment/Months	\$
Name and address of Bank, S&L, or Credit Union			Acct. no.		
Acct No.			Name and address of Company	\$ Payment/Months	\$
Name and address of Bank, S&L, or Credit Union			Acct. no.		
Acct No.			Name and address of Company	\$ Payment/Months	\$
Stocks & Bonds (Company name/number & description)			Acct. no.		
Life Insurance net cash value			Name and address of Company	\$ Payment/Months	\$
Face amount: \$			Acct. no.		
<b>Subtotal Liquid Assets</b>			Name and address of Company	\$ Payment/Months	\$
Real Estate owned			Acct. no.		
Vested interest in retirement fund			Name and address of Company	\$ Payment/Months	\$
Net Worth of business(es) owned (attach financial statement)			Acct. no.		
Automobiles owned (make and year)			Name and address of Company	\$ Payment/Months	\$
Other Assets (itemize)			Acct. no.		
			Alimony/Child Support/Separate Maintenance Payments Owed to:		
			Job Related Expenses (child care, union dues, etc.)		
			<b>Total Monthly Payments</b>		
<b>Total Assets a.</b>			<b>Net Worth (a minus b):</b>		<b>Total Liabilities b.</b>

## OFFICER'S WORKSHEET

CREDITOR Verification:						
Creditor and Who Provided Information	Date Started	Original Bal.	Present Bal.	Payment	Mos. Left to Pay	Comments

Total net monthly income from all sources ..... \$ \_\_\_\_\_ REASON FOR TURN DOWN OR REPAYMENT TERMS \_\_\_\_\_

Less rent or mortgage payments, including taxes and insurance ..... \$ \_\_\_\_\_

Less payments on all debts not being consolidated ..... \$ \_\_\_\_\_

Less payment on this proposed loan ..... \$ \_\_\_\_\_

Amount left for all living expenses ..... \$ \_\_\_\_\_

TYPE OF LOAN	Rule of 78ths Installment # of Payments Not to Exceed 60 _____	<input type="checkbox"/> Balloon <input type="checkbox"/> Single Pay	Authorized # of Payments _____
Date of Loan _____	1st Payment Date _____	INTEREST RATE _____	<input type="checkbox"/> Simple <input type="checkbox"/> Add On Rate
Other Terms (if Applicable) _____	<input type="checkbox"/> VARIABLE BASE RATE _____ INDEX _____		
Maturity Date _____	Amount \$ _____	WILL CHARGE: <input type="checkbox"/> Increase Payment Amount May Change _____	
CREDIT LIFE INSURANCE - <input type="checkbox"/> Single Life <input type="checkbox"/> Joint Life <input checked="" type="checkbox"/> No Insurance		<input type="checkbox"/> Increase Amount Due at Maturity Maximum Rate _____	
<input type="checkbox"/> Single Life and A & H <input type="checkbox"/> Joint Life and A & H		<input type="checkbox"/> Increase Number of Payments Minimum Rate _____	
LOAN NAME _____		Points _____ Post Maturity Interest: _____	
PROCEEDS TO - _____ \$ _____		<b>TOTAL LOANS AT</b> _____	
_____ \$ _____		Before _____ After _____	
_____ \$ _____		Deposits _____	
ATTORNEY'S FEES - _____ \$ _____		Principal Reduction _____	
_____ \$ _____		Interest _____	
I hereby authorize _____ to debit my			OFFICER APPROVAL _____
Account # _____			SIGNATURE _____

**NOTES:**