



FEDERAL CREDIT APPLICATION INSURANCE INITIAL DISCLOSURE

I am applying for an extension of credit with your financial institution. The financial institution may be soliciting, offering, or selling me an insurance product or annuity in connection with this extension of credit. **FEDERAL LAW PROHIBITS FINANCIAL INSTITUTIONS 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 at the time I applied for credit or within (3) days if I have applied by telephone. Unless I have applied by mail, I also acknowledge that you have provided this disclosure to me orally.

Applicant Name (Printed):

Signature: _____ Date: _____

Applicant Name (Printed):

Signature: _____ Date: _____

CONSUMER LOAN APPLICATION

Revised 02/14/2014

EVIDENCE OF INTENT

- I am applying for individual credit in my own name and I am relying on my own income and assets and not the income and assets of another person.
 I am applying for individual credit and I am relying on my own income and assets, as well as assets from other sources.
 We are applying for joint credit.

Applicant Signature _____ Date _____ Joint Applicant Signature _____ Date _____

CREDIT REQUESTED

Amount Requested	Loan Purpose	Collateral Available to Secure Loan	Term or Desired Payment	Desired Payment Date
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APPLICANT INFORMATION

Applicant Name		Date of Birth	Social Security Number	E-Mail Address	
U. S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone	Cell Phone	DL Number/State	DL Expiration Date	Time at Current Residence
Street Address		City, State & Zip		<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Payment
Mailing Address (if different)		Previous Address		Time at Previous Residence	
Current Employer	Type of Business	Title/Position	Work Phone	Length of Employment	
Business Address		City, State & Zip		Gross Salary (Monthly)	
Previous Employer	Type of Business	Title/Position	Length of Employment	Gross Salary (Monthly)	
Nearest Relative Not Living with Applicant	Relationship to Principal Applicant	Home Phone	Street Address	City, State & Zip	
Alimony, child support or separate maintenance income should not be revealed if you do not wish to have it considered as a source of repayment for this obligation.					
Source(s) of Additional Income				Amount Per Month	

JOINT APPLICANT OR OTHER PARTY INFORMATION (Do not complete this section if applying for individual credit.)

Capacity <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Grantor <input type="checkbox"/> Guarantor <input type="checkbox"/> Cosigner	Relationship to Principal Applicant				
Applicant Name		Date of Birth	Social Security Number	E-Mail Address	
U. S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone	Cell Phone	DL Number/State	DL Expiration Date	Time at Current Residence
Street Address		City, State & Zip		<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Payment
Mailing Address (if different)		Previous Address		Time at Previous Residence	
Current Employer	Type of Business	Title/Position	Work Phone	Length of Employment	
Business Address		City, State & Zip		Gross Salary (Monthly)	
Nearest Relative Not Living with Applicant	Relationship to Joint Applicant	Home Phone	Street Address	City, State & Zip	
Alimony, child support or separate maintenance income should not be revealed if you do not wish to have it considered as a source of repayment for this obligation.					
Source(s) of Additional Income				Amount Per Month	

APPLICANT SIGNATURE(S)

I am applying for the loan or credit described in this application. I have made no misrepresentation in this application nor in any related documents. I hereby authorize the Bank to verify with other parties and to make any investigation of my credit and employment status, either directly or through any agency employed by the Bank for that purpose. The Bank may disclose to any other interested parties information as to the Bank's experiences or transactions with my account. I understand that the Bank will retain this information and any other credit information the Bank receives even if no loan or credit is granted.

Applicant Signature _____ Date _____ Joint Applicant Signature _____ Date _____