

First Name:

Member FDIC | Equal Housing Lender

## Personal Loan Application

Last Name:

Submitted on:	
Privacy Policy: Our privacy policy protects the Applicants must reside in the Important Information about Identification Procedures Relaw requires all financial instit What this means for you: Whallow us to identify you. We rescurity Notice: You should ONLY fill out this version, download a copy not Instructions:  1. Print this loan application and 2. Complete application on-lier.	ne privacy of your personally-identifying information that you provide us online.  State of Minnesota Procedures for Opening a New Account quirements: To help the government fight the funding of terrorism and money laundering activities, Federal tutions to obtain, verify, and record information that identifies each person who opens an account. In you open an account, we will ask for your name, address, date of birth, and other information that will may also ask to see your driver's license or other identifying documents.  Form on-line if you are using a browser with the latest security enhancements. If you don't have the latest w. This form is NOT cached (saved in your computer's memory) when you QUIT your browser.  and gather the information you'll need. ne and click "Submit Application" If your browser and restart it again after using this form.
	ersonal loans only and is NOT intended for commercial use. A valid social security number is required to the the information you will need before completing this form. Upon receipt of the application, we will send
	Personal Loan Request
Amount Requested: (required)	
Sales Price if Applicable	
Source of Down Payment if Applicable	Checking account Savings account Cash on hand Trade-In Other:

Type of Application:	O Individual Applicant O Joint Applicant				
Purpose of Loan: (required)	Purpose of Loan: (required)				
		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/Cell Phone		Best Time To Call	Work Phone		
Are there any unsatisfied Judgments against you? (required)	O Yes				
Have you been declared bankrupt in the last 7 years? (required)	<ul><li>✓ Yes</li><li>✓ No</li></ul>				
Are you an active duty service member of the Military? (required)					
Residence					
Your Primary Residence:	Own with Mort Own Clear Rent Other	gage			
Present Address	Address Line 1 Address Line 2 City	State	ZIP Code		
Years At Pres	sent Address	Your Monthly R	ent or Mortgage Payment		

Years At Previous Address			Your Previous Address	
		Employment		
	○ Employed			
	Self-Employed			
	Unemployed			
	Retired			
	Student			
Your Present Employer			Phone	
	Address Line 1			
Address Information	Address Line 2			
	City	State	ZIP Code	
Gross M	onthly Salary	Your Position	Years There	
You do not have to list alimogranting and repayment of the	ony, child support or separate r	maintenance income unless you w	ant us to consider it for the purposes of	
Other Monthly Income Source of Other Income			urce of Other Income	
Previous En	nployer (if less than 3 years at	current employer)	Years at Previous Employer	
	Address Line 1			
Address Information	Address Line 2			
	City	State	ZIP Code	
Additional Information				
	Checking Account Balance		Institution Name	

Savings Accounts Balance		Institution Name		
Name of Creditor		Approx. Balance	Monthly Payment	Collateral, if any
Total Amount of Other Monthly Payments not listed above:				
Assets		Value	Ті	itle Held Name
		Co-Ap	plicant	
First Name		Middle	o Initial	Last Name
Date of Birth		Social Security N	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-Applican	t Residence	
Your Primary Residence:	Own with Own Cle	n Mortgage ar		

	Address Line 1			
Present Address	Address Line 2			
	City	State	ZIP Code	
Years At Pres	sent Address	Your Monthly	Rent or Mortgage Payment	
Years At Previous Address			Your Previous Address	
	Co	o-Applicant Employment		
	○ Employed			
	Self-Employed			
	Unemployed			
	Retired			
	Student			
	Your Present Emplo	yer	Phone	
Address Information	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 support or separate maintenance income unless you want us to consider it for the purposes of granting and repayment of this credit request.				
Other Monthly Income Source of Other Income				
Previous Employer (if less than 3 years at current employer)  Years at Previous Employer				

	Address Line 1			
Address Information	Address Line 2			
	City		ZIP Code	
	Co-Applicant Ac	dditional Information		
Checking Account Balance Institution Name				
	Savings Account Balance		Institution Name	
Name of Creditor	Approx. Balance	Monthly Payment	Collateral, if any	
Total Amount of Other Monthly Payments not listed above:				
Assets	Value	Title	Held Name	
Applicant(s) Statement				
I/We have completed this request for credit in consideration of Perennial Bank 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 Pernnial Bank 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.				
Bank at any time. I acknowle request for credit and subsection	sent and future), bank and other reference dge that this application is subject to a quent loan be approved, I agree to give other pertinent information contained	approval of credit and acceptance e Perennial Bank written notice in	by Perennial Bank. Should my	
(required)	I/We AGREE with the above sta	tement		