

**CHECK BOX FOR JOINT ACCOUNT:** ☐ If you are applying for a joint account or an account that you and another person will use, complete all sections, providing information in Section C on reverse side, about the Joint Applicant or user.

We intend to apply for Joint Credit.

Applicant

Co-Applicant

## Consumer Loan Application

**WHAT KIND OF CREDIT WOULD YOU LIKE? (See SECTION B below for specific loan details).**☐ OVERDRAFT LINE OF CREDIT ☐ PERSONAL LINE OF CREDIT ☐ INSTALLMENT LOAN

AMOUNT REQUESTED \$

CHECKING ACCT. NO.

NO. OF MONTHS

**SECTION A****PLEASE TELL US ABOUT YOURSELF. (APPLICANT)**

NAME (Include Jr., Sr., III, if applicable)

DATE OF BIRTH

PRESENT ADDRESS (No. &amp; Street)

APT. NUMBER

CITY

STATE

ZIP

COUNTY

TELEPHONE (Inc. area code)

( )

HOW LONG AT THE ABOVE ADDRESS?

SOCIAL SECURITY NUMBER

**DO NOT COMPLETE THIS SECTION IF APPLYING FOR INDIVIDUAL UNSECURED CREDIT.**MARITAL STATUS: ☐ MARRIED ☐ UNMARRIED (INCLUDES SINGLE, DIVORCED, AND WIDOWED)☐ SEPARATED

PREVIOUS ADDRESS (If less than 3 years at current address)

DEPENDENTS

CHILDREN

ADULTS

HOW MANY YEARS AT THIS ADDRESS?

LIST ANY OTHER NAMES UNDER WHICH YOU HAVE APPLIED FOR OR BEEN GRANTED CREDIT:

**TELL US ABOUT YOUR BANK ACCOUNTS.**☐ CHECKING ☐ SAVINGS ACCOUNT WITH:

ACCOUNT NUMBER(S)

ADDRESS

☐ CHECKING ☐ SAVINGS ACCOUNT WITH:

ACCOUNT NUMBER(S)

ADDRESS

**TELL US ABOUT YOUR CREDIT REFERENCES.**

CREDITOR

UNPAID BALANCE

\$

ACCOUNT NUMBER

MONTHLY PAYMENT

\$

CREDITOR

UNPAID BALANCE

\$

ACCOUNT NUMBER

MONTHLY PAYMENT

\$

CREDITOR

UNPAID BALANCE

\$

ACCOUNT NUMBER

MONTHLY PAYMENT

\$

CREDITOR

UNPAID BALANCE

\$

ACCOUNT NUMBER

MONTHLY PAYMENT

\$

WERE YOU EVER BANKRUPT OR HAD ANY JUDGMENTS, LIENS OR LEGAL PROCEEDINGS AGAINST YOU?

☐ YES ☐ NO**OTHER INCOME: DO NOT REVEAL income from alimony, child support or separate maintenance payments unless you are relying on such income to repay this account.**

DESCRIBE SOURCE OF OTHER INCOME:

TOTAL GROSS MONTHLY INCOME

\$

**A PERSONAL REFERENCE.**

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU

ADDRESS (NO. &amp; STREET)

CITY

STATE

ZIP

RELATIONSHIP

TELEPHONE NUMBER

( )

**PLEASE PROVIDE US WITH HOUSING INFORMATION.**☐ LIVE WITH PARENTS ☐ RENT MONTHLY PAYMENT \$☐ OWN MONTHLY MORTGAGE (Inc. Taxes) \$

BALANCE ON MORTGAGE \$

**WE'D LIKE TO KNOW ABOUT YOUR INCOME.**

EMPLOYER

EMPLOYER'S ADDRESS

LENGTH OF EMPLOYMENT

EMPLOYER'S TELEPHONE NO.

YEARS MONTHS

( )

OCCUPATION/POSITION

MONTHLY GROSS SALARY

EMPLOYEE I.D. NO. (If any)

\$

PREVIOUS EMPLOYER (If less than 3 years at present employer)

PREVIOUS EMPLOYER'S ADDRESS

LENGTH OF EMPLOYMENT

PREVIOUS EMPLOYER'S TELEPHONE NO.

