

CONSUMER LOAN APPLICATION

Credit Requested Is: <input type="checkbox"/> Home Equity Loan <input type="checkbox"/> Collateral Secured Loan <input type="checkbox"/> Personal Unsecured Loan		Account Requested: <input type="checkbox"/> Individual <input type="checkbox"/> Joint
Amount Requested \$	Description of Collateral Offered	We intend to apply for joint credit Initial _____ Applicant _____ Co-Applicant _____
Purpose of Credit Request		

If the Applicant is married, he or she may apply for individual credit. For Marital Status, check one if a) you are applying for a secured credit; b) you reside in a community property state; or c) you are relying on property in a community property state as a basis for repayment of the credit requested.

Applicant			APPLICANT INFORMATION			Co-Applicant		
Applicant Role: <input type="checkbox"/> Borrower <input type="checkbox"/> Co-Signer <input type="checkbox"/> Guarantor			Applicant Role: <input type="checkbox"/> Borrower <input type="checkbox"/> Co-Signer <input type="checkbox"/> Guarantor					
Applicant Name (include Jr. or Sr. if applicable)			Co-Applicant Name (include Jr. or Sr. if applicable)					
Social Security Number	Home Phone (incl. area code)	DOB (mm-dd-yyyy)	Social Security Number	Home Phone (incl. area code)	DOB (mm-dd-yyyy)			
Email Address			Email Address					
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (include single, divorced, widowed)		Dependents (not listed by Co-Applicant) no. ages	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (include single, divorced, widowed)		Dependents (not listed by Applicant) no. ages			
Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non-Resident Alien			Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non-Resident Alien					
Present Address (street, city, state, ZIP) since			Present Address (street, city, state, ZIP) since					
Mailing Address, if different from Present Address			Mailing Address, if different from Present Address					
If residing at present address for less than two years, complete the following:								
Former Address (street, city, state, ZIP) from to			Former Address (street, city, state, ZIP) from to					

Applicant			EMPLOYMENT / INCOME INFORMATION			Co-Applicant			
Name & Address of Employer		<input type="checkbox"/> Self Employed	Yrs. on this job	Name & Address of Employer		<input type="checkbox"/> Self Employed	Yrs. on this job		
			<input type="checkbox"/> Full time				<input type="checkbox"/> Full time		
Position/Title & Type of Business		Business Phone (incl. area code)		Position/Title & Type of Business		Business Phone (incl. area code)			
Gross Monthly Income \$				Gross Monthly Income \$					
Name & Address of Employer		<input type="checkbox"/> Self Employed	Dates	Name & Address of Employer		<input type="checkbox"/> Self Employed	Dates		
			from to				from to		
Position/Title & Type of Business		Business Phone (incl. area code)		Position/Title & Type of Business		Business Phone (incl. area code)			
Name & Address of Employer		<input type="checkbox"/> Self Employed	Dates	Name & Address of Employer		<input type="checkbox"/> Self Employed	Dates		
			from to				from to		
Position/Title & Type of Business		Business Phone (incl. area code)		Position/Title & Type of Business		Business Phone (incl. area code)			

NOTICE: 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.

Other Income	\$	Other Income	\$
Other Income	\$	Other Income	\$
Other Income	\$	Other Income	\$

HOUSING INFORMATION			
<input type="checkbox"/> Own <input type="checkbox"/> Rent since	Monthly Housing/Rent \$	Present Value \$	Date Purchased

CASH ASSET INFORMATION		
Financial Institution Name	Saving Account Balance \$	Checking Account Balance \$

I/We hereby apply for the loan or credit described in this application. I/We certify that I/we made no misrepresentations in this loan application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. Lender is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by Lender for that purpose. Lender may disclose to any other interested parties information as to Lender's experiences or transactions with my/our account. I/We understand that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted. These representations and authorizations extend not only to Lender, but also to any insurer of the loan and to any investor to whom Lender may sell all or any part of the loan. I/We further authorize Lender to provide to any such insurer or investor any information and documentation that they may request with respect to my/our application, credit or loan.

X _____ X _____
Applicant **Date** **Co-Applicant** **Date**

ASSETS AND LIABILITIES ADDENDUM TO CONSUMER LOAN APPLICATION

Applicant:

Application Number:

Assets		Liabilities		
Checking and Savings Accounts		Name and Address of Creditor		
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance
Acct. No.	\$	Acct. No.	\$	\$
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance
Acct. No.	\$	Acct. No.	\$	\$
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance
Acct. No.	\$	Acct. No.	\$	\$
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance
Acct. No.	\$	Acct. No.	\$	\$
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance
Acct. No.	\$	Acct. No.	\$	\$
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance
Acct. No.	\$	Acct. No.	\$	\$
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance
Acct. No.	\$	Acct. No.	\$	\$
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance
Stocks and Bonds Assets		Name & Address of Company	Payment	Balance
Number	Description			
	Cash or Market Value			
	\$			
	\$			
	\$	Acct. No.	\$	\$
	\$	Name & Address of Company	Payment	Balance
Life Insurance - Face Value	\$			
Real Estate Owned Assets	\$			
Vested Interest in Retirement Funds	\$			
Net Worth of Business Owned	\$	Acct. No.	\$	\$
Automobiles Owned:		Name & Address of Company	Payment	Balance
Year	Make and Model			
	Cash or Market Value			
	\$			
	\$			
	\$	Acct. No.	\$	\$
	\$	Name & Address of Company	Payment	Balance
Other Assets Owned:				
Description	Cash or Market Value			
	\$			
	\$	Acct. No.	\$	\$
	\$	Alimony/Child Support/Separate Maintenance Owed to	\$	
	\$			
	\$	Job Related Expense	\$	
	\$			
	\$			
LIQUID ASSETS		TOTAL MONTHLY PAYMENTS		\$
TOTAL ASSETS		TOTAL LIABILITIES		\$
NET WORTH				

*** indicates obligations satisfied at or before loan closing.

INTERVIEWER INFORMATION ADDENDUM TO CONSUMER LOAN APPLICATION

Applicant:

Application Number:

INTERVIEWER INFORMATION

Originator Name	Phone Number	Ext.
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Originator NMLSR Identifier	Originator License State and Number
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Company Name

Company NMLSR Identifier	Company License State and Number
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Company Address (street, city, state, ZIP)