

# CONSUMER LOAN APPLICATION

**CREDIT REQUESTED**    **A copy of your most recent paystub or Federal Tax Return must accompany this application.**    Date \_\_\_\_\_

Account Requested	Amount Requested	Number of Payments	Specific Purpose of Loan
<input type="checkbox"/> Individual <input type="checkbox"/> Joint			
Auto Loan — Make: _____	Model: _____	Year: _____	VIN: _____
		Purchase Price: _____	Collateral Offered _____

## COMPLETION INSTRUCTIONS FOR APPLICANT

Complete the Applicant Information section for the first Applicant. Mark the appropriate box to indicate whether the Applicant is applying as a Cosigner, Guarantor, Grantor (of collateral). If the Applicant is married, he or she may apply for individual credit.

### APPLICANT INFORMATION:    Check if filing as:    Cosigner    Guarantor    Grantor    For whom:

Full Name: (First, Middle Initial, Last)	Social Security Number	Date of Birth	Home Phone Number
Home Address: (Street, City, State, Zip Code.) (If Rural, Show Road and Box Number)			<input type="checkbox"/> Own      Since _____
Complete Previous Address: (Street, City, State, Zip Code)			<input type="checkbox"/> Rent      From _____ To _____
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have You ever <input type="checkbox"/> Filed Bankruptcy? <input type="checkbox"/> Been Declared Bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Have You Ever Had Merchandise Repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer: (If Self-Employed, Name and Nature of Business)		Since _____	Occupation _____
Business Address		Business Phone _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly Salary
Former Employer — Complete Name and Address			\$ _____ From _____ To _____
Ages of Dependents _____	Closest Relative Not Living With You: (Other Than Any Other Applicant) (Complete Name and Address)		Relationship _____

### CO-APPLICANT INFORMATION:    Check if filing as:    Cosigner    Guarantor    Grantor    For whom:

Full Name: (First, Middle Initial, Last)	Social Security Number	Date of Birth	Home Phone Number
Home Address: (Street, City, State, Zip Code.) (If Rural, Show Road and Box Number)			<input type="checkbox"/> Own      Since _____
Complete Previous Address: (Street, City, State, Zip Code)			<input type="checkbox"/> Rent      From _____ To _____
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have You ever <input type="checkbox"/> Filed Bankruptcy? <input type="checkbox"/> Been Declared Bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Have You Ever Had Merchandise Repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer: (If Self-Employed, Name and Nature of Business)		Since _____	Occupation _____
Business Address		Business Phone _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly Salary
Former Employer — Complete Name and Address			\$ _____ From _____ To _____
Ages of Dependents _____	Closest Relative Not Living With You: (Other Than Any Other Applicant) (Complete Name and Address)		Relationship _____

## OTHER INCOME

APPLICANT		CO-APPLICANT	
<b>Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.</b>			
Alimony, child support, separate maintenance received under: <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding    — List source and amount		Alimony, child support, separate maintenance received under: <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding    — List source and amount	
SOURCE	MONTHLY AMOUNT \$	SOURCE	MONTHLY AMOUNT \$

Is any income listed in this Section likely to be reduced in the next two years?     YES (Explain in detail on a separate sheet)     NO

(Continued on other side)

