



One Family, Helping Another  
 Member FDIC | Equal Housing Lender

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### FSB Personal Loan Application

|               |            |
|---------------|------------|
| First Name:   | Last Name: |
| Submitted on: |            |

This application form is for an individual personal loan. Prefer to apply for a joint personal loan with another applicant? [Use this link to find our joint loan application.](#)

**Important Information about Procedures for Opening a New Account:**

Identification Procedures Requirements: 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 identifies each person who opens an account.

**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.

**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.

| Type of Credit Requested                   |   |
|--|---|
| Type of Loan (required)                    | <input type="radio"/> Secured   |
| Individual or Joint (required)             | <input type="radio"/> Individual Credit<br><input type="radio"/> Joint 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)   | _____   | _____ | _____ |
| Date of Birth (required)  | _____   |       |       |
| Driver's License No.  | Driver's License State  |       |       |
| Phone (required)  | _____   |       |       |
| Email (required)  | _____   |       |       |
| Verify Email (required)   | _____   |       |       |
| <b>Contact Information</b>  |   |       |       |
| Choose your location where you would like to complete your application (required) | _____   |       |       |
| How Would You Prefer to be Contacted? (required)                                  | <input type="radio"/> Phone<br><input type="radio"/> Mail<br><input type="radio"/> Email            |       |       |
| When is the best time to arrange an appointment? (required)                       | <input type="radio"/> Morning<br><input type="radio"/> Lunchtime<br><input type="radio"/> Afternoon |       |       |
| <b>Current Address</b>  |   |       |       |
| Home Address Not a P.O. Box (required)  | Address Line 1<br>_____<br>Address Line 2<br>_____<br>City _____ State _____ ZIP Code _____         |       |       |
| County (required)   | _____   |       |       |
| Years At Home Address (required)  | _____   |       |       |
| Home Status (required)  | <input type="radio"/> Own<br><input type="radio"/> Rent<br><input type="radio"/> Other: _____       |       |       |
| <b>Previous Address</b>   |   |       |       |
| Previous Address Not a P.O. Box   | Address Line 1<br>_____<br>Address Line 2<br>_____<br>City _____ State _____ ZIP Code _____         |       |       |

Years At Previous Address

**Dependent and Relative Information:**

**Number of Dependents**

**Age of Dependents**

Relative Address Not a P.O. Box

Address Line 1

Address Line 2

City

State

ZIP Code

Relative Phone Number

**Applicant Current Employer**

**Employer's Name**

**Employer's Phone**

Employers Address (required)

Address Line 1

Address Line 2

City

State

ZIP Code

Your Position

Years at Company

**Applicant Previous Employer**

**Previous Employer's Name**

**Previous Employer Phone**

Previous Employers Address

Address Line 1

Address Line 2

City

State

ZIP Code

Years at Previous Company

**Income**

Salary Per Month (required)

*\*Alimony, child support, or separate maintenance income need not be included if you do not wish to have it considered as a basis for repaying this obligation.*

**Gross**

**Net**

**Other Income Sources**

|   |  |
|---|--|
| Alimony, child support, separate maintenance income received under:*(required)<br><i>*Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.</i> | <input type="radio"/> None<br><input type="radio"/> Court Order<br><input type="radio"/> Written<br><input type="radio"/> Oral 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? | <input type="radio"/> No<br><input type="radio"/> Yes |
|--|---|

|  |   |
|--|---|
| Have you previously received credit from us? | <input type="radio"/> No<br><input type="radio"/> Yes |
|--|---|

|                                 |  |
|---------------------------------|--|
| <b>Applicant Marital Status</b> |  |
|---------------------------------|--|

|   |   |
|---|---|
| <i>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.</i> | <input type="radio"/> Married<br><input type="radio"/> Separated<br><input type="radio"/> Unmarried<br><input type="radio"/> Not Applicable |
|---|---|

|                             |   |
|-----------------------------|---|
| Co-Applicant Marital Status | <input type="radio"/> Married<br><input type="radio"/> Separated<br><input type="radio"/> Unmarried<br><input type="radio"/> Not Applicable |
|-----------------------------|---|

|  |  |
|--|--|
| <b>Asset &amp; Debt Information - Checking Account</b> |  |
|--|--|

|                    |  |
|--------------------|--|
| Checking Bank Name |  |
|--------------------|--|

|                       |                                       |
|-----------------------|---------------------------------------|
| 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? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|----------------------------------|---|

