

## CONSUMER LOAN APPLICATION (APPCENTER VERSION)

CREDIT REQUESTED				COLLATERAL OFFERED			
Amount Requested	# of Payments	Preferred Payment Day		<input type="checkbox"/> Real Estate <input type="checkbox"/> Deposit Account/Investments <input type="checkbox"/> Titled / Vehicle <input type="checkbox"/> Other <input type="checkbox"/> Unsecured			
Description of Collateral Offered							
Purpose of Credit Request							
Loan Type (i.e. Installment, Credit Line)				Credit <input type="checkbox"/> A HELOC <input type="checkbox"/> A Home Equity Loan Requested is: <input type="checkbox"/> A Home Improvement Loan			
APPLICANT				CO-APPLICANT			
<b>If the Applicant is married, he or she may apply for individual credit.</b>							
Applicant's Role: <input type="checkbox"/> Borrower <input type="checkbox"/> Guarantor <input type="checkbox"/> Co-Signer				Applicant's Role: <input type="checkbox"/> Borrower <input type="checkbox"/> Guarantor <input type="checkbox"/> Co-Signer			
Name				Name			
Date of Birth		SSN		Date of Birth		SSN	
Driver's Lic. #			Exp. Date	Driver's Lic. #			Exp. Date
Home Street Address			Yrs/Mos.	Home Street Address			Yrs/Mos.
City, State, Zip			County	City, State, Zip			County
Home Phone		Cell Phone		Home Phone		Cell Phone	
E-Mail Address				E-Mail Address			
# of Dependents		Ages of Dependents		# of Dependents		Ages of Dependents	
Previous Address (if current less than 2 years)			Yrs/Mos.	Previous Address (if current less than 2 years)			Yrs/Mos.
City, State, Zip				City, State, Zip			
EMPLOYMENT INFORMATION - APPLICANT				CO-APPLICANT			
Business Name/Employer <input type="checkbox"/> Self Employed				Business Name/Employer <input type="checkbox"/> Self Employed			
Business/Employer Street Address				Business/Employer Street Address			
City, State, Zip				City, State, Zip			
Business Phone		Monthly Income		Business Phone		Monthly Income	
Position/Title		From	To	Position/Title		From	To
Previous Business Name/Employer <input type="checkbox"/> Self Employed				Previous Business Name/Employer <input type="checkbox"/> Self Employed			
Business/Employer Street Address				Business/Employer Street Address			
City, State, Zip				City, State, Zip			
Business Phone		Monthly Income		Business Phone		Monthly Income	
Position/Title		From	To	Position/Title		From	To

PERSONAL REFERENCES - APPLICANT		CO-APPLICANT	
Name	Relationship	Name	Relationship
Address	Phone	Address	Phone
Name	Relationship	Name	Relationship
Address	Phone	Address	Phone
Name	Relationship	Name	Relationship
Address	Phone	Address	Phone

**ABOUT YOUR EXISTING LOANS AND ACCOUNTS**

Rent Home       Own Home in the following names:

Monthly Payment / Rent	Purchase Price	Date Purch.	Present Value	Original Loan Amount	Current Loan Balance
\$					

Name and Address of Mortgage Holder or Landlord

Name of My Financial Institution      Checking Account #      Savings Account #

**OTHER INCOME (IF ANY)** - Indicate Monthly Values (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.)

Interest / Dividends	Rental Income	Other Income	Describe "Other Income" Source
\$	\$	\$	

**ASSETS      LOANS OR OTHER OBLIGATIONS**

Category	Value	Category	Amt Owed	Monthly Payment
Cash/Deposits	\$			
Stocks or Bonds	\$			
Automobiles	\$	Auto Loans	\$	\$
Real Estate	\$	Real Estate Loans	\$	\$
Life Insurance (Face Value: \$)	\$	Life Insurance Loans	\$	\$
Retirement Funds	\$	Credit Card Debt	\$	\$
Other Assets	\$	Other Obligations	\$	\$
<b>Total Assets</b>	\$	<b>Total Liabilities</b>	\$	\$
		<b>Net Worth</b>	\$	

**QUESTIONS**

Applicant	Co-Applicant	Explanation (Please use an additional sheet if necessary.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any outstanding judgments against you?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been declared bankrupt?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a party to a lawsuit?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you obligated on any loan resulting in judgment, foreclosure or title transfer?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you delinquent, in default on any Federal debt, financial obligation, bond, or loan guarantee?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you obligated to pay alimony, child support or separate maintenance?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is any part of the down payment borrowed?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a co-maker or an endorser on a loan?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had merchandise repossessed?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been denied credit with us?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. citizen?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you a resident alien?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you a non-resident alien?

