

# CONSUMER LOAN APPLICATION

Census  
Tract \_\_\_\_\_

## LOAN REQUEST

*Use Adobe Reader to complete.*

PURPOSE OF LOAN \_\_\_\_\_ AMOUNT REQUESTED \$ \_\_\_\_\_ MONTHS NEEDED \_\_\_\_\_

### PERSONAL INFORMATION

This application is designed to be completed by the applicant(s) with the lender's assistance.

The Co-Applicant section and all other Co-Applicant questions should be completed to the extent possible if: (1) co-applicant will be jointly obligated with you on the loan; (2) you will be relying on income or assets of the co-applicant as a basis for repayment of the loan; (3) you are relying on income from alimony, child support or separate maintenance from the co-applicant or other party; or (4) you are married to the co-applicant and reside in, or the property is located in, a community property State. If you are married, your spouse need not be jointly obligated with you on the loan and need not sign as a co-applicant unless item (2) above applies or unless the spouse's signature is required under state law to create a valid lien, pass clear title or waive inchoate rights to property.

APPLICANT					CO-APPLICANT				
FULL NAME _____ DATE OF BIRTH _____					FULL NAME _____ DATE OF BIRTH _____				
PRESENT ADDRESS – <input type="checkbox"/> Own <input type="checkbox"/> Rent Years _____ Phone _____					PRESENT ADDRESS – <input type="checkbox"/> Own <input type="checkbox"/> Rent Years _____ Phone _____				
PREVIOUS ADDRESS (complete if less than 2 years at present address) _____					PREVIOUS ADDRESS (Complete if less than 2 years at present address) _____				
<b>MARITAL STATUS</b> <small>COMPLETE FOR SECURED LOANS ONLY</small> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried – (Includes Single, Divorced or Widowed)		<b>DEPENDENTS</b> Do Not Include Co-Applicant NO. _____ AGES _____			<b>MARITAL STATUS</b> <small>COMPLETE FOR SECURED LOANS ONLY</small> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried – (Includes Single, Divorced or Widowed)		<b>DEPENDENTS</b> Do Not Include Applicant or Dependents Listed by Applicant NO. _____ AGES _____		
SOCIAL SECURITY NO. _____					SOCIAL SECURITY NO. _____				
NAME AND ADDRESS OF EMPLOYER – How Long _____ Phone _____					NAME AND ADDRESS OF EMPLOYER – How Long _____ Phone _____				
Type of Business _____ Position/Title _____					Type of Business _____ Position/Title _____				
PREVIOUS EMPLOYER – How Long _____ (Complete if current job held less than two years)					PREVIOUS EMPLOYER – How Long _____ (Complete if current job held less than two years)				
Type of Business _____ Position/Title _____					Type of Business _____ Position/Title _____				
Are there any unsatisfied judgments against you? Yes <input type="checkbox"/> No <input type="checkbox"/>					Are there any unsatisfied judgments against you? Yes <input type="checkbox"/> No <input type="checkbox"/>				
In the last 7 years, have you been declared bankrupt? Yes <input type="checkbox"/> No <input type="checkbox"/>					In the last 7 years, have you been declared bankrupt? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Did you ever have credit in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/>					Did you ever have credit in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes, what name: _____					If Yes, what name: _____				

**IF SELF EMPLOYED, PLEASE SUBMIT BALANCE SHEET, PROFIT AND LOSS STATEMENT, AND COPY OF LATEST FEDERAL TAX RETURN**

ASSETS					INCOME				
DEPOSITS IN CHECKING & SAVINGS ACCOUNTS					AMOUNT OR VALUE				
Name of Institution	Type	Account No.	Applicant	Co-Applicant	Monthly Income	Applicant	Co-Applicant		
			<input type="checkbox"/>	<input type="checkbox"/>	Base Earnings <input type="checkbox"/> Gross <input type="checkbox"/> Net	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	Overtime	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	Bonuses-Commissions	<input type="checkbox"/>	<input type="checkbox"/>		
Net worth of Business Owned – Attach Current Financial Statement					<input type="checkbox"/>	<input type="checkbox"/>	Dividends-Interest	<input type="checkbox"/>	<input type="checkbox"/>
Vehicles – List Make	Year	Fully Paid	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>		
1)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
2)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Personal Property – Furniture, Art, Jewelry, etc.					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Stocks-Bonds-Name	Number	@ Value Ea.	Pledged	<input type="checkbox"/>					
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>					
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>					
Real Estate Owned					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL ASSETS</b>					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
					<b>TOTAL INCOME</b>				
					<i>Income Remarks – Note: Income from Alimony, Child Support or Maintenance Payments need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.</i>				

### LIABILITIES – OBLIGATIONS – CREDIT REFERENCES

**NOTE:** LIST ALL PERSONAL, TRUST PARTNERSHIP, OR CORPORATE DEBTS. IF RECENTLY PAID OFF, LIST FOR CREDIT REFERENCE, INCLUDE DEBTS FOR 1ST AND 2ND LIEN LOANS (MORTGAGE OR TRUST DEED), AUTOS, APPLIANCES, FURNITURE, PERSONAL LOANS AND NOTES, CO-SIGNED NOTES, ALIMONY, SUPPORT PAYMENTS, AND CHARGE ACCOUNTS.

