PERSONAL LOAN APPLICATION

[SEE REVERSE SIDE FOR IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT]
IMPORTANT: Read these Directions before completing this Application. Check the Appropriate Box.

If you are applying for individual credit or an individual account, 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-D. If the requested credit or account is to be secured, also complete the first part of Section F.
If you are applying for joint credit with another person or for a joint account or an account that you and another person will use, complete all Sections, providing information in Section E about the joint account is to be secured.

applicant. We intend to apply for joint credit. Applicant	ut are relying	on income from alin	nony, (in Sect	Co-App child support tion E about t			ntenance or	on the	income or as	sets of ano	other per	son as the basis for
repayment of the creat requested, complete an Sections to the exten	it possible, pro	SECTION A										income of assets you
AME (Please print full name) HOME PHONE				ELL PHONE		AMOUNT OF LOAN REQUESTED REQ					ESTED MOS. TO PAY	
RESENT STREET ADDRESS				LONG AT TH	DDRESS:	PURPOSE OF LOAN						
CITY, STATE AND ZIP		E-MAIL ADD	RESS:	:			COLLATE	RAL OF	FERED ANI	D HOW OV	WNED	
IMMEDIATE PREVIOUS ADDRESS			HOW	LONG AT TH	IS AI	DDRESS:						
CITY AND STATE			ZIP				<u> </u>		ed to us for a If Yes, W			
SOCIAL SECURITY NUMBER DRIVERS LICENSE NUMBER - S	TATE BIR	TH DATE	NO. C	OF DEPEND	ENTS	- LIST BY	AGE Yes		J II Tes, W	nen:		
NAME, ADDRESS AND RELATIONSHIP OF TWO NEAREST RELA	TIVES NOT L	IVING WITH YOU	отні	ER THAN A	PRES	SENT OR F	ORMER SI	POUSE			ARE	YOU A U.S. CITIZEN?
MY PRINCIPAL FINANCIAL INSTITUTION IS: Services	Checking A	ccount	Sa	wings Account	t		Safe De	posit	Loan O	THER FIN	IANCIAI	Yes No
presently used:	No.	N B - INCOM	Να 1 ΓΔ		PI (OVMEN		Deposit				
PRESENT EMPLOYER	SECTIO			SALARY			•					Monthly Income
EMPLOYER ADDRESS	ER ADDRESS BUSINESS			OTHER INC	OME	- From Who e need not b	m or Descr e revealed i	ibe (Alin f you do	ony, child su not wish to h	pport, or so ave it	eparate	
POSITION OR TITLE	DATE OF EM			considered as	sis for repay	Vhom or Describe (Alimony, child support, or separate t be revealed if you do not wish to have it aying this obligation)						
PREVIOUS EMPLOYER AND ADDRESS												
POSITION OR TITLE		YEARS EMPLOY	ARS EMPLOYED			TOTAL MONTHLY						
Is any income listed in this Section likely to be reduced in the next two year	rs or before the	e credit requested is	paid of	ñ?						IN	COME	
□ No □ Yes (Explain in detail, use separate sheet if needed):	te maintenance	is such income nurs	mant to	n .	How	Long Receiv	red	How C	Iften		From W	
Written Agreement Court Decree Other						Long Acter						
AUTOS (Make, Model, Year) VALUE		SECTION	C -	- ASSET						1	VALUE	TOTAL VALUE
REAL ESTATE (Location)									DATE OCC	UPIED		VALUE
REAL ESTATE (Location)									DATE OCC	UPIED		VALUE
LIFE INSURANCE (Name each Company)							FACE VAL	UE		CASH VALUE		
OTHER ASSETS (Describe)												ESTIMATED VALUE
AUTO INSURANCE AGENTS: (Name and Address)												LITERATED VALUE
List below all indebtedness to banks, credit unions, stores, finance companie CREDITOR LANDLORD OR MORTGAGE HOLDER	es, individuals TYPE ACCOU	D - LIABILI' and other creditors, OF DEBT OR JNT NUMBER Lent Payment Aortgage	includi			y alimony, o PRE	hild suppor SENT Г OWED	t, separa	te maintenanc COLLA'		ortgages,	etc. MONTHLY PAYMENT
CREDIT CARDS												
Totals						LIABILITI	ES				М	ONTHLY PAYMENTS
Have you ever been bankrupt or had any judgments or garnishments against	•			MONTHLY			0.0		SSETS 1			
SECTION E - JOINT AP If this Section of Application is completed, the indebtedness of Co-Applicant need not be revealed if you do not wish to have it considered as a basis for NAME AND RELATIONSHIP TO APPLICANT	t/Guarantor/En repaying this o	T, USER OR dorser must be show	r o t				separat		ets, if ne	eded.) ild support	APPLICA	rate maintenance income
EMPLOYED BY HOW LONG	POSITIC	ON OR TITLE	BU	USINESS PH	ONE	НОМ	E PHONE		SOCIAL SE		RANTO	R ENDORSER R BIRTH DATE
MONTHLY INCOME OTHER INCOME								OTAL I	ICOME	DRIVERS	S LICEN	SE NUMBER - STATE
Is any income listed in this Section likely to be reduced in the next two year. No Yes (Explain in detail, use separate sheet if needed): NAME, ADDRESS AND RELATIONSHIP OF TWO NEAREST RELA					DDE	ENT OD E	OPMED SI	DOUSE			ADE	YOU A U.S. CITIZEN?
			_			MANI UK F	_			тиго ги		YOU A U.S. CHIZEN?
MY PRINCIPAL FINANCIAL INSTITUTION IS: Services presently used:	Checking A No.		No				Safe De	posit Deposit		THER FIN	ANUIAI	LASTITUTIONS USED
APPLICANT: Married Separated Unmarried (includ		CTION F - N		RITAL ST		_	🗌 Separ	ated	Upmarrie	d (includin	g single	divorced, and widowed)
		SIGN					зера	unti			- single,	
Everything that I have stated in this application is correct to the b my credit and employment history and to answer questions about y APPLICANTS SIGNATURE	best of my kn your credit e	owledge. I unders	tand ti									
X	1	DATE	x	x								DATE

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.