

CONSUMER LOAN WORKSHEET

IMPORTANT: READ THESE DIRECTIONS AND CHECK THE APPROPRIATE BOX BEFORE COMPLETING THIS APPLICATION. Please check one box:

☐ If you are applying for **individual credit** in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete all “Applicant” information.

☐ If this is an application for **joint credit** with another person, complete all Parts, providing information in Part III about the applicant and the joint applicant.

We intend to apply for joint credit _____ (Initials)

APPLICANT CO-APPLICANT

☐ If you are applying for individual credit, but **relying on income** from alimony, child support or separate maintenance or on the income **or assets of another person** as the basis for repayment of the credit requested, complete all applicable Parts to the extent possible, providing information in Part III about the person on whose alimony, support, or maintenance payments or income or assets you are relying.

PART I - YOUR LOAN REQUEST

AMOUNT REQUESTED		TERM (in months)		PURPOSE	
\$					
<input type="checkbox"/> Vehicle Loan	<input type="checkbox"/> Auto	YEAR <input type="checkbox"/> New <input type="checkbox"/> Used	MAKE / MODEL	PURCHASE PRICE \$	VIN
<input type="checkbox"/> Personal Loan	LOAN SECURED BY <input type="checkbox"/> CD <input type="checkbox"/> Savings <input type="checkbox"/> Unsecured <input type="checkbox"/> Other:		BALANCE \$		ACCOUNT NUMBER
<input type="checkbox"/> Home Improvement Loan	(If applicable) Do you live at the property you are improving? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, what is the address of the property? _____ What percent of the proceeds will be used for home improvements? %				

PART II - INFORMATION ABOUT YOU (Applicant and Co-Applicant are each and both called “You”.)

APPLICANT			CO-APPLICANT (If answer is the same as applicant, write "same".)		
FIRST NAME	MIDDLE INITIAL	LAST NAME	FIRST NAME	MIDDLE INITIAL	LAST NAME
SOCIAL SECURITY NO.	DATE OF BIRTH	NO. OF DEPENDENTS	SOCIAL SECURITY NO.	DATE OF BIRTH	NO. OF DEPENDENTS
Do not complete if this is an application for individual unsecured credit. <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed) <input type="checkbox"/> Separated			Do not complete if this is an application for individual unsecured credit. <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed) <input type="checkbox"/> Separated		
DRIVER'S LICENSE NO. OR OTHER IDENTIFICATION NUMBER		PHONE NUMBER	DRIVER'S LICENSE NO. OR OTHER IDENTIFICATION NUMBER		PHONE NUMBER
PHYSICAL ADDRESS (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.			PHYSICAL ADDRESS (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.		
MAILING ADDRESS (if different than Physical Address)			MAILING ADDRESS (if different than Physical Address)		
PREVIOUS ADDRESS (street, city, state & ZIP code) (Complete if less than 2 years at present address)			PREVIOUS ADDRESS (street, city, state & ZIP code) (Complete if less than 2 years at present address)		
MONTHLY RENT / MORTGAGE \$	TAX / INS / CONDO FEES (if not in mortgage payment) \$		MONTHLY RENT / MORTGAGE \$	TAX / INS / CONDO FEES (if not in mortgage payment) \$	
NAME OF MORTGAGE HOLDER / LANDLORD			NAME OF MORTGAGE HOLDER / LANDLORD		
DEPOSITORY INSTITUTION / ACCOUNT NO. / ACCOUNT TYPE			DEPOSITORY INSTITUTION / ACCOUNT NO. / ACCOUNT TYPE		
DEPOSITORY INSTITUTION / ACCOUNT NO. / ACCOUNT TYPE			DEPOSITORY INSTITUTION / ACCOUNT NO. / ACCOUNT TYPE		
DEPOSITORY INSTITUTION / ACCOUNT NO. / ACCOUNT TYPE			DEPOSITORY INSTITUTION / ACCOUNT NO. / ACCOUNT TYPE		
DEPOSITORY INSTITUTION / ACCOUNT NO. / ACCOUNT TYPE			DEPOSITORY INSTITUTION / ACCOUNT NO. / ACCOUNT TYPE		

DECLARATIONS

APPLICANT

Any outstanding judgements?

Declared bankruptcy last 7 years?

