



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) | |
|---|--|

| | |
|--|--|
| 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

| | | |
|--|--------------|------------|
| 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 |
| <hr/> | | |

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 |
|---|--|

| | |
|--------------------------------|--|
| 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? | <input type="radio"/> No <input type="radio"/> Yes |
|---|---|

| | |
|---|---|
| Have you previously received credit from us? | <input type="radio"/> No <input type="radio"/> Yes |
|---|---|

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 |
|---|---|

First Applicant Asset & Debt Information - Checking Account

| | |
|---------------------------|--|
| Checking Bank Name | |
|---------------------------|--|

| | |
|------------------------------|---|
| Checking Bank Address | Address Line 1 <hr/> Address Line 2 <hr/> City _____ State _____ ZIP Code _____ |
|------------------------------|---|

| | |
|---|--|
| Name in Which the Account is Carried | |
|---|--|

| | |
|---|---|
| Is this Account Subject to Debt? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

First Applicant Asset & Debt Information - Savings Account

| | |
|-------------------------------|--|
| Savings Account Number | |
|-------------------------------|--|

| | |
|------------------------|--|
| Savings Balance | |
|------------------------|--|

| | |
|--------------------------|--|
| Savings Bank Name | |
|--------------------------|--|

| | |
|--|---------------------------------------|
| 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) | <table border="0"> <tr> <td>Make</td> <td>Model</td> <td>Year</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> | Make | Model | Year | _____ | _____ | _____ |
| 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) | <table border="0"> <tr> <td>Original Amount</td> <td>Present Balance</td> <td>Monthly Payment</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> | Original Amount | Present Balance | Monthly Payment | _____ | _____ | _____ |
| 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) | |
|--------------------------|--|

| | |
|-----------------------------|-------------------------------|
| Driver's License No. | Driver's License State |
| | |

| | |
|-------------------------|--|
| Phone Number (required) | |
|-------------------------|--|

| | |
|------------------|--|
| Email (required) | |
|------------------|--|

| | |
|-------------------------|--|
| Verify Email (required) | |
|-------------------------|--|

Co- Applicant Current Address

| | |
|--------------------------|---|
| Same as first applicant? | <input type="radio"/> Yes <input type="radio"/> No |
|--------------------------|---|

| | |
|-----------------------------|---|
| Home Address Not a P.O. Box | Address Line 1 <hr/> Address Line 2 <hr/> City _____ State _____ ZIP Code _____ |
|-----------------------------|---|

| | |
|---------------|--|
| Years at Home | |
|---------------|--|

| | |
|-------------|---|
| Home Status | <input type="radio"/> Own <input type="radio"/> Rent <input type="radio"/> Other: |
|-------------|---|

Co-Applicant Previous Address

| | |
|--------------------------|---|
| Same as first applicant? | <input type="radio"/> Yes <input type="radio"/> No |
|--------------------------|---|

| | |
|---------------------------------|---|
| Previous Address Not a P.O. Box | Address Line 1 <hr/> Address Line 2 <hr/> City _____ State _____ ZIP Code _____ |
|---------------------------------|---|

| | |
|---------------------------|--|
| Years at Previous Address | |
|---------------------------|--|

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 | Address Line 1 _____ Address Line 2 _____ 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 <hr/> Address Line 2 <hr/> City <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/> | | |
| 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 | | |