



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
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When is the best time to arrange an appointment? (required)	<input type="radio"/> Morning <input type="radio"/> Lunchtime <input type="radio"/> Afternoon
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First Applicant Personal Information

First Name	Middle Initial	Last Name
_____	_____	_____

Social Security Number (required)	000	00	0000
	_____	_____	_____

Date of Birth (required)	_____
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Driver's License No.	Driver's License State
_____	_____

Phone (required)	_____
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Email (required)	_____
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Verify Email (required)	_____
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First Applicant Current Address

Home Address Not a P.O. Box (required)	Address Line 1 _____ Address Line 2 _____ City _____ State _____ ZIP Code _____
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County (required)	_____
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Years At Home Address (required)	_____
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Home Status (required)	<input type="radio"/> Own <input type="radio"/> Rent <input type="radio"/> Other: _____
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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	
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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	
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Years at Company	
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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	
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First Applicant Income

Salary Per Month (required) <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>	Gross	Net

First Applicant Other Income Sources

Alimony, child support, separate maintenance income received under:* <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
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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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First 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
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First Applicant Asset & Debt Information - Checking Account

Checking Bank Name	
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Checking Bank Address	Address Line 1 <hr/> Address Line 2 <hr/> City _____ State _____ ZIP Code _____
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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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First Applicant Asset & Debt Information - Savings Account

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	
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 Acquired	
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	
Make	Model
_____	_____
Year	

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

Social Security (required)	000	00	0000
	_____	_____	_____

Date of Birth (required)	
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Driver's License No.	Driver's License State
_____	_____

Phone Number (required)	
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Email (required)	
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Verify Email (required)	
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Co- Applicant Current Address

Same as first applicant?	<input type="radio"/> Yes <input type="radio"/> No
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Home Address Not a P.O. Box	Address Line 1 _____
	Address Line 2 _____
	City _____ State _____ ZIP Code _____

Years at Home	
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Home Status	<input type="radio"/> Own <input type="radio"/> Rent <input type="radio"/> Other:
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Co-Applicant Previous Address

Same as first applicant?	<input type="radio"/> Yes <input type="radio"/> No
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Previous Address Not a P.O. Box	Address Line 1 _____
	Address Line 2 _____
	City _____ State _____ ZIP Code _____

Years at Previous Address	
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Co-Applicant Dependent and Relative Information:

Same as first applicant?	<input type="radio"/> Yes <input type="radio"/> No
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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)	_____
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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)	_____
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Years at Company	_____
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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	_____
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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	Address Line 1 <hr/> Address Line 2 <hr/> City _____ State _____ ZIP Code _____
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 Acquired (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)		
Co-Applicant Asset & Debt Information - Automobile Assets		
Same as first applicant?	<input type="radio"/> Yes <input type="radio"/> No	
Automobile Value (required)		
Make	Model	Year
_____	_____	_____
Name in Which the Asset is Carried (required)		
Co-Applicant Asset & Debt Information - Other Assets		
Same as first applicant?	<input type="radio"/> Yes <input type="radio"/> No	
Value (required)		
Description (required)		
Name in Which the Asset is Carried (required)		
Co-Applicant Asset & Debt Information - Rent or Mortgage Payment		
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)		
Monthly Payment	Original Amount (Mortgage)	Present Balance (Mortgage)
_____	_____	_____
Co-Applicant Asset & Debt Information - Automobile Debt		
Same as first applicant?	<input type="radio"/> Yes <input type="radio"/> No	
Automobile Creditor if applicable (required)		
Loan Account Number (required)		

Automobile Information (required)	Make	Model	Year
	_____	_____	_____
Name in Which the Loan is Carried (required)	_____		
Original Balance (required)	_____		
Present Balance (required)	_____		
Monthly Payment (required)	_____		
Co-Applicant Asset & Debt Information - Other Debt			
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)	Original Amount	Present Balance	Monthly Payment
	_____	_____	_____
Co- Applicant Secured Credit			
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)	_____		
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)	<input type="checkbox"/> I/We AGREE with the above statement		