Personal Loan Application				
First Name:	Last Name:			
Submitted on:				
several questions and to pro sources to confirm the inform Privacy Policy:	ion: Federal law requires institutions to obtain sufficiently vide one or more forms of identification to fulfill this repation. The information you provide is protected by one privacy of your personally-identifying information to	ur privacy policy and federal law.		
Applicants must reside in on	e of the following Indiana counties: Wabash, Miami, r, Huntington. Please contact your nearest Crossroad	Kosciusko, Whitley, Allen, Noble, Elkhart, Marshall,		
Identification Procedures Re law requires all financial insti What this means for you: Wh allow us to identify you. We i	tutions to obtain, verify, and record information that i	address, date of birth, and other information that will		
	s form on-line if you are using a browser with the late lw. This form is NOT cached (saved in your compute	st security enhancements. If you don't have the latest r's memory) when you QUIT your browser.		
	ne and click "Submit Application." , QUIT your browser and restart it again after using t	his form.		
	ersonal loans only and is NOT intended for commerce ther the information you will need before completing	ial use. A valid social security number is required to this form. Upon receipt of the application, we will send		
	Auto Loan Request			
Purpose of Loan: (required)				
Amount Requested: (required)				
	☐ Individual Credit - relying solely on my income	or assets		
Type of Application: (required)	Individual Credit - relying on my income or ass	ets as well as income or assets from other sources		
	O Joint Credit - we intend to apply for joint credit			
If you are applying for Joint Credit, please insert your initials below: (required)	Applicant Initials	Co-Applicant Initials		
Term Requested:	O 24 mos. O 36 mos.			
	Other:			

Applicant

First Name		Middle Initial	Last Name	
Date of Birth		Social Security No.		
		Your E-mail Address		
	Home Phone		Work Phone	
		Residence		
Your Primary Residence: (required)	Own with Mortgage No Mortgage Rent Other:	residence		
Address Information (required)	Address Line 1 Address Line 2 City	State	ZIP Code	
Years At Present Address Your Monthly rent or Mortgage Payment		nly rent or Mortgage Payment		
Your Previous Address		Years at Previous Address		
		Home Information		
Property Address (If different from above) Years in this Area				
Current Mortgage Holder				

Purchase Price		Market Value	Mortgage Balance	Mortgage Balance	
		Employment		_	
	Your Present Employ	ver	Phone		
Address Information	Address Line 1				
(required)	Address Line 2 City	State	ZIP Code		
Monthly	Gross Salary	Position/Title	Employment Date		
granting and repayment o		naintenance income unless yo	ou want us to consider it for the purposes of Source of Other Income		
Previous Employer		Years at Previous Employer			
Address Information (required)	Address Line 1 Address Line 2				
	City	State	ZIP Code	_	
	A	Additional Information			
	Your Checking Account Numb	er	Institution Name		
			modals. Hame		

Name of Creditor	Approx. Balar	nce Mor	nthly Payment	Collateral, if any	
Total Amount of Other Monthly Payments not listed					
above:		Co-Applicant			
First Name	•	Middle Initial		Last Name	
Date	Date of Birth Social Security No.			No.	
		Your E-mail Address			
Home Phone			Work Phone		
	(Co-Applicant Residence			
Your Primary Residence:	Own with Mortgage Own Clear Rent Other:				
Address Information	Address Line 1 Address Line 2 City	State	ZIF	² Code	
Years At Present Address		Your N	Your Monthly Rent or Mortgage Payment		
Your Previous Address Years at Previous Address			us Address		

Co-Applicant Home Information					
Pr	roperty Address (If differen	Years in this Area			
Current Mortgage Holder					
Purchase Price		Market Value	Mortgage Balance		
		Co-Applicant Employment			
	Your Present En		Phone		
Address Information	Address Line 1 Address Line 2				
	City	State	ZIP Code		
Monthly Gro	oss Salary	Position / Title	Employment Date		
– You do not have to list alimo granting and repayment of th		ate maintenance income unless y	ou want us to consider it for the purposes of		
Other Monthly Income Source of Other Income					
Previous Employer		Years at Previous Employer			
	Address Line 1				
Address Information	Address Line 2				
	City	State	ZIP Code		
	Co-	-Applicant Additional Information			
	Your Checking Account N	umber	Institution Name		

Your Savings Account Number		Institution Name		
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	
	Contact N			
What is the best option to contact you? (required)	Phone Number		Email Address	
obligations except as listed and t and I have not applied for or hav information provided by me for the	I hereby certify that the information is hese are correct to the best of my knee been adjudicated bankrupt except a purposes of opening and maintainince with the Fair Credit Reporting Act	owledge. I further certify that no I as indicated on this application. Y ng an account. All applicable info	itigation is pending against me ou may investigate any of the	