

# Loan Application



914 Main St, PO Box 392  
 Buhl, ID 83316  
 (208) 543-4351 "LENDER"

Application Date: \_\_\_\_\_

Amount of Loan Requested: \_\_\_\_\_

Payment Date Requested: \_\_\_\_\_

Purpose: \_\_\_\_\_

To be Completed by Interviewer	
This application was taken by:	
<input type="checkbox"/>	Face-to-face interview
<input type="checkbox"/>	Mail
<input type="checkbox"/>	Telephone
<input type="checkbox"/>	Internet

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, disability, sex, marital status, familial status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with the law concerning this creditor is the FDIC Division of the Depositor and Consumer Protection, Kansas City, MO.

**Please tell us about yourself and co-applicant, if applicable**

Applicant's Name				Co-Applicant's Name											
Home Address Number and Street			Yrs/Mos	Home Address Number and Street			Yrs/Mos								
City, State, Zip Code			County/Country		City, State, Zip Code			County/Country							
E-mail Address			Cell Phone		E-mail Address			Cell Phone							
Social Security Number		Home Phone No.		Date of Birth		Social Security Number		Home Phone No.		Date of Birth					
Driver's License No./Issue Date/Expiration Date			No. Dependents		Dependent's Age		Driver's License No./Issue Date/Expiration Date			No. Dependents		Dependent's Age			
Applicant's Previous Home Address										Yrs/Mos					
Business Name or Employer				<input type="checkbox"/> Self Employed Additional Information Required				Co-Applicant's Employer				<input type="checkbox"/> Self Employed Additional Information Required			
Business Address Number and Street			Yrs/Mos	Business Address Number and Street			Yrs/Mos								
City, State, Zip Code			Business Phone		City, State, Zip Code			Business Phone							
Position			Gross Monthly Income		Position			Gross Monthly Income							
Previous Employer				Yrs/Mos		Co-Applicant's Previous Employer				Yrs/Mos					

**About Applicant/Co-Applicant Other Monthly Income**  
 You need not disclose alimony, child support or separate maintenance income unless you want us to consider it for purposes of this application.

Interest & Dividend Income	Rental Income	Other Monthly Income	Please describe the sources of Other Income
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**Marital Status**  
 Do not complete if this is an Application for individual unsecured credit

Applicant	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (single, divorced, and widowed)
Co-Applicant	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (single, divorced, and widowed)

**About Your Existing Loans And Accounts**

Rent Home: Y/N	Monthly Rent Payment:					
Name and address of Landlord:						
Applicant Life Insurance Amt?	Co-App Life Insurance Amt?	Health Ins?	Any Unpaid Income Taxes?	Please Explain:		
Have you ever had a judgment filed against you or declared bankruptcy	<input type="checkbox"/> Yes Date: (Attach Details)	<input type="checkbox"/> No	Monthly child support or separate maintenance payment:			
Are you a U S Citizen	<input type="checkbox"/> Yes	If no, are you a permanent resident alien	<input type="checkbox"/> Yes	If no, are you on a work Visa	<input type="checkbox"/> Yes	Expiration Date:
Name of nearest relative not living with you		Address	Phone No.	Relationship		

ASSETS			
Description	Amount	Amount Owed	Mo. Payments
Cash Deposits		Real Estate Loans	
Stocks or Bonds Owned		Auto Loans or Lease Payments	
Real Estate Owned		Life Insurance Loans	
Automobiles and Other Titled Vehicles		Credit Cards	
Cash Value of Life Insurance		Other Liabilities	
IRA, Keogh, or Retirements Funds			
Other Assets		Monthly Rental Payment	
Networth of Business (Attach Financial Statement)			
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	

Please attach any additional information that will be helpful in approving your application.  
 I/We represent that this application is complete and accurate and fully reflects my/our financial condition on the date shown below. I/We authorize Lender to obtain a credit report and any other information it deems necessary about my/our credit worthiness. I/We agree to notify Lender immediately, in writing, of any adverse change in my/our financial condition. I/We understand that Lender will retain this Application whether or not it is approved.

<input type="checkbox"/>	Lender may share transaction and experience information about me/us with its affiliates/subsidiaries.
<input checked="" type="checkbox"/>	Lender does not share other information such as application or consumer report information
<input type="checkbox"/>	Lender may share other information such as application or consumer report information unless I/We direct Lender not to do so by initialing here ____

We intend to apply for joint credit.  
 \_\_\_\_\_ Applicant Signature  
 \_\_\_\_\_ Co-Applicant Signature

X Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ X Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## ASSETS AND LIABILITIES SCHEDULE

CASH DEPOSITS					
FINANCIAL INSTITUTION			ACCOUNT NUMBER	AMOUNT	
<b>TOTAL</b>					
STOCKS AND BONDS OWNED					
NO. OF SHARES	COMPANY	REGISTERED IN NAME(S) OF	MKT VALUE PER SHARE	MARKET VALUE	
<b>TOTAL</b>					
REAL ESTATE OWNED					
DESCRIPTION OF PROPERTY	LIENHOLDER	MARKET VALUE	PAYMENT	BALANCE	
<b>TOTAL</b>					
AUTOMOBILES AND OTHER TITLED VEHICLES					
YEAR	MAKE / MODEL	LIENHOLDER	VALUE	MONTHLY PAYMENT	PRESENT BALANCE
<b>TOTAL</b>					
LIFE INSURANCE					
COMPANY	BENEFICIARY	FACE VALUE	CASH VALUE OF LIFE INSURANCE	POLICY LOANS	
<b>TOTAL</b>					
IRA, KEOGH OR RETIREMENT FUNDS					
FINANCIAL INSTITUTION				VESTED INTEREST	
<b>TOTAL</b>					
CREDIT CARDS					
COMPANY	ACCOUNT NUMBER	PAYMENT	BALANCE		
<b>TOTAL</b>					
OTHER ASSETS					
DESCRIPTION				VALUE	
<b>TOTAL</b>					
OTHER LIABILITIES					
DESCRIPTION	SECURITY	PAYMENT	BALANCE		
<b>TOTAL</b>					