



Consumer Loan Application

Loan Amount Requested _____ Proceeds to be used for _____

Application Type: Individual Joint

Primary Applicant Information

Name (First, Last, MI) _____ SSN _____

Phone _____ Email _____ DOB _____

Current Address _____ Time at current address _____ Rent or Mortgage Amount _____

Previous Address if time at current is less than 3 years _____ Time at previous address _____ Rent or Mortgage Amount _____

Current Employer _____ Occupation _____ Time at current employer _____ Gross Monthly Income _____

Previous employer if current less than 3 years _____ Occupation _____ Time at previous employer _____ Gross Monthly Income _____

Other Income Source _____ Gross Monthly Income _____ Are you required to pay alimony, child support or separate maintenance? Yes No If Yes, Amount _____

Joint Applicant Information

Name (First, Last, MI) _____ SSN _____

Phone _____ Email _____ DOB _____

Current Address _____ Time at current address _____ Rent or Mortgage Amount _____

Previous Address if time at current is less than 3 years _____ Time at previous address _____ Rent or Mortgage Amount _____

Current Employer _____ Occupation _____ Time at current employer _____ Gross Monthly Income _____

Previous employer if current less than 3 years _____ Occupation _____ Time at previous employer _____ Gross Monthly Income _____

Other Income Source _____ Gross Monthly Income _____ Are you required to pay alimony, child support or separate maintenance? Yes No If Yes, Amount _____

Outstanding Debts

Creditor	Balance	Monthly Payment

Collateral Information

Make _____ Model _____ Year _____ VIN _____

Make _____ Model _____ Year _____ VIN _____

I have applied for an extension of credit with you. You are soliciting, offering or selling me an insurance product or annuity in connection with this extension of credit. FEDERAL LAW PROHIBITS YOU FROM CONDITIONING THE EXTENSION OF CREDIT ON EITHER: 1) My purchase of an insurance product or annuity from you or from any of your affiliates; or 2) My agreement not to obtain, or a prohibition on me from obtaining, an insurance product or annuity from an unaffiliated entity. By signing, I acknowledge that I have received a copy of this form on today's date or within three (3) days if I have applied by telephone. Unless this disclosure is provided electronically or I have applied for credit by mail, I also acknowledge that you have provided this disclosure to me orally.

Everything that I have stated in this application is true and 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 to answer questions about your credit experience with me.

Primary Applicant Signature _____ Date _____ Joint Applicant Signature _____ Date _____