

Equal Housing Lender | Member FDIC Privacy Statement

# **Debt Consolidation Loan Application**

First Name:

Last Name:

Submitted on:

# Currently, we are only accepting online applications from within the state of Georgia.

Privacy Policy:

Our privacy policy protects the privacy of your personally-identifying information that you provide us online.

The bank is required to provide adequate notice to new account customers, beneficial owners and the controlling person that the bank is requesting information to verify their identities. The notice describes the bank's identification requirements and is posted in the lobby area to allow customers to view prior to opening an account. The following statement is the bank's sign:

### 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 on personal accounts identifies each person who opens an account. In addition, on legal entity accounts, we will require identification on beneficial owners and controlling person.

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

If you request to open an account or become a signatory on an account with the Bank and the Bank has not previously verified your identity under the new regulatory requirements, the Bank will request documentary verification of your identity, such as driver's license or passport and/or it will verify your identity through other non-documentary methods. Similar identification requirements apply to business entities such as corporations, limited liability companies and partnerships.

In all cases, protection of our customers' identity and confidentiality is the Bank's pledge to you.

#### 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".
- 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.** 

#### TELEPHONE, TEXT AND EMAIL COMMUNICATIONS ACKNOWLEDGEMENT

CREDITOR

CARVER STATE BANK 701 MARTIN LUTHER KING, JR BLVD. SAVANNAH, GA 31415 Telephone: (912) 447-4200 Organized and existing under the laws of Georgia

"We" means Creditor, agents and assignees. "You" means the Consumer. We thank you for your business. We want to provide you with the best possible service in our ongoing business relationship for your account and all other accounts and services ("Your Account") in your name solely, jointly or as a representative of others.

To accomplish this, we may need to contact you from time to time by telephone, text messaging or email about Your Account.

In contacting you about Your Account throughout its existence, we may use any telephone numbers or email addresses that:

• You have previously provided to us by virtue of an existing business relationship;

- · You have provided below; and
- · You may subsequently provide to us.; and

You acknowledge that the number we use to contact you may be assigned to a landline, a paging service, a cellular wireless service, a specialized mobile radio service, other radio common carrier service or any other service for which you may be charged for the call. You acknowledge that we may contact you by voice, voicemail, text messaging or email. You further acknowledge that we may use pre-recorded or artificial voice messages, or automatic telephone dialing systems.

If necessary, you may change or remove any of the telephone numbers, email addresses or other methods of contacting you at any time using any reasonable means to notify us. We thank you again for your business and this opportunity to serve you.

By clicking "I Consent" you agree to receive communications by telephone, text and/or email from Carver State Bank. (required)	O I Consent		
	Debt Cons	solidation Loan Request	
Amount Requested:			
Type of Application:	O Individual Applicant O Joint Applicant		
		Applicant	
First Name		Middle Initial	Last Name
Date of Birth	Social Se	curity No.	No. of Dependents
Driver's License No.	Driver's License State	Driver's License Expiration	Driver's License Date of Issue
Home Phone	Best Time To Call	Work Phone	E-mail Address

Are there any unsatisfied Judgments against you?	O Yes O No		
Have you been declared bankrupt in the last 7 years?	O Yes O No		
	Own with Mortgage	Residence	
Your Primary Residence:	Own Clear		
	○ Rent		
	O Other		
	Address Line 1		
Present Street Address	Address Line 2		
	City	State	ZIP Code
Years At Present Address Your Monthly Rent or Mortgage Payment			
Years At Previous Address Your Previous Address			
		Home Information	
Col	lateral Property Address (		Date Purchased
	lateral Property Address ( ent Mortgage Holder		Date Purchased
	ent Mortgage Holder		
Curre	ent Mortgage Holder	If different from above)	Mortgage Holder Phone
Curre	ent Mortgage Holder	If different from above)	Mortgage Holder Phone
Curre	ent Mortgage Holder	If different from above)	Mortgage Holder Phone
Curre	ice	If different from above)	Mortgage Holder Phone
Curre	ent Mortgage Holder ice	If different from above)	Mortgage Holder Phone

