



Member FDIC | Equal Housing Lender

[Privacy Statement](#)

UBank Personal Loan Application

First Name:

Last Name:

Submitted on:

Date of Application

Sample Date: 00/00/0000
(required)

UBank requires applicants to be residents of Tennessee or Kentucky. If you are located outside of these areas, an online application will not be accepted.

Please contact us (423-784-9446) if you have questions regarding your financial needs.

Privacy Policy:

Our [privacy policy](#) protects the privacy of your personally-identifying information that you provide us online.

[USA Patriot Act](#)

Important Information about Procedures for Opening or Changing an New Account with UBank

Section 326 of the USA PATRIOT ACT requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This federal requirement applies to all new customers. This information is used to assist the United States government in the fight against the funding of terrorism and money-laundering activities.

What this means to you: When you open an account, we will ask each person for their name, physical address, mailing address, date of birth, and other information that will allow us to identify them.

Additionally, FinCEN has adopted what they describe as a “two pronged” approach to beneficial ownership.

The ownership prong includes all natural persons with 25% or more direct or indirect equity interest in a legal entity while the control prong is a single individual with significant managerial responsibility (the Rule says “control, manage or direct”) over the legal entity.

We will ask to see each person’s driver’s license and other identifying documents, and copy or record information from each of them.

Security Notice:

You should **ONLY** fill out this form on-line if you are using a browser with the latest security enhancements. If you don't have the latest version, download a copy now. This form is NOT cached (saved in your computer's memory) when you QUIT your browser.

Instructions:

1. Print this loan application and gather the information you'll need.
2. Complete application on-line and click "Submit Application" or fax it to 423-784-7686.
3. To safeguard your privacy, QUIT your browser and restart it again after using this form.

This loan application is for personal loans only and is NOT intended for commercial use. A valid social security number is required to apply. Please review and gather the information you will need before completing this form. Upon receipt of the application, we will send you the proper disclosures.

Loan Officer

(required)	<input type="radio"/> Kim Swafford, SVP <input type="radio"/> Herb Petrey, SVP <input type="radio"/> I don't have a preference		
Personal Loan Request			
Amount Requested: (required)			
Purpose of Loan (required)			
Type of Application: (required)	<input type="radio"/> Individual Applicant <input type="radio"/> Joint Applicant		
Joint Applicant Status: (if any) (required)	<input type="radio"/> Co-Borrower Applicant <input type="radio"/> Co-Signer Applicant <input type="radio"/> No Joint Applicant		
Loan Type	<input type="radio"/> Payment Loan (Principal + Interest monthly) <input type="radio"/> Term Note (Interest only until principal due)		
Term Requested	<input type="radio"/> 6 Months <input type="radio"/> 12 Months <input type="radio"/> 18 Months <input type="radio"/> 24 Months <input type="radio"/> 36 Months <input type="radio"/> Other:		
Applicant			
First Name		Middle Initial	Last Name
_____		_____	_____
Date of Birth		Social Security No.	
_____		_____	
Driver's License No.	Driver's License State	Your E-mail Address	
_____	_____	_____	
Home/Cell Phone		Best Time To Call	
_____		_____	
Are there any unsatisfied Judgments against you? (required)	<input type="radio"/> Yes <input type="radio"/> No		

Have you been declared bankrupt in the last 7 years? (required)	<input type="radio"/> Yes <input type="radio"/> No	
Residence		
Present Home Address (required)	Address Line 1	
	Address Line 2	
	CityStateZIP Code	
Years At Present Address	Your Monthly Rent or Mortgage Payment	
Years At Previous Address	Your Previous Address	
Employment		
(required)	<input type="radio"/> Employed	
	<input type="radio"/> Self-Employed	
	<input type="radio"/> Unemployed	
	<input type="radio"/> Retired	
	<input type="radio"/> Student	
Your Present Employer	Employer Phone	
Present Employer Address	Address Line 1	
	Address Line 2	
	CityStateZIP Code	
Gross Monthly Salary	Your Position	Years There
You do not have to list alimony, child support or separate maintenance income unless you want us to consider it for the purposes of granting and repayment of this credit request.		
Applicant Other Income		
Other Monthly Income	Source of Other Income	

Previous Employer (if less than 3 years at current employer)		Years at Previous Employer		
Previous Employer Address	Address Line 1			
	Address Line 2			
	City	State	ZIP Code	
Additional Information				
Automatic Payment Information (required)	Checking/Savings Account Number	Routing Number	Financial Institution Name	
Any Current Loans Elsewhere? (required)	Name of Creditor	Approx. Balance	Monthly Payment	Collateral, if any
Co-Applicant or Co-Signer				
First Name		Middle Initial	Last Name	
Date of Birth		Social Security No.		
Driver's License No		Driver's License State	Your E-mail Address	
Home/Cell Phone		Best Time To Call		
Co-Applicant or Co-Signer Residence				
Present Home Address <i>If different than Applicant...</i>	Address Line 1			
	Address Line 2			
	City	State	ZIP Code	

Years At Present Address

Your Monthly Rent or Mortgage Payment

Years At Previous Address

Your Previous Address

Co-Applicant or Co-Signer Employment

- ☐ Employed
- ☐ Self-Employed
- ☐ Unemployed
- ☐ Retired
- ☐ Student

Your Present Employer

Employer Phone

Present Employer Address

Address Line 1

Address Line 2

City

State

ZIP Code

Gross Monthly Salary

Your Position

Years There

You do not have to list alimony, child support or separate maintenance income unless you want us to consider it for the purposes of granting and repayment of this credit request.

Co-Applicant or Co-Signer Other Income

Other Monthly Income

Source of Other Income

Previous Employer (if less than 3 years at current employer)

Years at Previous Employer

Previous Employer Address

Address Line 1

Address Line 2

City

State

ZIP Code

Co-Applicant or Co-Signer Additional Information

	Name of Creditor	Approx. Balance	Monthly Payment	Collateral, if any
Any Current Loans Elsewhere? (required)	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Applicant(s) Statement

I/We have completed this request for credit in consideration of UBank lending to me and/or others upon my guarantee. I/We certify that all information contained herein is accurate and complete to the best of my knowledge.

I/We authorize UBank to retain property of this application, to rely on the foregoing, to check and verify my credit, employment and salary history, to secure follow up credit reports concerning my credit worthiness and to exchange information about my account with proper persons, creditors and credit bureaus.

I authorize my employer (present and future), bank and other references listed above to release and/or verify information to UBank at any time. I acknowledge that this application is subject to approval of credit and acceptance by UBank. Should my request for credit and subsequent loan be approved, I agree to give UBank written notice immediately upon change of my name, address, employment or any other pertinent information contained herein.

Purpose
You are submitting an application for a loan. In connection with your loan application, Lender may be soliciting, offering to sell, or will sell you an insurance product or annuity. Federal law requires Lender to provide you with the following disclosures.

Credit Disclosures
1. Lender, as a condition of granting you a loan, cannot require that you purchase an insurance product or annuity from Lender or any of its affiliates.
2. Lender, as a condition of granting you a loan, cannot require your agreement not to obtain or prohibit you from obtaining an insurance product or annuity from an un affiliated entity.

Acknowledgment
BY SIGNING DIGITALLY BELOW, I ACKNOWLEDGE THAT I HAVE READ, RECEIVED AND UNDERSTAND THIS INSURANCE DISCLOSURE.

(required)	<input type="checkbox"/> I/We AGREE with the above statement
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