



CONSUMER LOAN APPLICATION

Date of Application

Joint Intent Request:

If you intend to apply for joint credit, please initial here: _____
Primary Applicant Spouse / Co-Applicant

General Information:

Loan Amount Requested:		Type of Loan Requested:	
Loan Term Requested:		Requested 1st Payment Date:	
Proceeds to be used for:			
Collateral Offered:			

Borrower(s) Information:

Primary Applicant					Spouse / Co Applicant				
Full Legal Name of Applicant			Social Security Number		Legal Name of Spouse / Co-Applicant			Social Security Number	
Date of Birth	Phone Number	Email Address			Date of Birth	Phone Number	Email Address		
Primary Residence Street Address (no P.O. Boxes)					Primary Residence Street Address (no P.O. Boxes)				
City	State	Zip	How Long?		City	State	Zip	How Long?	
Mailing Address					Mailing Address				
City	State	Zip			City	State	Zip		
Name and phone number of a relative not living with you that we may contact:									
Name:		Phone Number:			Name:		Phone Number:		

Employment and Income:

Employer	Occupation/Position	How Long?	Employer	Occupation/Position	How Long?
Employer Address		Gross Salary (yearly)	Employer Address		Gross Salary (yearly)

Value of Assets (Round to nearest thousand):

Checking/Savings:		Checking/Savings:	
Investment Accounts:		Investment Accounts:	
Retirement Accounts:		Retirement Accounts:	
Automobiles:		Automobiles:	
Real Estate:		Real Estate:	
Other Assets:		Other Assets:	

General Information

Applies to Primary Applicant and/or Co-Applicant	Yes	No	Explanation or Dollar Amount
Guaranteed / Cosigned Debt?			
Defendant in any suit or legal action?			
Judgements / Garnishments / Attachments?			

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and will answer questions about your credit experience with me.

Applicant's Signature

Date

Spouse/Co-Applicant (if applicable)

Date



Addendum to Application

If you have been living at your current primary residence for less than 2 years, please fill out the section below:							
Primary Applicant				Spouse / Co Applicant			
Prior Primary Residence 1: Street Address (no P.O. Boxes)							
City	State	Zip	How Long?	City	State	Zip	How Long?
Primary Residence 2: Street Address (no P.O. Boxes)							
City	State	Zip	How Long?	City	State	Zip	How Long?

If you have been working at your current place of employment for less than 2 years, please fill out the section below:							
Employer	Occupation/Position	How Long?	Employer	Occupation/Position	How Long?		
Employer Address			Gross Salary (yearly)				
Employer	Occupation/Position	How Long?	Employer	Occupation/Position	How Long?		
Employer Address			Gross Salary (yearly)				

If someone other than the Primary Applicant or Spouse/Co Applicant will be granting the collateral, please fill out the section below:								
Legal Name of Grantor			Social Security Number					
Date of Birth	Phone Number	Email Address			Date of Birth	Phone Number	Email Address	
Primary Residence Street Address (no P.O. Boxes)								
City	State	Zip	How Long?	City	State	Zip	How Long?	

ADDITIONAL NOTES, EXPLANATION, DISCLOSURES							

Page Certification: I hereby represent and warrant the above information to be true and complete.	Initials:	Initials:
	Primary Applicant	Spouse / Co-Applicant