



One Family, Helping Another

Member FDIC | Equal Housing Lender

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## FSB JOINT Personal Loan Application

First Name:

Last Name:

Submitted on:

### Submitter Information

This application form is for a joint personal loan. Prefer to apply for an individual personal loan? [Use this link to find our individual 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 <input type="radio"/> Unsecured
Amount Requested (required)	
Term of Loan In Months (required)	
Payment Date Desired	
Proceeds of Loan to be Used For (required)	
Referred By	

### Contact Information

Choose your location where you would like to complete your application (required)	
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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		
First Applicant Personal Information			
First Name	Middle Initial	Last Name	
Social Security Number (required)	000	00	0000
Date of Birth (required)			
Driver's License No.	Driver's License State		
Phone (required)			
Email (required)			
Verify Email (required)			
First Applicant 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:		
First Applicant Previous Address			

Previous Address Not a P.O. Box	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
Years At Previous Address			
First Applicant 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			
First 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			
First 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			
First Applicant Income			

<b>Salary Per Month (required)</b> <i>Salary Per Month *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.</i>	<div> <div>Gross</div> <div>Net</div> </div>
<b>First Applicant Other Income Sources</b>	
<b>Alimony, child support, separate maintenance income received under:*</b> <i>(required)</i> <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
<b>Sources of Other Income</b>	
<b>Amount Per Month</b>	
<b>Is any income listed in this Section likely to be reduced before the credit request is paid off?</b>	<input type="radio"/> No <input type="radio"/> Yes
<b>Have you previously received credit from us?</b>	<input type="radio"/> No <input type="radio"/> Yes
<b>First 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 <input type="radio"/> Separated  <input type="radio"/> Unmarried <input type="radio"/> Not Applicable
<b>First Applicant Asset &amp; Debt Information - Checking Account</b>	
<b>Checking Bank Name</b>	
<b>Checking Bank Address</b>	<div>Address Line 1</div> <div>Address Line 2</div> <div> <div>City</div> <div>State</div> <div>ZIP Code</div> </div>
<b>Name in Which the Account is Carried</b>	
<b>Is this Account Subject to Debt?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>First Applicant Asset &amp; Debt Information - Savings Account</b>	
<b>Savings Account Number</b>	
<b>Savings Balance</b>	
<b>Savings Bank Name</b>	

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

First Applicant Asset & Debt Information - Other Assets			
Value			
Description			
Name in Which the Asset is Carried			
First Applicant 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)	
_____			
First Applicant 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			
First Applicant Asset & Debt Information - Other Debt			
Creditor			
Account Number			
Name in Which the Debt is Carried			
Debt Information (required)	Original Amount	Present Balance	Monthly Payment
	_____	_____	_____
First Applicant 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			

Co-Applicant Personal Information			
First Name		Middle Initial	Last Name
<div></div>		<div></div>	<div></div>
Social Security (required)	000	00	0000
<div></div>		<div></div>	<div></div>
Date of Birth (required)	<div></div>		
Driver's License No.		Driver's License State	
<div></div>		<div></div>	
Phone Number (required)	<div></div>		
Email (required)	<div></div>		
Verify Email (required)	<div></div>		
Co- Applicant Current Address			
Same as first applicant?	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>		
Home Address Not a P.O. Box	<div>Address Line 1</div> <div></div>		
	<div>Address Line 2</div> <div></div>		
	City	State	ZIP Code
<div></div>		<div></div>	
Years at Home	<div></div>		
Home Status	<div><input type="radio"/> Own</div>		
	<div><input type="radio"/> Rent</div>		
	<div><input type="radio"/> Other:</div>		
Co-Applicant Previous Address			
Same as first applicant?	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>		
Previous Address Not a P.O. Box	<div>Address Line 1</div> <div></div>		
	<div>Address Line 2</div> <div></div>		
	City	State	ZIP Code
<div></div>		<div></div>	
Years at Previous Address	<div></div>		
Co-Applicant Dependent and Relative Information:			

Same as first applicant?	<input type="radio"/> Yes		
	<input type="radio"/> No		
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 (required)			
Co-Applicant Current Employer			
Employer's Name		Employer's Phone	
Employers Address	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
Your Position (required)			
Years at Company			
Co-Applicant Current Employer			
Previous Employer's Name		Previous Employer's Phone	
Previous Employers Address	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
Years at Previous Company			
Co-Applicant Income			
Salary Per Month (required) <i>*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.</i>	Gross		Net
Co-Applicant Other Income Sources			



