



One Family, Helping Another
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FSB JOINT Personal Loan Application

First Name:		Last Name:	
Submitter Information			
<p>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.</p> <p>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.</p> <p>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.</p>			
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)			
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
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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 _____

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	_____
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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

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:*(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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First 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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First Applicant 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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First Applicant 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	
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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		
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
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Landlord or Mortgage Holder	
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Name in Which the Lease or Mortgage is Carried	
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Monthly Payment	Original Amount (Mortgage)	Present Balance (Mortgage)
_____	_____	_____

First Applicant Asset & Debt Information - Automobile Debt

Automobile Creditor If applicable	
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Loan Account Number	
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Automobile Information (required)	Make	Model	Year
	_____	_____	_____

Name in Which the Loan is Carried	
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Original Amount	
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Present Balance	
-----------------	--

Monthly Payment	
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First Applicant Asset & Debt Information - Other Debt

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

First Applicant Secured Credit

Property Description	
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Co-Owner Name	
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Co-Owner Address	Address Line 1	_____
	Address Line 2	_____
	City	State
	_____	_____

If the security is real estate, give the full name of your spouse if any	
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Co-Applicant Personal Information

First Name	Middle Initial	Last Name
_____	_____	_____

Social Security (required)	_____	_____	_____
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Date of Birth (required)	_____
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Driver's License No.	_____	Driver's License State	_____
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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	_____
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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
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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 <hr/> Address Line 2 <hr/> 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			
<p>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.</p>			
(required)	<input type="checkbox"/> I/We AGREE with the above statement		