## Personal Loan Application

First Name:	Last Name:			
Submitted on:	ubmitted on:			
Preferred branch you would like to handle your loan request:				
To help the government fight obtain, verify, and record info What this means for you: Wh allow us to identify you. We r Security Notice: You should ONLY fill out this version, download a copy no Instructions: 1. Gather the documents nee • Valid Drivers License & Cur 2. Complete application onlin 3. To safeguard your privacy This Ioan application is NOT	Procedures for Opening a New Account the funding of terrorism and money laundering activities, rmation that identifies each person who opens an accoun en you open an account, we will ask for your name, addre nay also ask to see your driver's license or other identifyin form on-line if you are using a browser with the latest sec w. This form is NOT cached (saved in your computer's me ded to apply for the loan online. rent Paystubs for all applicants e and click "Submit Application" QUIT your browser and restart it again after using this fo intended for commercial use. A valid social security numb	t. ess, date of birth, and other i ig documents. surity enhancements. If you c emory) when you QUIT your rm.	nformation that will lon't have the latest browser.	
the information you will need	before completing this form. Loan Information			
Amount Requested:				
Purpose of Loan Request:				
Is this a personal loan or a personal line of credit request? (required)	<ul> <li>Personal Unsecured</li> <li>Personal Line of Credit</li> </ul>			
Term Requested: (required) *Terms available depend on the type of loan*	<ul> <li>12 mo Select preference of 12 or 24 mo. term if a personal unsecured request</li> <li>24 mo Select preference of 12 or 24 mo. term if a personal unsecured request</li> <li>120 mo Select this only for Personal Lines of Credit</li> </ul>			
Are you applying as an individual or with a co- applicant as a joint application? (required)	O Individual O Joint			
Application (required)				
First Name:	Middle Initial:	Last Name:	Suffix:	
Date of Birth:	Social Security No.:	Email A	ddress:	

:: Se	Secondary Phone:		Best Time to Call:	
Driver's License No.:	State Issued:	Issued Date:	Expiration Date:	
Please submit this information	as an additional attachment.			
<ul> <li>U.S. Citizen</li> <li>Permanent Resident Alien</li> <li>Non-Resident Alien</li> </ul>	n			
Applic	ant Housing Information			
Address Line 1 Address Line 2 City	State	ZIP Code		
Own Rent Other				
Estimated Property Value:	Annual Property Tax Amou	nt: Annual Home	owner Insurance Amount:	
At Current Address Since (mm/yyyy): Monthly Rent or Mortgage Payment:				
Applicat	at Employment Information			
C Employed	It Employment mormation			
<ul> <li>Self-Employed</li> <li>Retired</li> </ul>				
Current Employer Nan	ne:		Phone:	
	Driver's License No.: Please submit this information U.S. Citizen Permanent Resident Alien Non-Resident Alien Address Line 1 Address Line 2 City Own Rent Other Estimated Property Value: ddress Since (mm/yyyy): Address Since (mm/yyyy): Cherical	Driver's License No.:       State Issued:         Please submit this information as an additional attachment.         U.S. Citizen         Permanent Resident Alien         Non-Resident Alien         Address Line 1         Address Line 2         City       State         Own         Rent         Other         Estimated Property Value:       Annual Property Tax Amouted         Address Since (mm/yyyy):       More         Applicant Employment Information         Self-Employed	Driver's License No.:       State Issued:       Issued Date:         Please submit this information as an additional attachment.         U.S. Citizen         Permanent Resident Alien         Non-Resident Alien         Address Line 1         Address Line 2         City       State         ZIP Code         Own         Rent         Other         Estimated Property Value:       Annual Property Tax Amount:         Annual Homes         Address Since (mm/yyyy):         Monthly Rent or Mortgage         Olinemployed         Self-Employed         Self-Employed         Retired	

	Address Line 1			
Address Information (required)	Address Line 2			
	City	State	ZIP Code	
Gross Monthly Salary: Your Position: Years at Current Employer:			nt Employer:	
Upload most recent pay stubs or proof of income documentation here (required)	Please submit this information as an additional attachment.			
Applicant Other Income	L			
You do not have to list alimo granting and repayment of the	ny, child support or separate nis credit request.	maintenance income u	nless you want us to conside	r it for the purpose of
Other Income (required) If completing this section, include proof of income in upload sections.	Monthly Amount: Source of Other Income:		Income:	
Additional income (second job) (required) If completing this section, include pay stubs in upload section.	Name of Employer:	Position:	Gross Monthly Income:	Years at this job:
	Co-Appl	icant Information (if app	licable)	
First Name: Middle Initial: Last Name: Suffix:			Suffix:	
Date of Birth: Social Security Number:		er: Email Address:		
	So	cial Security Number:	E	mail Address:
Primary Phone		cial Security Number: Secondary Phone:		Time to Call:
Primary Phone Driver's License Information:				
Driver's License	e: \$	Secondary Phone: State Issued:	BestBest	Time to Call:
Driver's License Information: Upload front & back of	e: S	Secondary Phone: State Issued: on as an additional atta	BestBest	Time to Call:
Driver's License Information: Upload front & back of license		Secondary Phone: State Issued: on as an additional atta	Best  Best Best	Time to Call:

	Address Line 1 Address Line 2				
		State	ZIP Code		
	City				
	O Own				
Do you currently:	O Rent				
	O Other				
If own: (required)	Estimated Property Value:	Annual Property Tax Amount:	Annual Homeowner Insurance Amount:		
At Current Address Since (mm/yyyy): Monthly Rent or Mortgage Payment:					
	Co-Applic	ant Employment Information			
	C Employed				
Current Employment					
Status:	O Self-Employed				
	O Retired				
	Current Employer Nan	ne:	Phone:		
	Address Line 1				
Address Information	Address Line 2				
	City	State	ZIP Code		
Gross Monthly	Salary: Yo	ur Position:	Years at Current Employer:		
Upload most recent pay stubs or proof of income documentation here	Please submit this information	as an additional attachment.			
Co-Applicant Other Income					
You do not have to list alimo granting and repayment of the		aintenance income unless you w	ant us to consider it for the purpose of		
Other Income (required) If completing this section, include proof of income in upload sections.	Monthly Amoun	t:	Source of Other Income:		

Additional Income (second job) (required) If completing this section, include pay stubs in upload section.	Name of Employer:	Position:	Gross Monthly Income:	Years at this Job:
		Deposit Accoun	ts	
Last 4 digits of your Primary Checking account number:		Name of Bank:	Approx. Balance:	
Last 4 digits of your Primary Savings account number: Name of Bank: Approx. Balance:				
			atically deduct payments from a Unsecured Loan only and not the	
loan is paid in full. I understa	and the Bank reserves the righ	nt to terminate the	ach monthly due date. This will automatic repayment plan witho the interest rate will increase 0.2	ut notice.
Do you want your monthly payment automatically deducted from your Mercer County State Bank deposit account? (required)	O Yes O No			
If yes, please provide deposit account number:				
Applicant(s) Statement I certify that all information p State Bank ("Bank") to make including obtaining my credit	e whatever inquiries about me t reports and contacting my er	deemed necessa mployer. I also au	nt(s) is true, correct and complete ry and appropriate for the purpos horize the Bank to provide credit to provide any further information	e of evaluating my credit, information about its credit
(required)	I/We agree with the abo	ove statement		

Thank you for your loan request. Please click "Submit Form" below to start the loan process. A loan officer from Mercer County State Bank will reach out within two business days with a decision or to review any additional information needed for your request. If you have any questions regarding your application, please reach out to your preferred local branch.