



Member FDIC | Equal Housing Lender

[Privacy Statement](#)

Personal Loan Application

First Name:	Last Name:
Submitted on:	
<input type="checkbox"/> Joint Credit	
<input type="checkbox"/> Co-Signed	
<input type="checkbox"/> Guaranty	
Applicant Name (Last, First, Middle Initial)	
<input type="checkbox"/> Married	
<input type="checkbox"/> Unmarried	
<input type="checkbox"/> Separated	
<input type="checkbox"/> Unknown	
Customer Since (enter year)	
Present Address (required)	Address Line 1
	Address Line 2
	City _____ State _____ ZIP Code _____
How Long at Present Address?	
Previous Address	Address Line 1
	Address Line 2
	City _____ State _____ ZIP Code _____
How Long at Previous Address?	
Social Security Number	
Date of Birth	
Drivers License Number	
Phone Number (required)	
Current Employer	
Position	

How long in current position?	
Current Employer Address	Address Line 1 <hr/> Address Line 2 <hr/> City _____ State _____ ZIP Code _____
Current Employer Phone Number	
Gross Monthly Income	
	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Hours	
Former Employer	
Position	
How long in former position?	
Former Employer Address	Address Line 1 <hr/> Address Line 2 <hr/> City _____ State _____ ZIP Code _____
Former Employer Phone Number	
Previous Gross Monthly Income	
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Hours	
<p>Alimony, child support, or separate maintenance income need not be revealed if applicant does not wish to have it considered as a basis for repaying this obligation.</p>	
Other Income (Monthly)	
Source of Other Income	
Full Name of Nearest Relative Not Living with Applicant	
Relationship	
Relative's Address	Address Line 1 <hr/> Address Line 2 <hr/> City _____ State _____ ZIP Code _____
Relative's Phone Number	

Outstanding Debts (required)	Creditor Name	Monthly Payment
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
Joint Applicant Name (Last, First, Middle Initial)		
	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated <input type="checkbox"/> Unknown	
Customer Since		
Joint Applicant Present Address	Address Line 1 _____ Address Line 2 _____ City _____ State _____ ZIP Code _____	
How Long at Present Address?		
Joint Applicant Previous Address	Address Line 1 _____ Address Line 2 _____ City _____ State _____ ZIP Code _____	
How Long at Previous Address?		
Joint Applicant Social Security Number		
Joint Applicant Date of Birth		
Joint Applicant Drivers License Number		
Joint Applicant Phone Number		
Joint Applicant Current Employer		
Position		
How long in current position?		

Joint Applicant Current Employer Address	Address Line 1
	Address Line 2
	City _____ State _____ ZIP Code _____
Joint Applicant Current Employer Phone Number	
Gross Monthly Income	
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Hours	
Joint Applicant Former Employer	
Joint Applicant Former Position	
How long in former position?	
Joint Applicant Former Employer Address	Address Line 1
	Address Line 2
	City _____ State _____ ZIP Code _____
Joint Applicant Former Employer Phone Number	
Joint Applicant Previous Gross Monthly Income	
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Hours	
<p>Alimony, child support, or separate maintenance income need not be revealed if applicant does not wish it considered as a basis for repaying the obligation.</p>	
Other Income	
Source of Other Income	
Full Name of Nearest Relative Not Living with Joint Applicant	
Relationship	
Relative's Address	Address Line 1
	Address Line 2
	City _____ State _____ ZIP Code _____
Relative's Phone Number	

	Creditor	Monthly Payment
Outstanding Debts (required)		

Purpose (Reason for Request) (required)

Collateral Offered (Describe) (required)

Amount Requested (required)

We intend to apply for joint credit. By initialing below we acknowledge the intention to apply for joint credit on today's date.

Applicant Initials

Joint Applicant Initials

Today's Date

Signatures - I certify that everything I have stated in this application and on any attachment is correct. Lender may keep this application whether or not it is approved. By signing below I authorize Lender to check my credit and employment history and to answer questions others may ask lender about my credit record with Lender. I agree to update financial, credit or collateral information at Lender's request.

Authorization

Signature Date

Authorization

Signature Date

Signature

Date

Signature

Date

FEDERAL CREDIT APPLICATION INSURANCE DISCLOSURE

I have applied for an extension of credit with you. You are soliciting, offering, or selling me an insurance product or annuity in connection with this extension of credit.

FEDERAL LAW PROHIBITS YOU FROM CONDITIONING THE EXTENSION OF CREDIT ON EITHER:

- 1. My purchase of an insurance product or annuity from you or any of your affiliates; or
 - 2. My agreement not to obtain, or a prohibition on me from obtaining, an insurance product or annuity from an unaffiliated entity
- By signing, I acknowledge that I have received a copy of this form on today's date. Unless this disclosure is provided electronically or I have applied for credit by mail, I also acknowledge that you have provided this disclosure to me orally.

Authorization	Signature	Date
Authorization	Signature	Date
Signature		
Date		
Signature		
Date		

THE FOLLOWING SECTION IS ONLY TO BE COMPLETED IF THE LOAN BEING REQUESTED IS SECURED BY A DWELLING.

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 not 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 wish to furnish the information, please check the box below. Lender must review the above material to assure the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.

BORROWER	<input type="radio"/> I do not wish to furnish this information.
Borrower Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino

Borrower Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White
Borrower Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male
CO-BORROWER	<input type="radio"/> I do not wish to furnish this information.
Co-Borrower Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino

Co-Borrower Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White
Co-Borrower Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male
To be Completed by Interviewer <i>This application was taken by:</i>	<input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Internet
Interviewer's Name	
Name of Interviewer's Employer	
Address of Interviewer's Employer	Address Line 1 <hr/> Address Line 2 <hr/> City _____ State _____ ZIP Code _____
Interviewer's Phone Number	

Authorization	<p data-bbox="824 117 1101 149">Interviewer's Signature</p> <p data-bbox="630 205 837 254">Signature</p> <p data-bbox="1247 205 1349 254">Date</p>
Unique Identifier	