LOAN APPLICATION

		☐ Individual (☐ Individual Credit☐ Joint Credit☐ ☐ Individual Cr		Reason for Loan			Date Approved By Declined By			
Amount F	Amount Requested				Payment Date	yment Date Payment			Collateral		
T				1				1			
				IND	IVIDUAL APPLI	CANT					
Name (Last, First, Middle)		,,			1	Social Security #		# . CD d d .		A (December)	
Birthdate	Telephone # Driver		Driver's	License # Social Se		ecurity #	# of Dependen		Ages of Dependents		
Address (Street, City, State & Zip)							Co	ounty	□ Own □ Rent	How Long	
Previous Address if less than 2 years (Street, City, State & Zip)							Co	ounty	□ Own □ Rent	How Long	
Employer (Comp	oany Name & Add	ress)								How Long	
Business Phone #			Position/Title		Gross \$	Monthly Salary Gross \$			let\$		
Previous Employ	er (Company Nar	ne & Address)								How Long	
					d if you do not wish Written Agreement			is for repaying t	his obligation.		
Other Income									\$ Amount	Per Month	
Is any income listed above likely to be ☐ Yes reduced before the credit requested is paid off? ☐ No					Explain						
Have you ever re	eceived credit			□ Yes	Checking Accoun						
from us?	s of nearest relativ	ve not living with v	1011	□ No	Savings Account	#	Polat	tionship	Area Code &	Telephone #	
Name & Address	or ricarcst relativ	o not living with y	ou				Noidi	шопопір	Aica oode a	теюрнопо #	
				JOIN	T/OTHER APPL	ICANT			I		
Name (Last, Firs	st, Middle)										
Birthdate	Teleph	none #	Driver's	License #	Social Se	ecurity #	# of De	pendents	Ages of Dependents		
Address (Street, City, State & Zip)							County Area Code & Teleph		Telephone #		
Employer (Comp	oany Name & Add	ress)								How Long	
Business Phone # Position/Title				Monthly Salary Gross \$			Net	\$			
Previous Employ	er (Company Nar							How Long			
-	support, or separate m				I if you do not wish Written Agreement			is for repaying t	his obligation.		
Other Income							<u></u>		\$ Amount	Per Month	
Is any income lis	sted above likely to	o be		□ Yes	Explain						
-	he credit requeste			□ No							
Have you ever received credit				□ Yes	Checking Accoun	t#					

Savings Account #

 $\; \square \; \mathsf{No}$

from us?

ASSET & DEBT INFORMATION

Assats Owned

ASSets Owned				Subject to Debt		
Description of Ass Checking Account Number(s)	ets	Name on Acc	ount	Yes / No	\$ Value	
(where)						
Savings Account Number(s)						
(where)						
Certificate(s) of Deposit						
(where)						
Real Estate						
(location, date acquired)						
Marketable Securities						
(issuer, type, # of shares)						
Life Insurance						
<i>(issuer, face value)</i> Automobiles						
(make, model, year)						
Other						
(list)						
TOTAL						
ASSETS					\$	
Outstanding Debts (include charge a	accounts, installment con	tracts, credit cards, mortga	ge, etc.)			
			Amount of	Present Loan	Monthly	
Creditor	Account #	Name on Account	Loan	Balance	Payments	
andlord or Mortgage Holder					_	
Automobiles	+		\$	\$	\$	
Automobiles (describe)						
(uescribe)						
	+					
TOTAL DEBTS			¢	¢	\$	
	ing information about bot	th the Applicant and Joint A	nnlicant/Other Pe	rson (if applicable)	14	
•	_			ison (ii applicable)		
Are you obligated to make Alimony, Supp	ort or Maintenance paym	nents?	□ No			
If yes, to (Name & Address)				Amount per month:	\$	
Are you a co-maker, endorser, or guaran	tor on any loan or contrac		□ No			
If yes, for whom?		To Whom?				
Are there any unsatisfied judgments agai	nst you? 🗆 Yes 🗆 No	If yes, to who	m?	Amount \$		
Have you declared bankruptcy in the past	t 10 years? ☐ Yes ☐ No	If yes, where?	?	Year		
	S	SECURED CREDIT				
Property Description						
Name & Addresses of all Co-owners on the	ne property					
If the security is real estate, give the full	name of your spouse (if a	any).				
Credit Disclosures – An insurance product						
is not a deposit or other obligation of, or guara						
insurance product or annuity is not insured by t	·		•			
In the case of an insurance product or annuity to		•				
an insurance product or annuity is offered we c us or any of our affiliates; or (2) Your agreeme				•	,	
us of any of our armiates, or (2) four agreemen	it flot to obtain, or a profilbiti	ion on you from obtaining, an ii	isurance product of	annuity from an unamilat	eu enuty.	
Signatures - I certify that everything I have	stated in this application and	on any attachments is correct.	You may keep this	application whether or no	ot it is approved.	
By signing below I authorize you to check my co						
that I must update credit information at your re		· ·	, , ,	,,-		
	, ,					
Applicant's Signature	1	Date	Applicant's Signat	ure	Date	