	Your Present Employer		Phone
Address Information	Address Line 1 Address Line 2		
	City	State	ZIP Code
Gross Monthly Salary		Your Positon	Years There
You do not have to list alir granting and repayment of	nony, child support or separate mainter f this credit request.	nance income unless you want u	us to consider it for the purposes of
Oth	ner Monthly Income	Source	of Other Income
Previous	Employer (if less than 3 years at curren	t employer)	Years at Previous Employer
	Address Line 1		
Address Information	Address Line 2		
	Addition	nal Information	ZIP Code
	Your Checking Account Number		Institution Name
	Your Savings Account Number.		Institution Name
Name of Credito	or Approx. Balance	Monthly Payment	Collateral, if any

Assets	Value		Title Held Name	
		Co-Applicant		
First Name		Middle Initial	Last Name	
Date of Birth	Social Security No.		No. of Dependents	
Driver's License No.	Driver's License State	Driver's License Expiration	Driver's License Date of Issue	
Home Phone	Best Time To Call	Work Phone	e E-mail Address	
	Co-A	Applicant Residence		
Your Primary Residence:	<ul> <li>Own with Mortgage</li> <li>Own Clear</li> <li>Rent</li> <li>Other</li> </ul>			
Present Street Address	Address Line 1 Address Line 2 City	State	ZIP Code	
Years At Pres	ent Address	Your Monthly Re	nt or Mortgage Payment	
Year	s At Previous Address		Your Previous Address	
Coll	Co-Appli ateral Property Address (If differe	icant Home Information ent from above)	Date Purchased	

Current Mortgage Holder Purchase Price Market			Mortgage Holder Phone		
		Market Value	Mortgage Balance		
		Co-Applicant Employment			
	C Employed				
	O Unemployed				
	O Student				
	Your Present E	mployer	Phone		
	Address Line 1				
Address Information	Address Line 2				
	City	State	ZIP Code		
Gross M	onthly Salary	Your Positon	Years There		
You do not have to list alimo granting and repayment of th		rate maintenance income unless y	you want us to consider it for the purposes of		
Other	Monthly Income		Source of Other Income		
Previous En	nployer (if less than 3 yea	ars at current employer)	Years at Previous Employer		
	Address Line 1				
Address Information	Address Line 2				
	City	State	ZIP Code		
	C	o-Applicant Additional Information			

	Your Checking Account Number		Institution Name	
Your Savings Account Number.				
Name of Creditor	Approx. Balance	Monthly Payment	Collateral, if any	
Total Amount of Other Monthly Payments not listed above:				
Assets	Value	Title He	eld Name	
Information For Government Monitoring Purposes This section to be completed only for loans subject to reporting under the Home Mortgage Disclosure Act (HMDA). HMDA loans are loans made for the following purposes: Home Purchase (secured), Home Improvement (secured or unsecured), or refinance of a loan secured by a 1-4 residential dwelling (regardless of purpose). 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 choose to furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not 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 above 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.)				
	I do not wish to furnish this inform	ation.		
Ethnicity	<ul> <li>Hispanic or Latino</li> <li>Not Hispanic or Latino</li> </ul>			

Race or National Origin:	<ul> <li>American Indian, Alaskan Native</li> <li>Asian</li> <li>Native Hawaiian or other Pacific Islander</li> <li>White</li> <li>Black or African American</li> </ul>
Sex	O Male O Female
	Co-Applicant:
	I do not wish to furnish this information.
Ethnicity	O Hispanic or Latino O Not Hispanic or Latino
Race or National Origin:	<ul> <li>American Indian, Alaskan Native</li> <li>Asian</li> <li>Native Hawaiian or other Pacific Islander</li> <li>White</li> <li>Black or African American</li> </ul>
Sex	O Male O Female

#### Applicant(s) Statement

I/We have completed this request for credit in consideration of Carver State Bank 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 Carver State Bank 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 Carver State Bank at any time. I acknowledge that this application is subject to approval of credit and acceptance by Carver State Bank. Should my request for credit and subsequent loan be approved, I agree to give Carver State Bank written notice immediately upon change of my name, address, employment or any other pertinent information contained herein.

(required)

I/We AGREE with the above statement