

One Family, Helping Another Member FDIC | Equal Housing Lender

Privacy Statement
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FSB Personal Loan Application

First Name:	Last Name:		
Submitted on:	Submitted on:		
find our joint loan application. Important Information about F Identification Procedures Rec law requires all financial instit What this means for you: When you open an account, may also ask to see your driv Security Notice: You should ONLY fill out this	individual personal loan. Prefer to apply for a joint personal loan with Procedures for Opening a New Account: uirements: To help the government fight the funding of terrorism and rutions to obtain, verify, and record information that identifies each person we will ask for your name, address, date of birth, and other information er's license or other identifying documents. form on-line if you are using a browser with the latest security enhance. This form is NOT cached (saved in your computer's memory) when	money laundering activities, Federal son who opens an account. In that will allow us to identify you. We sements. If you don't have the latest	
Type of Credit Requested			
Type of Loan (required)	Secured		
Individual or Joint (required)	Individual CreditJoint Credit		
Amount Requested (required)			
Term of Loan In Months (required)			
Payment Date Desired			
Proceeds of Loan to be Used For (required)			
Referred By			
	Applicant Personal Information		
First Name	Middle Initial	Last Name	

Social Security Number (required)	000	00	0000
Date of Birth (required)			
Drive	r's License No.		Driver's License State
Phone (required)			
Email (required)			
Verify Email (required)			
Choose your location where you would like to complete your application (required)	Contac	ct Information	
How Would You Prefer to be Contacted? (required)	PhoneMailEmail		
When is the best time to arrange an appointment? (required)	Morning Lunchtime Afternoon		
	Curre	ent Address	
Home Address Not a P.O. Box (required)	Address Line 1 Address Line 2 City	State	ZIP Code
County (required)			
Years At Home Address (required)			
Home Status (required)	Own Rent Other:		
	Previo	ous Address	
Previous Address Not a P.O. Box	Address Line 1 Address Line 2		
	City	State	ZIP Code

Years At Previous Address				
	Depende	ent and Relative Information	on:	
Nur	mber of Dependents		Age of Dependents	
	Address Line 1			
Relative Address Not a P.O. Box	Address Line 2			
	City	State	ZIP Code	
Relative Phone Number				
	Арр	licant Current Employer		
Em _l	ployer's Name		Employer's Phone	
Franksiana Addresa	Address Line 1			
Employers Address (required)	Address Line 2			
	City	State	ZIP Code	
Your Position				
Years at Company				
	Appli	icant Previous Employer		
Previou	s Employer's Name		Previous Employer Phone	
Previous Employers	Address Line 1			
Address	Address Line 2			
	City	State	ZIP Code	
Years at Previous Company				
		Income		
Salary Per Month (required) *Alimony, child support, or				
separate maintenance	G	iross	Net	
income need not be included if you do not wish				
to have it considered as a				
basis for repaying this obligation.				
		ther Income Sources		

Alimony, child support, separate maintenance income received under:* (required) *Alimony, child support, or separate maintenance	O None Court Order			
income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.	WrittenOral Understanding			
Sources of Other Income				
Amount Per Month				
Is any income listed in this Section likely to be reduced before the credit request is paid off?	O No O Yes			
Have you previously received credit from us?	O No Yes			
		Applicant Marital Status		
Complete only if: for joint or secured credit, or applicant resides in a community property state, or is relying on property located in such a state as a basis for repayment of the credit requested.	Married Separated			
	O Unmarried Not Applicable			
Co-Applicant Marital Status	Married Separated			
	O Unmarried Not Applicable	acht Information Chapting Ap	agunt	
Checking Bank Name	Asset & L	ebt Information - Checking Ac	Count	
Checking Bank Address	Address Line 1 Address Line 2			
	City	State	ZIP Code	
Name in Which the Account is Carried				
Is this Account Subject to Debt?	Yes No			
	Asset & I	Debt Information - Savings Acc	count	
Savings Account Number				
Savings Balance				
Savings Bank Name				

Name in Which the Asset is Carried				
Make		Model	Year 	
Automobile Value				
	Asset & Do	ebt Information - Automobile Ass	ets	
Name in Which the Asset is Carried				
Issuer				
Life Insurance Face Value				
	Asset & Del	ot Information - Life Insurance As	sets	
Carried Carried				
Date Aquired Name in Which the Asset is				
Data Aquira d				
	City	State	ZIP Code	
Real Estate Address	Address Line 2			
	Address Line 1			
	— Asset & De	SDI IIIIOIIII ation - Real Estate Ass	010 -	
Carried	Asset & De	ebt Information - Real Estate Ass	ets	
Name in Which the Asset is				
Number of Shares				
Type				
Issuer				
Marketable Securities Value	Asset & Debt In	formation - Marketable Securitie	S Assets	
is Carried				
Name in Which the Account				
	City	State	ZIP Code	
Address	Address Line 2			
Certificate of Deposit Bank	Address Line 1			
Certificate of Deposit Bank Name				
Certificate of Deposit Value				
	Asset & De	bt Information - Certificate of Deր	oosit	
Name in Which the Account is Carried				
	City	State	ZIP Code	
		04-4-	710.0-1-	
Savings Bank Address	Address Line 2			
	Address Line 1			

	Asset &	Debt Information - Other Assets	
Value			
Description			
Name in Which the Asset is Carried			
	Asset & Debt Ir	formation - Rent or Mortgage Payr	ment
	Rent		
Rent or Mortgage Payment			
Landlord or Mortgage Holder			
Name in Which the Lease or Mortgage is Carried			
Monthly Payment	Original An	nount (Mortgage)	Present Balance (Mortgage)
	Asset & D	ebt Information - Automobile Debt	
Automobile Creditor If applicable			
Loan Account Number			
Automobile Information (required)	Make	Model	Year
Name in Which the Loan is Carried			
Original Amount			
Present Balance			
Monthly Payment			
	Asset 8	Debt Information - Other Debt	
Creditor			
Account Number			
Name in Which the Debt is Carried			
Debt Information (required)	Original Amount	Present Balance	Monthly Payment
Property Description		Secured Credit	
Co-Owner Name			
OO-OWNER INAME			
	Address Line 1		
0- 0	Address Line 1		
Co-Owner Address	Address Line 2		
	City	State	ZIP Code
If the security is real estate, give the full name of your spouse if any			

	Applicant(s) Statement	
,	whether or not it is approved. history and to answer question	e certify that everything stated in this application is correct. Flanagan State Bank may keep this application By submitting this application I/we authorize Flanagan State Bank to check my/our credit and employment ons others may ask Flanagan State Bank about my credit record with Flanagan State Bank. I/we understand information at the request of Flanagan State Bank if my financial condition changes.
	(required)	☐ I/We AGREE with the above statement