YEARS MONTHS

( )

**SECTION B**COMPLETE THIS SECTION FOR AN AUTO/RECREATIONAL VEHICLE/MOBILE HOME/  
TRUCK/BOAT LOAN

NAME OF SELLER

ADDRESS (NO. &amp; STREET)

CITY

STATE

ZIP

SERIAL NUMBER

MAKE/MODEL

YEAR

☐ NEW☐ USED

PURCHASE PRICE

\$

DOWN PAYMENT

(—) \$

AMOUNT TO BE FINANCED

(=) \$

**AUTO/RECREATIONAL VEHICLE/MOBILE HOME/TRUCK ONLY**

NAME TO APPEAR ON TITLE CERTIFICATE (TITLE HOLDER TO SIGN SECURITY AGREEMENT)

ADDRESS (NO. &amp; STREET)

CITY

STATE

ZIP

**BOAT ONLY** LENGTH**TYPE**☐ SINGLE ☐ INBOARD ☐ TWIN ☐ I/O

ENGINE MAKE

H.P.

YEAR

HULL/SERIAL NUMBER

BOAT REGISTRATION/DOCUMENTATION NUMBER (DOCUMENTED OWNER TO SIGN SECURITY AGREEMENT)

PERSONAL LOAN (DESCRIBE)

**NOT FOR USE IN CALIFORNIA, OHIO, UTAH OR WISCONSIN**  
BANCONSUMER FORM US 3 (Rev. 1/04)**SECOND MORTGAGE:**( OWNER OCCUPIED ☐ YES ☐ NO )  
REFINANCING ☐ YES ☐ NO )

ADDRESS (NO. &amp; STREET)

CITY

STATE

ZIP

DATE PROPERTY PURCHASED

GROSS MONTHLY INCOME OF APPLICANT

PURCHASE PRICE

\$

ESTIMATED VALUE

\$

**COMPLETE THIS SECTION FOR A HOME IMPROVEMENT LOAN.**

ADDRESS OF PROPERTY TO BE IMPROVED (NO. &amp; STREET)

CITY

STATE

ZIP

PROPERTY OWNER(S) — ALL OWNERS MUST BE PRESENT AT CLOSING

1

2

DATE PURCHASED

PRESENT VALUE

\$

DESCRIBE THE IMPROVEMENT(S) PLANNED

**SEE OTHER SIDE FOR IMPORTANT NOTICES**

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## SECTION C

PLEASE TELL US ABOUT YOURSELF. (JOINT APPLICANT, USER, OR OTHER PARTY).  
(Use separate sheets if necessary)

NAME (Include Jr., Sr., III, if applicable)

DATE OF BIRTH

PRESENT ADDRESS (No. & Street)

APT. NUMBER

CITY

STATE

ZIP

COUNTY

TELEPHONE (Inc. area code)

HOW LONG AT THE ABOVE ADDRESS?

SOCIAL SECURITY NUMBER

( )

**DO NOT COMPLETE THIS SECTION IF APPLYING FOR INDIVIDUAL UNSECURED CREDIT.**

MARITAL STATUS: ☐ MARRIED ☐ UNMARRIED (INCLUDES SINGLE, DIVORCED, AND WIDOWED)

☐ SEPARATED

PREVIOUS ADDRESS (If less than 3 years at current address)

DEPENDENTS

CHILDREN ADULTS

HOW MANY YEARS AT THIS ADDRESS?

LIST ANY OTHER NAMES UNDER WHICH YOU HAVE APPLIED FOR OR BEEN GRANTED CREDIT:

PLEASE PROVIDE US WITH HOUSING INFORMATION.

☐ LIVE WITH PARENTS ☐ RENT MONTHLY PAYMENT \$

☐ OWN MONTHLY MORTGAGE (Inc. Taxes) \$

BALANCE ON MORTGAGE \$

WE'D LIKE TO KNOW ABOUT YOUR INCOME.

EMPLOYER

EMPLOYER'S TELEPHONE NO.

( )

EMPLOYER'S ADDRESS

LENGTH OF EMPLOYMENT

OCCUPATION/POSITION

YEARS MONTHS

MONTHLY GROSS SALARY

EMPLOYEE I.D. NO. (If any)

\$

PREVIOUS EMPLOYER (If less than 3 years at present employer)

PREVIOUS EMPLOYER'S ADDRESS

LENGTH OF EMPLOYMENT

PREVIOUS EMPLOYER'S TELEPHONE NO.

YEARS MONTHS

( )

TELL US ABOUT YOUR BANK ACCOUNTS.

☐ CHECKING ☐ SAVINGS ACCOUNT WITH:

ACCOUNT NUMBER(S)

ADDRESS

☐ CHECKING ☐ SAVINGS ACCOUNT WITH:

ACCOUNT NUMBER(S)

ADDRESS

TELL US ABOUT YOUR CREDIT REFERENCES.

