

## Pioneer Federal Savings & Loan

## Personal Loan Application/Deer Lodge

| First Name:   | Last Name:   |  |  |  |  |
|---|--|--|--|--|--|
|   | your personally-identifying information that you p   | rovide us online.  |  |  |  |
| Applicants must reside in Montana.  |  |  |  |  |  |
| aw requires all financial institutions to obt What this means for you: When you open allow us to identify you. We may also ask Security Notice: You should ONLY fill out this form on-line  | or Opening a New Account To help the government fight the funding of terrori ain, verify, and record information that identifies a an account, we will ask for your name, address, to see your driver's license or other identifying do if you are using a browser with the latest security is NOT cached (saved in your computer's memory | each person who opens an account. date of birth, and other information that will ocuments.  y enhancements. If you don't have the latest |  |  |  |
| Instructions:  1. Print this loan application and gather th  2. Complete application on-line and click "  |  |  |  |  |  |
| 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. |  |  |  |  |  |
|   | Personal Loan Request  |  |  |  |  |
| Amount Requested: (required)  |  |  |  |  |  |
|   | Individual Applicant   |  |  |  |  |
| Type of Application: (required)   | O Joint Applicant  |  |  |  |  |
| Purpose of Loan:  |  |  |  |  |  |
| Applicant   |  |  |  |  |  |
| First Name  | Middle Initial   | Last Name  |  |  |  |
| Date of Birth   | Social Security No.  | No. of Dependents  |  |  |  |
| Driver's License No.  | Driver's License State   | Your E-mail Address  |  |  |  |
| Home Phone  | Best Time To Call  | Work Phone   |  |  |  |
|   |  |  |  |  |  |

| Are there any unsatisfied Judgments against you? (required)     | ○ Yes<br>○ No                        |                       |                  |  |
|---|--------------------------------------|-----------------------|------------------|--|
| Have you been declared bankrupt in the last 7 years? (required) | ○ Yes<br>○ No                        |                       |                  |  |
|   | Residence                            | •                     |                  |  |
| Your Primary Residence: (required)                              | Own with Mortgage Own Clear Rent     |                       |                  |  |
|   | Other                                |                       |                  |  |
| Present Address (required)                                      | 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                 |                                      |                       |                  |  |
|   | Home Informa                         | ation                 |                  |  |
| Collateral Proper   | ty Address (If different from abo    | ove)                  | Date Purchased   |  |
| Current Mortgage Holder   |                                      | Mortgage Holder Phone |                  |  |
| Purchase Price  | Market Value                         |                       | Mortgage Balance |  |
| Employment Employment   |                                      |                       |                  |  |
|   | Employed                             |                       |                  |  |
|   | Self-Employed                        |                       |                  |  |
|   | O Unemployed                         |                       |                  |  |
|   | O Retired                            |                       |                  |  |
|   | Student                              |                       |                  |  |

| Your Present Employer   |   |                                | Phone                                |  |
|---|---|--------------------------------|--------------------------------------|--|
|   | Address Line 1                              |                                |                                      |  |
| Address Information (required)  | Address Line 2                              |                                |                                      |  |
|   | City  | State                          | ZIP Code                             |  |
| Gross Monthly Salary  |   | Your Position                  | Years There                          |  |
| You do not have to list alimony, child supporting and repayment of this credit requ |   | ance income unless you want us | s to consider it for the purposes of |  |
| Other Monthly Inco  | Other Monthly Income Source of Other Income |                                | of Other Income                      |  |
| Previous Employer (if les   | s than 3 years at current                   | employer)                      | Years at Previous Employer           |  |
|   | Address Line 1                              |                                |                                      |  |
| Address Information   | Address Line 2                              |                                |                                      |  |
|   | City  | State                          | ZIP Code                             |  |
|   | Additiona                                   | al Information                 |                                      |  |
| Your Checking Account Number Institution Name                                       |   |                                | 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: (required) |  |                  |                       |  |
|---|--|------------------|-----------------------|--|
| Assets  | Value  |                  | Title Held Name       |  |
|   | Co-A   | .pplicant        |                       |  |
| First Name  | Middle Initial   |                  | Last Name             |  |
| Date of Birth   | Social Security No.  |                  | No. of Dependents     |  |
| Driver's License No   | Driver's License State   |                  | Your E-mail Address   |  |
| Home Phone  | Best Time To Call  |                  | Work Phone            |  |
|   | Co-Applica   | ant Residence    |                       |  |
| Your Primary Residence:   | Own with Mortgage Own Clear Rent Other                         |                  |                       |  |
| Present Address   | Address Line 1  Address Line 2  City                           | State            | ZIP Code              |  |
| Years At Present Address  | Years At Present Address Your Monthly Rent or Mortgage Payment |                  |                       |  |
| Years At Previous Address   |  |                  | Your Previous Address |  |
|   | Co-Applicant I   | Home Information |                       |  |
| Collateral Proper   | ty Address (If different fro                                   |                  | Date Purchased        |  |

| Current Mortgage Holder                     |  | М                         | Mortgage Holder Phone                |       |  |
|---|--|---------------------------|--------------------------------------|-------|--|
| Purchase Price                              | Market Value                                     |                           | Mortgage Balance                     |       |  |
|   | Co-Applica                                       | nt Employment             |                                      |       |  |
|   | <ul><li>Employed</li><li>Self-Employed</li></ul> |                           |                                      |       |  |
|   | <ul><li>Unemployed</li><li>Retired</li></ul>     |                           |                                      |       |  |
|   | O Student  |                           |                                      |       |  |
| Your  | Present Employer                                 |                           | Phone                                |       |  |
|   | Address Line 1                                   |                           |                                      |       |  |
| Address Information                         | Address Line 2                                   |                           |                                      |       |  |
|   | City   | State                     | ZIP Code                             |       |  |
| Gross Monthly Salary                        |  | Your Position             | Years There                          |       |  |
| You do not have to list alimony, child supp | ort or separate maintena                         | ance income unless you wa | nt us to consider it for the purpose | es of |  |
| Other Monthly Income                        |  | Sou                       | rce of Other Income                  |       |  |
| Previous Employer (if less                  | than 3 years at current                          | employer)                 | Years at Previous Employe            | r     |  |
|   | Address Line 1                                   |                           |                                      |       |  |
| Address Information                         | Address Line 1                                   |                           |                                      |       |  |
|   | City   | State                     | ZIP Code                             |       |  |
|   | Co-Applicant Ac                                  | dditional Information     |                                      |       |  |

|                                    | Your Checking Account Number |                 | Institution Name   |  |
|------------------------------------|------------------------------|-----------------|--------------------|--|
| Your Savings Account Number.       |                              |                 | Institution Name   |  |
| Name of Creditor                   | Approx. Balance              | Monthly Payment | Collateral, if any |  |
| Total Amount of Other Monthly Payi |                              |                 |                    |  |
| Assets                             | Value                        | Title Held Name |                    |  |

## Applicant(s) Statement

I/We have completed this request for credit in consideration of **Pioneer Federal Savings & Loan** 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 **Pioneer Federal Savings & Loan** 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 **Pioneer Federal Savings & Loan** at any time. I acknowledge that this application is subject to approval of credit and acceptance by **Pioneer Federal Savings & Loan**. Should my request for credit and subsequent loan be approved, I agree to give **Pioneer Federal Savings & Loan** written notice immediately upon change of my name, address, employment or any other pertinent information contained herein. I/We AGREE with the above statement