

## One Family, Helping Another Member FDIC | Equal Housing Lender

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## **FSB JOINT Personal Loan Application**

Last Name:

First Name:

Submitter Information			
application.  Important Information about I Identification Procedures Reclaw requires all financial institution What this means for you:  When you open an account, may also ask to see your drives Security Notice:  You should ONLY fill out this	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.  we will ask for your name, address, date of birth, and other information that will allow us to identify you. We ver'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.		
	Type of Credit Requested		
Type of Loan (required)	Secured 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)			
How Would You Prefer to be Contacted? (required)	<ul><li>Phone</li><li>Mail</li><li>Email</li></ul>		

When is the best time to arrange an appointment? (required)	Morning Lunchtime Afternoon			
	First	Applicant Personal Informatio	n	
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)				
	Fir	st Applicant Current Address		
Home Address Not a P.O.	Address Line 1			
Box (required)	Address Line 2  City	State	ZIP Code	
County (required) Years At Home Address (required)				
Home Status (required)	Own Rent Other:			
	Firs	st 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 Applicar	nt Dependent and Relative Inf	ormation:	

Number 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				
	Firs	t Applicant Current Employer		
Employer's Name Employer's Phone				
	Address Line 1			
Employers Address (required)	Address Line 2			
	City	State	ZIP Code	
Your Position				
Years at Company				
	First	Applicant Previous Employe	r	
Previou	s Employer's Name		Previous Employer Phone	
	Address Line 1			
Previous Employers Address	Address Line 2			
	City	State	ZIP Code	
Years at Previous Company				
		First Applicant Income		
Salary Per Month (required) Salary Per Month *Alimony, child support, or separate maintenance income need not be included if you do not wish to have it considered		Gross	Net	
as a basis for repaying this obligation.				
	First A	applicant Other Income Source	es	

Alimony, child support, separate maintenance income received under:* (required) *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.  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?	<ul><li>None</li><li>Court Order</li><li>Written</li><li>Oral Understanding</li><li>No</li><li>Yes</li></ul>				
Have you previously received credit from us?	O No Yes				
Complete only if: for joint or		olicant Marital Status			
secured credit, or applicant	Married				
resides in a community property state, or is relying	Separated				
on property located in such a state as a basis for	O Unmarried				
repayment of the credit	○ Not Applicable				
requested.			altern Assessment		
Checking Bank Name	First Applicant Asset & D	est information - Che	CKING ACCOUNT		
Chooking Bank Hamo					
	Address Line 1				
Checking Bank Address					
Checking bank Address	Address Line 2				
	City	State	ZIP Code		
Name in Which the Account					
is Carried					
Is this Account Subject to	Yes				
Debt?	No				
	First Applicant Asset & [	Debt Information - Say	rings Account		
Savings Account Number			<u> </u>		
Savings Balance					
Savings Bank Name					
	Address Line 1				
Savings Bank Address	Address Line 2				
	City	State	ZIP Code		
Name in Which the Account is Carried					

	First Applicant Asse	et & Debt Information - Certifica	te of Deposit	
Certificate of Deposit Value				
Certificate of Deposit Bank Name				
	Address Line 1			
Certificate of Deposit Bank Address	Address Line 2			
	City	State	ZIP Code	
Name in Which the Account is Carried		Dahá Information Madadahla (	Dogwision Appelo	
Markatable Convities Value	First Applicant Asset &	Debt Information - Marketable	Securities Assets	
Marketable Securities Value				
Issuer				
Туре				
Number of Shares				
Name in Which the Asset is Carried				
	First Applicant Ass	set & Debt Information - Real Es	state Assets	
	Address Line 1			
Real Estate Address	Address Line 2			
	City	State	ZIP Code	
Date Aquired				
Name in Which the Asset is Carried				
	First Applicant Asse	et & Debt Information - Life Insu	rance Assets	
Life Insurance Face Value				
Name in Which the Asset is				
Carried	First Applicant Ass	set & Debt Information - Automo	ohila Assats	
Automobile Value	r iist Applicant Asc	set a best information - Automo	DDIIC A33013	
Make		Model	Year	
Name in Which the Asset is Carried				
	First Applicant	Asset & Debt Information - Othe	er Assets	
Value				
Description				
Name in Which the Asset is Carried				
	First Applicant Asset &	Debt Information - Rent or Mo	rtgage Payment	

Rent or Mortgage Payment	Rent Mortgage		
Landlord or Mortgage			
Holder			
Name in Which the Lease or Mortgage is Carried			
Monthly Payment	Original Amoun	nt (Mortgage)	Present Balance (Mortgage)
	First Applicant Asset 8	& Debt Information - Automobile D	neht .
Automobile Creditor If applicable	т пэт дүрлоант дээст с	x Dest mornation - Automosile D	
Loan Account Number			
Automobile Information (required)	Make	Model	Year
Name in Which the Loan is Carried			
Original Amount			
Present Balance			
Monthly Payment			
	First Applicant Asse	et & Debt Information - Other Deb	t
Creditor			
Account Number			
Name in Which the Debt is Carried			
Debt Information (required)	Original Amount	Present Balance	Monthly Payment
	First Ap	plicant Secured Credit	
Property Description			
Co-Owner Name			
	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			
	Co-Applic	ant Personal Information	
First Name		Middle Initial	Last Name

