



Bank Use Only
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## Personal Loan Application (Please complete both sides)

<b>IMPORTANT:</b> Read these directions before completing this application <input type="checkbox"/> We are applying for joint credit - complete all sections _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> <span>Applicant Signature</span> <span>Co-applicant Signature</span> </div> <input type="checkbox"/> I am applying for an individual account in my own name and you are relying on my own income or assets and not the income and assets of another person, complete all sections EXCEPT Section 2.	AMOUNT REQUESTED:\$ _____ TERM: _____ MONTHS PURPOSE _____
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### 1. APPLICANT (Please Print)

FIRST NAME		INITIAL	LAST NAME		SOCIAL SECURITY NUMBER		DATE OF BIRTH	
							MO	DAY
							YR	
STREET ADDRESS				CITY	STATE	ZIP	<input type="checkbox"/> RENT <input type="checkbox"/> BUYING	
HOME TELEPHONE	YRS AT PRESENT ADDRESS	MONTHLY PMT (PIDI / RENT)	PREVIOUS ADDRESS			YRS THERE		
EMPLOYER	ADDRESS			CITY/STATE/ZIP		BUS PHONE		
GROSS MONTHLY SALARY (if self employed, attach business operating statements and Federal Tax Returns for past two years)				POSITION			YEARS THERE	
PREVIOUS EMPLOYER		ADDRESS		POSITION		YEARS THERE		
OTHER INCOME – INCOME FROM ALIMONY, CHILD SUPPOPRT OR SEPARATE MAINTENANCE PAYMENTS NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION				SOURCE OF OTHER INCOME		NET MONTHLY		# DEPENDENTS
ARE YOU OBLIGATED TO MAKE ALIMONY CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS?		<input type="checkbox"/> YES <input type="checkbox"/> NO		MONTHLY AMOUNT: \$	AUTO(S)	YEAR	MAKE	MODEL
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	ADDRESS			TELEPHONE		

### 2. CO-APPLICANT (Please Print) – (Complete This Portion Only If Applying for a Joint Account)

FIRST NAME		INITIAL	LAST NAME		SOCIAL SECURITY NUMBER		DATE OF BIRTH	
							MO	DAY
							YR	
STREET ADDRESS				CITY	STATE	ZIP	<input type="checkbox"/> RENT <input type="checkbox"/> BUYING	
HOME TELEPHONE	YRS AT PRESENT ADDRESS	MONTHLY PMT (PIDI / RENT)	PREVIOUS ADDRESS			YRS THERE		
EMPLOYER	ADDRESS			CITY/STATE/ZIP		BUS PHONE		
GROSS MONTHLY SALARY (if self employed, attach business operating statements and Federal Tax Returns for past two years)				POSITION			YEARS THERE	
PREVIOUS EMPLOYER		ADDRESS		POSITION		YEARS THERE		
OTHER INCOME – INCOME FROM ALIMONY, CHILD SUPPOPRT OR SEPARATE MAINTENANCE PAYMENTS NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION				SOURCE OF OTHER INCOME		NET MONTHLY		# DEPENDENTS
ARE YOU OBLIGATED TO MAKE ALIMONY CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS?		<input type="checkbox"/> YES <input type="checkbox"/> NO		MONTHLY AMOUNT: \$	AUTO(S)	YEAR	MAKE	MODEL
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	ADDRESS			TELEPHONE		

### 3. OUTSTANDING DEBTS AND CREDIT REFERENCES (including credit cards, lines of credit and charge plans that do not currently have a balance).

CREDITORS NAME & ADDRESS	ACCOUNT #	NAME(S) IN WHICH ACCOUNT CARRIED	ORIGINAL DEBT / CREDIT LIMIT	PRESENT BALANCE	MONTHLY PAYMENT

