

BANK OF CLARKE COUNTY CONSUMER LOAN APPLICATION

(FILL IN ALL BLANKS, WRITING "NO" OR "NONE" WHERE NECESSARY TO COMPLETE INFORMATION)

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.

NEW EXISTING CUSTOMER

Amount of loan applied for \$ _____ Term _____ Date _____

Purpose of this loan: _____

The _____ day of each month is most convenient for making payments.

APPLICANT INFORMATION

Name _____

Physical address _____

City, state, zip _____

Number of years at this address _____

Mailing Address (if different) _____

City, State, Zip _____

Email address _____

Social security number _____ / _____ / _____

Date of birth _____ Number of dependents _____

Your home phone number _____

Your cell phone number _____

Your previous address (if less than one year at present address)

How long at this address? _____

Nearest relative not living with you:

Name _____

Address _____

Phone # _____

EMPLOYMENT INFORMATION

Your employer _____

Employer's address _____

Employer's phone # _____

Your position _____

How long employed? _____ YRS _____ MOS

Your previous employer (if current employment less than one year)

INCOME INFORMATION

(NOTICE: THE RECEIPT OF ALIMONY, CHILD SUPPORT OR MAINTENANCE PAYMENTS NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO RELY UPON SUCH INCOME TO OBTAIN CREDIT)

Gross monthly salary \$ _____

Other income (source? _____) \$ _____

Total monthly gross income \$ _____

HOUSING INFORMATION

Rent Own Other Mo. payment \$ _____

To whom payable? _____

Real Estate loan balance \$ _____

JOINT APPLICANT INFORMATION

Name _____

Physical address _____

City, state, zip _____

Number of years at this address _____

Mailing Address (if different) _____

City, State, Zip _____

Email address _____

Social security number _____ / _____ / _____

Date of birth _____ Number of dependents _____

Your home phone number _____

Your cell phone number _____

Your previous address (if less than one year at present address)

How long at this address? _____

Nearest relative not living with you:

Name _____

Address _____

Phone # _____

JOINT EMPLOYMENT INFORMATION

Your employer _____

Employer's address _____

Employer's phone # _____

Your position _____

How long employed? _____ YRS _____ MOS

Your previous employer (if current employment less than one year)

JOINT INCOME INFORMATION

(NOTICE: THE RECEIPT OF ALIMONY, CHILD SUPPORT OR MAINTENANCE PAYMENTS NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO RELY UPON SUCH INCOME TO OBTAIN CREDIT)

Gross monthly salary \$ _____

Other income (source? _____) \$ _____

Total monthly gross income \$ _____

JOINT HOUSING INFORMATION

Rent Own Other Mo. payment \$ _____

To whom payable? _____

Real Estate loan balance \$ _____

ASSET INFORMATION

B = Borrower C = CoBorrower J = Joint

Type	BCJ	Institution	\$ Balance	Type	BCJ	Description	\$ Value
Checking Account				Automobiles			
Savings Account							
CD				Personal Property			
Securities & Type				Real Estate			
401(k) Retirement							
Other				Other			

OUTSTANDING DEBTS

Type	BCJ	Institution	\$ Balance	Mo. Pmt.	Collateral (if any)
Automobiles					
Personal					
Credit Cards					
Other					

APPLICANT

JOINT APPLICANT

PLEASE CIRCLE YOUR ANSWERS

- HAVE YOU HAD A PREVIOUS LOAN OR BEEN A COMAKER OR ENDORSER WITH US? **YES** **NO**
- HAVE YOU DECLARED BANKRUPTCY IN THE LAST TEN YEARS OR EVER HAD ANY SUITS, JUDGMENTS, GARNISHMENTS OR OTHER LEGAL PROCEEDINGS AGAINST YOU? **YES** **NO**
- IF YES, GIVE PARTICULARS: _____
- DO YOU HAVE A WILL? **YES** **NO**

PLEASE CIRCLE YOUR ANSWERS

- HAVE YOU HAD A PREVIOUS LOAN OR BEEN A COMAKER OR ENDORSER WITH US? **YES** **NO**
- HAVE YOU DECLARED BANKRUPTCY IN THE LAST TEN YEARS OR EVER HAD ANY SUITS, JUDGMENTS, GARNISHMENTS OR OTHER LEGAL PROCEEDINGS AGAINST YOU? **YES** **NO**
- IF YES, GIVE PARTICULARS: _____
- DO YOU HAVE A WILL? **YES** **NO**

FEDERAL CREDIT APPLICATION INSURANCE DISCLOSURE

I HAVE APPLIED FOR AN EXTENSION OF CREDIT WITH YOU. YOU ARE SOLICITING, OFFERING OR SELLING ME AN INSURANCE PRODUCT OR ANNUITY IN CONNECTION WITH THIS EXTENSION OF CREDIT. **FEDERAL LAW PROHIBITS YOU 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 ON TODAY'S DATE. UNLESS THIS DISCLOSURE IS PROVIDED ELECTRONICALLY OR I HAVE APPLIED FOR CREDIT BY MAIL, I ALSO ACKNOWLEDGE THAT YOU HAVE PROVIDED THIS DISCLOSURE TO ME ORALLY.

I certify that everything I have stated in this application and on any attachments is correct. By signing below I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I may have to update my credit information at your request if my financial condition changes. I authorize the Bank to keep this application whether or not it is approved.

NOTICE - JOINT CREDIT: We intend to apply for joint credit (Applicant Initials _____ - Joint Applicant Initials _____)

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF CO-APPLICANT

DATE

FOR BANK USE ONLY

OFFICER _____

APPROVED ____

DECLINED ____

REVIEWED ____

COMMENTS: _____