Social Security (required)	000	00	0000
coolar cooliny (roquirou)		·	
Date of Birth (required)			
Drive	er's License No.		Driver's License State
Phone Number (required)			
Email (required)			
Verify Email (required)			
	Co- Applica	nt Current Address	
Same as first applicant?	O Yes No		
Home Address Not a P.O.	Address Line 1		
Box	Address Line 2  City	State	ZIP Code
Years at Home			
Home Status	Own Rent Other:		
	Co-Applican	nt Previous Address	
Same as first applicant?	○ Yes ○ No		
Previous Address Not a P.O. Box	Address Line 1  Address Line 2  City	State	ZIP Code
Years at Previous Address			
	Co-Applicant Depend	ent and Relative Info	rmation:
Same as first applicant?			
Nu	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				
(required)	Co-Appl	icant Current Employe		
Em	ployer's Name	, ,	Employer's Phone	
	pioyor o riamo		Employer of Hono	
	Address Line 1			
Employers Address				
p.o, o.o / tau. ooo	Address Line 2			
	City	State	ZIP Code	
Your Position (required)				
Years at Company				
	Co-Appl	icant Current Employe	r	
Previous	s Employer's Name		Previous Employer's Phone	
	Address Line 1			
Previous Employers				
Address	Address Line 2			
	City	State	ZIP Code	
Years at Previous Company				
	Co	-Applicant Income		
Salary Per Month (required) *Alimony, child support, or				
separate maintenance income need not be	Gro	ss	Net	
included if you do not wish to have it considered as a				
basis for repaying this				
obligation.	Co-Applica	ant Other Income Source	res	
Alimony, child support,	оо прриос			
separate maintenance income received under:*	None			
*Alimony, child support, or separate maintenance	Court Order			
income need not be	Written			
revealed if you do not wish to have it considered as a				
basis for repaying this obligation.	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	○ No ○ Yes			
paid off?  Have you previously	O No			
received credit from us?	O Yes			
		Co-Applicant Marital Statu	S	
Complete only if: for joint or secured credit, or applicant resides in a community property state, or is relying	Married Separated			
on property located in such a state as a basis for repayment of the credit requested.	Unmarried Not Applicable			
, , , , , , , , , , , , , , , , , , , ,	Co- Applicant	: Asset & Debt Information - 0	Checking Account	
Same as first applicant?	○ Yes ○ No			
Checking Bank Name (required)				
Checking Bank Address	Address Line 1  Address Line 2  City	State	ZIP Code	
Name in Which the Account is Carried (required)				
Is this Account Subject to Debt?	<ul><li>✓ Yes</li><li>✓ No</li></ul>			
	Co- Applican	t Asset & Debt Information -	Savings Account	
Same as first applicant?	<ul><li>○ Yes</li><li>○ No</li></ul>			
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 Asse	et & Debt Information - Certificate	e of Deposit	
Same as first applicant?	<ul><li>○ Yes</li><li>○ No</li></ul>			
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 S	ecurities Assets	
Same as first applicant?	<ul><li>✓ Yes</li><li>✓ No</li></ul>			
Marketable Securities Value (required)				
Issuer (required)				
Type (required)				
Number of Shares (required)				
Name in Which the Asset is Carried (required)				
	Co-Applicant Ass	set & Debt Information - Real Es	tate Assets	
Same as first applicant?				
Real Estate Address	Address Line 1  Address Line 2  City	State	ZIP Code	
Date Aquried (required)				
Name in Which the Asset is Carried (required)				
	Co-Applicant Asse	et & Debt Information - Life Insur	ance Assets	
Same as first applicant?	O Yes			
Life Insurance Face Value (required)				
Issuer (required)				
Name in Which the Asset is Carried (required)				
	Co-Applicant As	set & Debt Information - Automo	bile Assets	

Same as first applicant?	○ Yes ○ No			
Automobile Value (required)	)			
Make		Model		Year
Name in Which the Asset is Carried (required)		ant Asset & Debt Information -	Other Assets	
		ant Asset & Debt Information -	Other Assets	
Same as first applicant?	O Yes			
Value (required)				
Description (required)				
Name in Which the Asset is Carried (required)				
	Co-Applicant As	set & Debt Information - Rent o	Mortgage Payment	
Same as first applicant?	O Yes			
Rent or Mortgage Payment	Rent Mortgage			
Landlord or Mortgage Holder (required)				
Name in Which the Lease o Mortgage is Carried (required)	r			
Monthly Payment	Origi	nal Amount (Mortgage)	Present I	Balance (Mortgage)
	Co- Applica	nt Asset & Debt Information - A	utomobile Debt	
Same as first applicant?	O Yes			
Automobile Creditor if applicable (required)				
Loan Account Number (required)				
Automobile Information (required)	Make		flodel	Year
Name in Which the Loan is Carried (required)				
Original Balance (required)				
Present Balance (required)				
Monthly Payment (required)		cant Asset & Debt Information -	Other Debt	

Same as first applicant?	<ul><li>○ Yes</li><li>○ No</li></ul>		
Creditor (required)			
Account Number (required)			
Name in Which the Debt is Carried (required)			
Debt Information (required)	Original Amount	Present Balance	Monthly Payment
	Co- Appli	cant Secured Credit	
Same as first applicant?	<ul><li>○ Yes</li><li>○ No</li></ul>		
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)			
whether or not it is approved. history and to answer question	By submitting this application I/we	e authorize Flanagan State Bank e Bank about my credit record w	gan State Bank may keep this application to check my/our credit and employment ith Flanagan State Bank. I/we understand condition changes.
(required)	I/We AGREE with the above	statement	