|   |  |
|---|--|
| <b>Asset &amp; Debt Information - Savings Account</b> |  |
|---|--|

|                        |  |
|------------------------|--|
| Savings Account Number |  |
|------------------------|--|

|                 |  |
|-----------------|--|
| Savings Balance |  |
|-----------------|--|

|                   |  |
|-------------------|--|
| Savings Bank Name |  |
|-------------------|--|

|  |                     |
|--|---------------------|
| Savings Bank Address   | Address Line 1      |
|  | Address Line 2      |
|  | City State ZIP Code |
| Name in Which the Account is Carried                               |                     |
| <b>Asset &amp; Debt Information - Certificate of Deposit</b>       |                     |
| Certificate of Deposit Value                                       |                     |
| Certificate of Deposit Bank Name                                   |                     |
| Certificate of Deposit Bank Address                                | Address Line 1      |
|  | Address Line 2      |
|  | City State ZIP Code |
| Name in Which the Account is Carried                               |                     |
| <b>Asset &amp; Debt Information - Marketable Securities Assets</b> |                     |
| Marketable Securities Value  |                     |
| Issuer   |                     |
| Type   |                     |
| Number of Shares   |                     |
| Name in Which the Asset is Carried                                 |                     |
| <b>Asset &amp; Debt Information - Real Estate Assets</b>           |                     |
| Real Estate Address  | Address Line 1      |
|  | Address Line 2      |
|  | City State ZIP Code |
| Date Acquired  |                     |
| Name in Which the Asset is Carried                                 |                     |
| <b>Asset &amp; Debt Information - Life Insurance Assets</b>        |                     |
| Life Insurance Face Value  |                     |
| Issuer   |                     |
| Name in Which the Asset is Carried                                 |                     |
| <b>Asset &amp; Debt Information - Automobile Assets</b>            |                     |
| Automobile Value   |                     |
| <b>Make</b>  | <b>Model</b>        |
| <b>Year</b>  |                     |
| Name in Which the Asset is Carried                                 |                     |

**Asset & Debt Information - Other Assets**

|                                    |  |
|------------------------------------|--|
| Value                              |  |
| Description                        |  |
| Name in Which the Asset is Carried |  |

**Asset & Debt Information - Rent or Mortgage Payment**

|  |  |
|--|--|
| Rent or Mortgage Payment                       | <input type="radio"/> Rent<br><input type="radio"/> Mortgage |
| Landlord or Mortgage Holder                    |  |
| Name in Which the Lease or Mortgage is Carried |  |

|                        |                                   |                                   |
|------------------------|-----------------------------------|-----------------------------------|
| <b>Monthly Payment</b> | <b>Original Amount (Mortgage)</b> | <b>Present Balance (Mortgage)</b> |
| _____                  | _____                             | _____                             |

**Asset & Debt Information - Automobile Debt**

|                                   |             |              |             |
|-----------------------------------|-------------|--------------|-------------|
| Automobile Creditor If applicable |             |              |             |
| Loan Account Number               |             |              |             |
| Automobile Information (required) | <b>Make</b> | <b>Model</b> | <b>Year</b> |
|                                   | _____       | _____        | _____       |
| Name in Which the Loan is Carried |             |              |             |
| Original Amount                   |             |              |             |
| Present Balance                   |             |              |             |
| Monthly Payment                   |             |              |             |

**Asset & Debt Information - Other Debt**

|                                   |                        |                        |                        |
|-----------------------------------|------------------------|------------------------|------------------------|
| Creditor                          |                        |                        |                        |
| Account Number                    |                        |                        |                        |
| Name in Which the Debt is Carried |                        |                        |                        |
| Debt Information (required)       | <b>Original Amount</b> | <b>Present Balance</b> | <b>Monthly Payment</b> |
|                                   | _____                  | _____                  | _____                  |

**Secured Credit**

|  |                      |             |                |
|--|----------------------|-------------|----------------|
| Property Description   |                      |             |                |
| Co-Owner Name  |                      |             |                |
| Co-Owner Address   | Address Line 1 _____ |             |                |
|  | 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**

By clicking Submit below, I/we certify that everything stated in this application is correct. Flanagan State Bank may keep this application whether or not it is approved. By submitting this application I/we authorize Flanagan State Bank to check my/our credit and employment history and to answer questions others may ask Flanagan State Bank about my credit record with Flanagan State Bank. I/we understand that I/we must update credit information at the request of Flanagan State Bank if my financial condition changes.

(required)

I/We AGREE with the above statement