PURPOSE	(A)–Applicant; (CA)–Co-Applicant; (JT)–Jointly		ACCOUNT NUMBER	MONTHLY PAYMENT	BALANCE / Pay Out of Loan	X
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>		\$	If Balance	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		\$	is Zero	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		\$	Indicate	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		\$	Date	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		\$	Closed in	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		\$	This Space	<input type="checkbox"/>
<b>TOTAL LIABILITIES</b>				\$	\$	<input type="checkbox"/>

**REAL ESTATE OWNED**

ADDRESS OF RESIDENCE PROPERTY		MORTGAGE HOLDER		ADDRESS OF MORTGAGE HOLDER		ACCOUNT NUMBER
PRESENT VALUE	DATE PURCHASED	PURCHASE PRICE	BALANCE FINANCED	MONTHLY PAYMENT	PRESENT BALANCE	

**INSURANCE**

LIFE INSURANCE—COMPANY NAME AND ADDRESS			(A)—Applicant; (CA)—Co-Applicant; (JT)—Jointly			
			<input checked="" type="checkbox"/>	TYPE	FACE AMOUNT	CASH VALUE
INSURANCE ON AUTOMOBILE			Carrier:		Policy #:	
Agent:			Address:		Phone:	

**PERSONAL REFERENCES**

NAME OF NEAREST RELATIVE NOT OR PERSONAL LIVING WITH YOU REFERENCE	RELATIONSHIP	ADDRESS	CITY	STATE	PHONE

**AGREEMENT**

The undersigned hereby declare and represent that they have read the foregoing Application, that all statements made therein are complete and true to their knowledge, that all financial and credit information of value to the consideration of this Loan Request has been given and that the statements are made and information given as an inducement to the Lender to grant the Loan for which this Application is made. The Applicant(s) authorize the Lender, or his Agent, to verify the information contained herein and to make such additional normal inquiries as reasonably may be related to or associated with this Application, from credit bureaus and from employers, creditors, and references listed on this Application, and agree that such information, along with this Application, shall remain the Lender's property.

The undersigned understand that the selection of a dealer or contractor is their responsibility and that this financial institution in no way guarantees equipment, materials or workmanship and that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, as applicable under the provisions of Title 18, United States Code, Section 1014.

Accepted:

Applicant _____	Co-Applicant _____
Date _____	Date _____
We intend to apply for joint credit.	
Driver's License No. _____	Driver's License No. _____

**LENDER USE**

**DISBURSEMENT DETAILS**

Loan Proceeds .....	\$ _____
Official Fees .....	\$ _____
Credit Life Ins. Premium .....	\$ _____
Credit Disability Ins. Premium .....	\$ _____
Other .....	\$ _____
Amount Financed .....	\$ _____
FINANCE CHARGE .....	\$ _____
Service Charge .....	\$ _____
Interest .....	\$ _____
Total of Payments .....	_____
ANNUAL PERCENTAGE RATE .....	_____ %

**DESCRIPTION OF COLLATERAL**

New  } Year \_\_\_\_\_ Make \_\_\_\_\_  
Used  } Model \_\_\_\_\_  
Serial Number \_\_\_\_\_  
Color \_\_\_\_\_ Body Style \_\_\_\_\_  
No. of Cylinders \_\_\_\_\_ License Plate # \_\_\_\_\_  
Sales Price \$ \_\_\_\_\_ Invoice \$ \_\_\_\_\_  
Down Payment \$ \_\_\_\_\_ Trade-In \$ \_\_\_\_\_  
Loan Requested \$ \_\_\_\_\_ % to Price \_\_\_\_\_  
Dealer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone \_\_\_\_\_ Salesman: \_\_\_\_\_  
OTHER COLLATERAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If secured by collateral, has an insurance loss payable been requested?  Yes  No  
Is there a copy of the Insurance Policy in the file?  
 Yes  No

Loan  Approved –  Rejected – Amount \$ \_\_\_\_\_

Special Conditions: \_\_\_\_\_

Interest Rate: \_\_\_\_\_ %  Simple  Add-on  Discount

Term: \_\_\_\_\_ months – Payment \$ \_\_\_\_\_ –1st Due: \_\_\_\_\_

Security: \_\_\_\_\_

Customer Notified \_\_\_\_\_ Dealer Notified \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Total Monthly Income .....	\$ _____
Total Housing Expense .....	\$ _____
Payments on All Debts .....	\$ _____
Payment for This Loan .....	\$ _____
Total All Payments .....	\$ _____
Debt to Income Ratio (Line 2 Divided by Line 1)	_____ %
Comments:	_____
	_____
	_____
	_____