Alimony, child support, separate maintenance income received under: <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
Sources of Other Income (required)	
Amount Per Month (required)	
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
Have you previously received credit from us?	<input type="radio"/> No <input type="radio"/> Yes
Co-Applicant Marital Status	
<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
Co-Applicant Asset & Debt Information - Checking Account	
Same as first applicant?	<input type="radio"/> Yes <input type="radio"/> No
Checking Bank Name (required)	
Checking Bank Address	<div>Address Line 1</div> <div>Address Line 2</div> <div> City State ZIP Code </div>
Name in Which the Account is Carried (required)	
Is this Account Subject to Debt?	<input type="radio"/> Yes <input type="radio"/> No
Co-Applicant Asset & Debt Information - Savings Account	
Same as first applicant?	<input type="radio"/> Yes <input type="radio"/> No
Savings Account Number (required)	
Savings Balance (required)	
Savings Bank Name (required)	

Savings Bank Address	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
Name in Which Account is Carried (required)			
Co-Applicant Asset & Debt Information - Certificate of Deposit			
Same as first applicant?	<input type="radio"/> Yes <input type="radio"/> No		
Certificate of Deposit Value (required)			
Certificate of Deposit Bank Name (required)			
Certificate of Deposit Bank Address	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
Name in Which the Account is Carried (required)			
Co-Applicant Asset & Debt Information - Marketable Securities Assets			
Same as first applicant?	<input type="radio"/> Yes <input type="radio"/> No		
Marketable Securities Value (required)			
Issuer (required)			
Type (required)			
Number of Shares (required)			
Name in Which the Asset is Carried (required)			
Co-Applicant Asset & Debt Information - Real Estate Assets			
Same as first applicant?	<input type="radio"/> Yes <input type="radio"/> No		
Real Estate Address	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
Date Aquired (required)			
Name in Which the Asset is Carried (required)			
Co-Applicant Asset & Debt Information - Life Insurance Assets			

Same as first applicant?	<input type="radio"/> Yes <input type="radio"/> No	
Life Insurance Face Value (required)		
Issuer (required)		
Name in Which the Asset is Carried (required)		
<b>Co-Applicant Asset &amp; Debt Information - Automobile Assets</b>		
Same as first applicant?	<input type="radio"/> Yes <input type="radio"/> No	
Automobile Value (required)		
<b>Make</b>	<b>Model</b>	<b>Year</b>
_____	_____	_____
Name in Which the Asset is Carried (required)		
<b>Co-Applicant Asset &amp; Debt Information - Other Assets</b>		
Same as first applicant?	<input type="radio"/> Yes <input type="radio"/> No	
Value (required)		
Description (required)		
Name in Which the Asset is Carried (required)		
<b>Co-Applicant Asset &amp; Debt Information - Rent or Mortgage Payment</b>		
Same as first applicant?	<input type="radio"/> Yes <input type="radio"/> No	
Rent or Mortgage Payment	<input type="radio"/> Rent <input type="radio"/> Mortgage	
Landlord or Mortgage Holder (required)		
Name in Which the Lease or Mortgage is Carried (required)		
<b>Monthly Payment</b>	<b>Original Amount (Mortgage)</b>	<b>Present Balance (Mortgage)</b>
_____	_____	_____
<b>Co-Applicant Asset &amp; Debt Information - Automobile Debt</b>		
Same as first applicant?	<input type="radio"/> Yes <input type="radio"/> No	
Automobile Creditor if applicable (required)		
Loan Account Number (required)		

Automobile Information (required)	<b>Make</b>	<b>Model</b>	<b>Year</b>
Name in Which the Loan is Carried (required)			
Original Balance (required)			
Present Balance (required)			
Monthly Payment (required)			
<b>Co-Applicant Asset &amp; Debt Information - Other Debt</b>			
Same as first applicant?	<input type="radio"/> Yes <input type="radio"/> No		
Creditor (required)			
Account Number (required)			
Name in Which the Debt is Carried (required)			
Debt Information (required)	<b>Original Amount</b>	<b>Present Balance</b>	<b>Monthly Payment</b>
<b>Co- Applicant Secured Credit</b>			
Same as first applicant?	<input type="radio"/> Yes <input type="radio"/> No		
Property Description (required)			
Co-Owner Name (required)			
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 (required)			
<b>Applicant(s) Statement</b>			
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)	<input type="checkbox"/> I/We AGREE with the above statement		