Property repossessed or foreclosed?

Party in lawsuit?

Pay Alimony or Child Support?

Co-maker on obligation not listed?

If the answer is Yes to any of the above, please attach explanation.

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Are you a: ☐ U.S. Citizen
☐ Non-resident Alien
Resident Alien

CO-APPLICANT

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ U.S. Citizen
☐ Non-resident Alien
Resident Alien

NAME AND ADDRESS OF NEAREST FRIEND / RELATIVE NOT LIVING WITH YOU (street, city, state, ZIP code)				H YOU	
RELATIONSHIP	PHONE NUMBER	RELATIONSHIP	PHONE NUMBER		

(FOR LENDER USE ONLY: APPLICATION FOR CONSUMER LOAN, UNSECURED OR SECURED BY COLLATERAL.)

PART III - INFORMATION ABOUT YOUR WORK AND INCOME

APPLICANT				CO-APPLICANT (If answer is the same as applicant, write "same".)			
NAME AND ADDRESS OF PRESENT EMPLOYER <input type="checkbox"/> SELF EMPLOYED		YRS. ON THIS JOB	NAME AND ADDRESS OF PRESENT EMPLOYER <input type="checkbox"/> SELF EMPLOYED		YRS. ON THIS JOB		
		YRS. EMPLOYED IN THIS LINE OF WORK / PROFESSION			YRS. EMPLOYED IN THIS LINE OF WORK / PROFESSION		
POSITION / TITLE / TYPE OF BUSINESS		BUSINESS PHONE (incl. area code)	POSITION / TITLE / TYPE OF BUSINESS		BUSINESS PHONE (incl. area code)		
MONTHLY INCOME: \$			MONTHLY INCOME: \$				
NAME AND ADDRESS OF PREVIOUS EMPLOYER <input type="checkbox"/> SELF EMPLOYED		DATES (from - to)	NAME AND ADDRESS OF PREVIOUS EMPLOYER <input type="checkbox"/> SELF EMPLOYED		DATES (from - to)		
		MONTHLY INCOME \$			MONTHLY INCOME \$		
POSITION / TITLE / TYPE OF BUSINESS		BUSINESS PHONE (incl. area code)	POSITION / TITLE / TYPE OF BUSINESS		BUSINESS PHONE (incl. area code)		
OTHER INCOME * SOURCE(S) \$ / mo.			OTHER INCOME * SOURCE(S) \$ / mo.				

* **OTHER INCOME:** Income from alimony, child support, or separate maintenance payments need not be revealed if you choose not to rely on it as a basis for repaying this obligation.

PART IV - INFORMATION ABOUT YOUR LIABILITIES: Tell about any accounts you wish to pay off or close.

☐ Check here if additional debt is listed on an attached sheet.

PAY-OFF	CLOSE	CREDITOR	ACCOUNT NUMBER	AMOUNT OWED	MONTHLY PAYMENT	ACCOUNT HELD BY

PART V - You hereby apply for the loan or credit described in this application. You certify that you have made no misrepresentations in this loan application or in any related documents, that all information is true and complete, and that you did not omit any important information. You 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 your 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 your account. You 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. You further authorize Lender to provide any such insurer or investor any information and documentation that they may request with respect to your application, credit or loan.

Applicant’s Signature	/	Date	Co-Applicant’s Signature	/	Date
-----------------------	---	------	--------------------------	---	------

To be completed by Loan Originator –

LOAN ORIGINATOR’S SIGNATURE			DATE		
LOAN ORIGINATOR’S NAME (print or type)		LOAN ORIGINATOR IDENTI FIER	LOAN ORIGINATOR’S PHONE NUMBER (including area code)		
LOAN ORIGATION COMPANY’S NAME		LOAN ORIGATION COMPANY IDENTIFIER	LOAN ORIGATION COMPANY’S ADDRESS		

LENDER USE ONLY:

CONTINUATION SHEET/CONSUMER LOAN APPLICATION		
Use this continuation sheet if you need more space to complete the Consumer Loan Application. Mark A for Applicant or C for Co-Applicant.	APPLICANT:	AGENCY CASE NUMBER:
	CO-APPLICANT:	LENDER CASE NUMBER:

I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1001, et seq.

APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE
X _____		X _____	