CREDITOR

UNPAID BALANCE

\$

ACCOUNT NUMBER

MONTHLY PAYMENT

\$

CREDITOR

UNPAID BALANCE

\$

ACCOUNT NUMBER

MONTHLY PAYMENT

\$

CREDITOR

UNPAID BALANCE

\$

ACCOUNT NUMBER

MONTHLY PAYMENT

\$

CREDITOR

UNPAID BALANCE

\$

ACCOUNT NUMBER

MONTHLY PAYMENT

\$

WERE YOU EVER BANKRUPT OR HAD ANY JUDGMENTS, LIENS OR LEGAL PROCEEDINGS AGAINST YOU?

☐ YES ☐ NO

**OTHER INCOME: DO NOT REVEAL income from alimony, child support or separate maintenance payments unless you are relying on such income to repay this account.**

DESCRIBE SOURCE OF OTHER INCOME:

TOTAL GROSS MONTHLY INCOME

\$

A PERSONAL REFERENCE.

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU

ADDRESS (NO. & STREET)

CITY

STATE

ZIP

RELATIONSHIP

TELEPHONE NUMBER

( )

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES.**

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may discriminate neither on the basis of this information, nor on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this Lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for.)

**APPLICANT:** ☐ I do not wish to furnish this information.**CO-APPLICANT:** ☐ I do not wish to furnish this information.**Ethnicity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino**Ethnicity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino**Race:** ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American**Race:** ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American☐ Native Hawaiian or other Pacific Islander ☐ White☐ Native Hawaiian or other Pacific Islander ☐ White**Sex:** ☐ Female ☐ Male**Sex:** ☐ Female ☐ Male

**CERTIFICATION AND SIGNATURE(S):** I (We) certify that the information stated is complete and accurate, and has been furnished by me (us) knowing that you intend to rely on it in considering my (our) application. I (We) understand that you may request a consumer report in connection with this application and for purposes of updating, renewing or extending further credit, taking collection action on my loan, or other legitimate purposes associated with my loan, and, if I (we) ask, I (we) will be informed whether or not such a report was requested and, if so, the name and address of the consumer reporting agency that furnished the report. I (We) also authorize you to check my (our) employment history.

☐ Please deduct my (our) monthly loan payment automatically from my (our) Personal Checking/Money Market Checking/NOW Account No. \_\_\_\_\_

**NOTICE TO GUARANTOR:** If you are providing information to the Lender on this Application for the purpose of acting as a guarantor for one or more primary applicant(s) and the Lender determines that you, as a guarantor, do not meet the credit underwriting standards for this particular loan and/or amount, be advised that the Lender is required by law to, and will, provide an adverse action notice detailing the specific reasons for the credit denial *directly* to the primary applicant(s) and not to you.

As a guarantor, be prepared to share any specific reasons for adverse action based on your credit history with the primary applicant(s). If you are unwilling to share this information, you should not complete this application in the capacity of guarantor.

By completing and submitting this application as guarantor, you are authorizing the Lender to share the specific reasons for adverse action with the primary applicant(s) in the event this application is denied.

**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.

**IMPORTANT:** THIS APPLICATION MUST BE SIGNED AND DATED BELOW, BEFORE IT CAN BE PROCESSED.

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF CO-APPLICANT OR OTHER (WHEN APPLICABLE)	DATE
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IF THE CREDIT IS TO BE USED FOR SECOND MORTGAGE, HOME IMPROVEMENT, OR THE PURCHASE OF AN AUTOMOBILE, MOBILE HOME, RECREATIONAL VEHICLE OR BOAT, WE NEED TO KNOW YOUR:

INSURANCE AGENT'S NAME	( )
TELEPHONE NUMBER	

INSURANCE AGENT'S ADDRESS (NO. & STREET)	CITY	STATE	ZIP
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**FOR  
BANK  
USE  
ONLY**

Identification: \_\_\_\_\_

Application Taken By: ☐ Mail ☐ Telephone ☐ Internet ☐ Face-To-Face Interview

Interviewer's Signature: \_\_\_\_\_ Name and/or Title: \_\_\_\_\_

BRANCH \_\_\_\_\_ R/C \_\_\_\_\_ EMPLOYEE NO. \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

(FOR CRA REPORTING) PROPERTY LOCATION)

MSA Number	State Code	County Code	Census Tract
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