



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 <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)	_____		
Contact Information			
Choose your location where you would like to complete your application (required)	_____		
How Would You Prefer to be Contacted? (required)	<input type="radio"/> Phone <input type="radio"/> Mail <input type="radio"/> Email		
When is the best time to arrange an appointment? (required)	<input type="radio"/> Morning <input type="radio"/> Lunchtime <input type="radio"/> Afternoon		
Current 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)	<input type="radio"/> Own <input type="radio"/> Rent <input type="radio"/> Other: _____		
Previous Address			
Previous Address Not a P.O. Box	Address Line 1 _____ Address Line 2 _____ 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) <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 <input type="radio"/> Court Order <input type="radio"/> Written <input type="radio"/> Oral Understanding
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Sources of Other Income	
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Amount Per Month	
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Is any income listed in this Section likely to be reduced before the credit request is paid off?	<input type="radio"/> No <input type="radio"/> Yes
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Have you previously received credit from us?	<input type="radio"/> No <input type="radio"/> Yes
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Applicant Marital Status	
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<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 <input type="radio"/> Separated <input type="radio"/> Unmarried <input type="radio"/> Not Applicable
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Co-Applicant Marital Status	<input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Unmarried <input type="radio"/> Not Applicable
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Asset & Debt Information - Checking Account	
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Checking Bank Name	
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Checking Bank Address	Address Line 1
	Address Line 2
	City _____ State _____ ZIP Code _____

Name in Which the Account is Carried	
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Is this Account Subject to Debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Asset & Debt Information - Savings Account	
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Savings Account Number	
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Savings Balance	
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Savings Bank Name	
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Savings Bank Address	Address Line 1	_____	
	Address Line 2	_____	
	City	State	ZIP Code
Name in Which the Account is Carried	_____		
Asset & Debt Information - Certificate of Deposit			
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	_____		
Asset & Debt Information - Marketable Securities Assets			
Marketable Securities Value	_____		
Issuer	_____		
Type	_____		
Number of Shares	_____		
Name in Which the Asset is Carried	_____		
Asset & Debt Information - Real Estate Assets			
Real Estate Address	Address Line 1	_____	
	Address Line 2	_____	
	City	State	ZIP Code
Date Acquired	_____		
Name in Which the Asset is Carried	_____		
Asset & Debt Information - Life Insurance Assets			
Life Insurance Face Value	_____		
Issuer	_____		
Name in Which the Asset is Carried	_____		
Asset & Debt Information - Automobile Assets			
Automobile Value	_____		
Make	Model	Year	

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 <input type="radio"/> Mortgage
Landlord or Mortgage Holder	
Name in Which the Lease or Mortgage is Carried	

Monthly Payment	Original Amount (Mortgage)	Present Balance (Mortgage)
_____	_____	_____

Asset & Debt 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 & Debt Information - Other Debt

Creditor			
Account Number			
Name in Which the Debt is Carried			
Debt Information (required)	Original Amount	Present Balance	Monthly Payment
	_____	_____	_____

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