



MULTI-PURPOSE LOAN APPLICATION

If you intend to apply for joint credit, please initial here. _____ Applicant _____ Co-Applicant

YOUR PERSONAL HISTORY & LOAN REQUEST									
TYPE OF LOAN (Check All That Apply) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> JOINT <input type="checkbox"/> UNSECURED <input type="checkbox"/> SECURED			AMOUNT REQUESTED \$	TERM	RATE REQUESTED	PAYMENT	NO. OF PAYMENTS		
PURPOSE OF APPLICATION (Check All That Apply & Describe Request) <input type="checkbox"/> PURCHASE <input type="checkbox"/> CONSTRUCTION (PERSONAL HOME) <input type="checkbox"/> OVERDRAFT PROTECTION <input type="checkbox"/> DESCRIBE: _____ <input type="checkbox"/> HOME IMPROVEMENT <input type="checkbox"/> CONSTRUCTION (SPECULATIVE) <input type="checkbox"/> HOME EQUITY LINE OF CREDIT <input type="checkbox"/> REFINANCE <input type="checkbox"/> CONSTRUCTION / PERMANENT <input type="checkbox"/> PERSONAL LINE OF CREDIT									
LAST NAME		FIRST NAME		INITIAL	DATE OF BIRTH MM DD YR		# DEPENDENTS		
PRESENT ADDRESS <input type="checkbox"/> RENT <input type="checkbox"/> OWN				CITY	STATE	ZIP CODE	HOW LONG	HOME PHONE ()	
PREVIOUS ADDRESS (IF PRESENT ADDRESS LESS THAN 2 YRS)				CITY	STATE	ZIP CODE	HOW LONG	PREVIOUS ADDRESS WAS <input type="checkbox"/> RENTED <input type="checkbox"/> OWNED	
SOCIAL SECURITY NUMBER/TIN	E-MAIL ADDRESS		DRIVER'S LICENSE NUMBER		STATE	EXPIRATION DATE MM DD YR		ISSUE DATE MM DD YR	
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU			ADDRESS		CITY	STATE	ZIP CODE	HOME PHONE ()	
YOUR EMPLOYMENT OR BUSINESS (If self-employed, attach financial statement and tax returns.)									
NAME AND ADDRESS OF EMPLOYER				CITY	STATE	ZIP CODE	BUSINESS PHONE ()		
POSITION	TIME EMPLOYED YRS MOS	GROSS INCOME: \$	<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY		SUPERVISOR'S NAME				
OTHER INCOME: NOTICE: Alimony, Child Support, Or Separate Maintenance Income Need Not Be Disclosed If You Do Not Want It Considered As A Basis For Paying This Obligation.									
NAME AND ADDRESS OF PREVIOUS EMPLOYER (IF PRESENT EMPLOYMENT LESS THAN 2 YRS)				GROSS INCOME	TIME EMPLOYED	BUSINESS PHONE ()			

MARITAL STATUS (DO NOT COMPLETE IF INDIVIDUAL OR UNSECURED CREDIT IS BEING REQUESTED)			
YOUR MARITAL STATUS:	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> UNMARRIED (The Term "Unmarried" Includes Single, Widowed Or Divorced)
CO-APPLICANT MARITAL STATUS:	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> UNMARRIED (The Term "Unmarried" Includes Single, Widowed Or Divorced)

CO-APPLICANT INFORMATION, IF APPLICABLE									
LAST NAME		FIRST NAME		INITIAL	DATE OF BIRTH MM DD YR		# DEPENDENTS		
PRESENT ADDRESS <input type="checkbox"/> RENT <input type="checkbox"/> OWN				CITY	STATE	ZIP CODE	HOW LONG	HOME PHONE ()	
PREVIOUS ADDRESS (IF PRESENT ADDRESS LESS THAN 2 YRS)				CITY	STATE	ZIP CODE	HOW LONG	PREVIOUS ADDRESS WAS <input type="checkbox"/> RENTED <input type="checkbox"/> OWNED	
SOCIAL SECURITY NUMBER/TIN	E-MAIL ADDRESS		DRIVER'S LICENSE NUMBER		STATE	EXPIRATION DATE MM DD YR		ISSUE DATE MM DD YR	
NAME AND ADDRESS OF EMPLOYER			CITY		STATE	ZIP CODE	BUSINESS PHONE ()		
POSITION	TIME EMPLOYED YRS MOS	GROSS INCOME: \$	<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY		SUPERVISOR'S NAME				
OTHER INCOME: NOTICE: Alimony, Child Support, Or Separate Maintenance Income Need Not Be Disclosed If You Do Not Want It Considered As A Basis For Paying This Obligation.									
NAME AND ADDRESS OF PREVIOUS EMPLOYER (IF PRESENT EMPLOYMENT LESS THAN 2 YRS)				GROSS INCOME	TIME EMPLOYED	BUSINESS PHONE ()			

QUESTIONS THAT APPLY TO BOTH APPLICANT & CO-APPLICANT	Applicant	Co-Applicant
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 BEEN DECLARED BANKRUPT WITHIN THE PAST 7 YEARS?	<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 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
IF A PURCHASE LOAN, IS ANY 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 GUARANTOR ON A NOTE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU A UNITED STATES CITIZEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YOU ARE NOT A UNITED STATES CITIZEN, ARE YOU A RESIDENT ALIEN? (Leave Blank If Not Applicable)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YOU ARE NOT A UNITED STATES CITIZEN, ARE YOU A NON-RESIDENT ALIEN? (Leave Blank If Not Applicable)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

IF SECURED BY REAL ESTATE – PROPERTY INFORMATION						
ADDRESS OF PROPERTY TO BE SECURED			LAND ONLY? <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF UNITS	YEAR BUILT	PRIMARY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF A PURCHASE LOAN, COMPLETE THIS ROW:	PURCHASE PRICE \$	CASH DOWN \$	CLOSING COSTS PAID BY SELLER \$ (ATTACH SALES CONTRACT)			
IF A CONSTRUCTION LOAN, COMPLETE THIS ROW:	DATE OF LOT PURCHASED	ORIGINAL COST \$	PRESENT VALUE \$	CONSTRUCTION COSTS \$ (ATTACH PLANS, SPECS, CONTRACT, ETC.)		

IF SECURED BY OTHER COLLATERAL – PROPERTY INFORMATION					
DESCRIBE (Include Any Year, Make & Model):		VEHICLE IDENTIFICATION NUMBER	MILEAGE	PURCHASE PRICE	CASH DOWN

INSURANCE ON COLLATERAL			
NAME OF INSURANCE COMPANY OR AGENT	TELEPHONE NUMBER ()	CITY	STATE

