

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		Home Phone No.		Social Security Number		Date of Birth		Home Phone No.	
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
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			
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:	Monthly child support or separate maintenance payment:				
Are you a U S Citizen		<input type="checkbox"/>	No	If no, are you a permanent resident alien		<input type="checkbox"/>	Yes	If no, are you on a work Visa	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					Monthly Rental Payment				
Other Assets									
Network of Business (Attach Financial Statement)									
TOTAL ASSETS					TOTAL LIABILITIES				
					NET WORTH				

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.

Lender may share transaction and experience information about me/us with its affiliates/subsidiaries.
 Lender does not share other information such as application or consumer report information
 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	
TOTAL					
STOCKS AND BONDS OWNED					
NO. OF SHARES	COMPANY	REGISTERED IN NAME(S) OF	MKT VALUE PER SHARE	MARKET VALUE	
TOTAL					
REAL ESTATE OWNED					
DESCRIPTION OF PROPERTY	LIENHOLDER	MARKET VALUE	PAYMENT	BALANCE	
TOTAL					
AUTOMOBILES AND OTHER TITLED VEHICLES					
YEAR	MAKE / MODEL	LIENHOLDER	VALUE	MONTHLY PAYMENT	PRESENT BALANCE
TOTAL					
LIFE INSURANCE					
COMPANY	BENEFICIARY	FACE VALUE	CASH VALUE OF LIFE INSURANCE	POLICY LOANS	
TOTAL					
IRA, KEOGH OR RETIREMENT FUNDS					
FINANCIAL INSTITUTION				VESTED INTEREST	
TOTAL					
CREDIT CARDS					
COMPANY	ACCOUNT NUMBER	PAYMENT	BALANCE		
TOTAL					
OTHER ASSETS					
DESCRIPTION				VALUE	
TOTAL					
OTHER LIABILITIES					
DESCRIPTION	SECURITY	PAYMENT	BALANCE		
TOTAL					