

Important Applicant Information: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Type of Account and Term Requested

TYPE OF CREDIT REQUESTED – CHECK THE APPROPRIATE BOXES BELOW AND COMPLETE THE APPLICABLE SECTIONS

- Individual Credit** (relying on own income and assets) **Joint Credit** (applying for joint credit) 1) _____ 2) _____
(initial) (initial)
- Individual Credit** (relying on my income or assets as well as income or assets from other sources.)

Type of Loan:

- Secured
 Unsecured

Want to Repay:

- Monthly
 Other _____
Term

\$ _____
 Amount Requested No. of Months Payment Date Desired

Purpose for Loan: HOME IMPROVEMENT PAY DEBT OTHER _____

Personal Information

Legal Name (First Middle Last) Date of Birth Phone Number Business Phone Email Address Social Security Number

Home Street Address City County State Zip Years of Res. Driver's License No.

Previous Home Street Address (If at current residence less than 2 yrs) City County State Zip

Employer/Self Employed Title/Position Years Employed Employer Address (Street Address, City, State, Zip)

\$ _____
 Gross Salary/Month How Often Paid Other Income Source(s) \$ _____
 Amount/Month Dependents? (If yes, list their ages)

Previous Employer (If employed less than 2 yrs) Title/Position Years Employed Previous Employer Address (Street Address, City, State, Zip)

Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered. Alimony, child support or separate maintenance received pursuant to:

Do you own or rent? OWN RENT

Court Order Written Agreement Oral Understanding Amount Paid: _____

Joint Applicant/Other Party Information

Legal Name (First Middle Last) Date of Birth Phone Number Business Phone Email Address Social Security Number

Home Street Address City County State Zip How Long? Driver's License No.

Previous Home Street Address (If at current residence less than 2 yrs) City County State Zip

Employer/Self Employed Title/Position Years Employed Employer Address (Street Address, City, State, Zip)

\$ _____
 Gross Salary/Month How Often Paid Other Income Source(s) \$ _____
 Amount/Month Dependents? (If yes, list their ages)

Previous Employer (If employed less than 2 yrs) Title/Position Years Employed Previous Employer Address (Street Address, City, State, Zip)

Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered. Alimony, child support or separate maintenance received pursuant to:

Do you own or rent? OWN RENT

Court Order Written Agreement Oral Understanding Amount Paid: _____

General Information

If you answer Yes to any of the following questions, please explain in the space provided.

Are you a guarantor or co-maker of any leases, contracts or debts? Applicant: YES NO Joint Applicant/Other Party: YES NO

Are there any lawsuits or judgments pending against you? If Yes, include amounts. Applicant: YES NO Joint Applicant/Other Party: YES NO

Have you declared bankruptcy in the last 10 years? Applicant: YES NO Joint Applicant/Other Party: YES NO

Assets If "Joint Applicant or Other Party Information" section was completed above, this section should be completed giving information about both the Applicant and the Joint Applicant or Other Party. Attach additional sheets if necessary.

| Description of Current Assets | Name(s) of Owner(s) | Subject to Debt (Y/N) | Value |
|---|---------------------|-----------------------|-----------|
| Checking Accounts (Institution, Acct. No.) | | | \$ |
| | | | \$ |
| Savings Accounts (Institution, Acct. No.) | | | \$ |
| | | | \$ |
| Marketable Securities (Issuer, Type, No. of Shares) | | | \$ |
| | | | \$ |
| Life Insurance Cash Value (Issuer) | | | \$ |
| Other Real Estate (Location, when acquired) | | | \$ |
| Automobiles (Make, Model, Year) | | | \$ |
| | | | \$ |
| Other Assets (Describe) | | | \$ |
| | | | \$ |
| TOTAL ASSETS | | | \$ |

Outstanding Debts (Include all charge accounts, installment contracts, credit cards, rent, mortgages, and other obligations.)

| CREDITOR | Account # | Names in which the acct. is carried | Orig. Amt. | Present Bal. | Monthly Pmt. |
|---|-----------|-------------------------------------|------------|--------------|--------------|
| Auto Loans | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| Credit or Charge Cards | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| Landlord/Mortgage Holder on other Real Estate | | | \$ | \$ | \$ |
| Other | | | \$ | \$ | \$ |
| TOTAL DEBTS | | | \$ | \$ | \$ |

Signature and Authorization

New York Residents: A consumer report may be ordered in connection with your application. Upon your request, we will inform you whether or not a report was ordered. If a report was ordered we will tell you the name and address of the consumer reporting agency that provided the report. Subsequent reports may be ordered or utilized in connection with an update, renewal or extension of credit for which you have applied.

Ohio Residents: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law.

I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below, I authorized you to check my credit and employment history, to have a consumer credit report prepared on me for the purpose of evaluating this application for credit, and to answer questions others may ask you about my credit record with you. I understand that I must update this credit information at your request and if my financial condition changes.

Applicant Signature

Date

Joint Applicant/Other Party Signature

Date

THIS SECTION FOR CREDITOR USE ONLY

Application Taken by: FACE TO FACE PHONE MAIL Recindable? YES NO RESPA Applicable? YES NO

Date Received _____ Received By _____ Date Completed _____ Approved By _____ / _____ \$ _____ \$ _____ \$ _____
Amount Requested Amount Approved Funding Date Initial Advance

