



# CONSUMER CREDIT APPLICATION

## CREDIT REQUEST

Which product are you applying for?

- Personal Loan      Term Requested: \_\_\_\_\_
- Overdraft Protection for Account #: \_\_\_\_\_
- Personal Line of Credit

Amount Requested: \$ \_\_\_\_\_

- Loan Purpose (check one):       Purchase Vehicle       Home Improvement
- Purchase Manufactured Housing (HMDA Reportable)       Payoff Existing Mortgage or Home Equity (HMDA Reportable)
- Other (Describe): \_\_\_\_\_

If you are applying for a joint account or an account that you and another person will use, complete all sections for applicant and co-applicant. **We intend to apply for joint credit.** Applicant: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_

## APPLICANT INFORMATION

## CO APPLICANT INFORMATION

Name:		Name:	
Social Security # :		Social Security # :	
Date of Birth:		Date of Birth:	
# of Dependents:		# of Dependents:	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver's License #:      State of Issue:		Driver's License #:      State of Issue:	
Issue Date:      Exp Dte:		State of Issue:      Expiration Date:	
Other Identification:		Other Identification:	
Issue Date:      Expiration Date:		Issue Date:      Expiration Date:	
Marital Status (Do not complete if this is an application for individual unsecured credit)		Marital Status (Do not complete if this is an application for individual unsecured credit)	
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including Single, Divorced, and Widowed)		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including Single, Divorced, and Widowed)	

## RESIDENCE INFORMATION

Present Street Address:			Present Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Home Phone (include area code):			Home Phone (include area code):		
Cell Phone:			Cell Phone:		
Email Address:			Email Address:		
Length At Residence: (yrs)			Length At Residence: (yrs)		
Previous Street Address: (if less than 1 year at present)			Previous Street Address: (if less than 1 year at present)		
City:	State:	Zip:	City:	State:	Zip:
Do you rent or own your home? <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other			Do you rent or own your home? <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other		
Monthly Rent Payment:      \$			Monthly Rent Payment:      \$		
Monthly Mortgage Payment:      \$			Monthly Mortgage Payment:      \$		

## EMPLOYMENT INFORMATION

Employer Name:		Employer Name:	
Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation/Title:		Occupation/Title:	
Length of Employment: (yrs)		Length of Employment: (yrs)	
Business Phone (include area code):		Business Phone (include area code):	
Employer Address:		Employer Address:	
Gross Income:      \$		Gross Income:      \$	
Net Income:      \$		Net Income:      \$	
Frequency: <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly		Frequency: <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly	
Add'l Income:      \$      per		Add'l Income:      \$      per	
* Source of Add'l Income:		* Source of Add'l Income:	
Previous Employer: (if less than 2 yrs at present)		Previous Employer: (if less than 2 yrs at present)	
Length of Emp: (yrs)      Occupation:		Length of Emp: (yrs)      Occupation:	

\* Alimony or child support or separate maintenance income is optional information and need not be revealed if the applicant does not choose to rely on such income in applying for credit.

**APPLICANT INFORMATION**

Personal Reference: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Nearest Relative (not living with you): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**CO APPLICANT INFORMATION**

Personal Reference: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Nearest Relative (not living with you): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**ASSET INFORMATION**

(Asset Information will be considered if provided. Attach additional sheets or statements, as necessary)

**DEBT INFORMATION\***

(\*Required for Debt Consolidation loans only. Complete the Debt Consolidation Worksheet)

**COLLATERAL INFORMATION\***

\*Complete this section only if the loan will be secured by an automobile, boat, motorcycle, manufactured home, etc)

Collateral Type:  Automobile  Boat  Manufactured Home  Motorcycle  Other Please Describe: \_\_\_\_\_

Model Year: \_\_\_\_\_ VIN or Serial #: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_  
 Model Name: \_\_\_\_\_  
 Insurance Agent: \_\_\_\_\_  
 Insurance Agency: \_\_\_\_\_  
 Will the loan proceeds be used to purchase the collateral?  Yes  No If yes- purchased from:  Individual or  Dealer?  
 Vehicle/Manufactured Home will be titled in the name(s) of:  
 Applicant  Co-Applicant  Other(s) – please list name(s): \_\_\_\_\_  
 Vehicle/Manufactured Home will be registered in the name(s) of:  
 Applicant  Co-Applicant  Other(s) – please list name(s): \_\_\_\_\_

**AUTOMATIC PAYMENTS\***

\*Minimum payment will be automatically deducted on the monthly due date

Would you like to set-up automatic payments to be deducted from your checking or savings account with us?  Yes  No  
 If YES, enter the Checking or Savings Account # to be debited: \_\_\_\_\_

**INSURANCE DISCLOSURE**

Credit Life and Accident and Health Insurance are not required to obtain credit. Hazard and Vendor's Single Interest ("VSI") Insurance may be required in connection with this loan. We may not condition an extension of credit on your purchase of insurance from the bank or any of our affiliates or your agreement not to obtain, or any prohibition on you from obtaining, insurance from a person or company that is not affiliated with the bank.

The insurance you obtain is not a deposit or other obligation of, or guaranteed by, the bank or any of our affiliates. The insurance is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, the bank, or any of our affiliates.

Would you like to enroll in:  
 Credit Life Insurance? Applicant:  Yes  No Co-Applicant:  Yes  No  
 Credit Disability Insurance?  Yes  No If YES, one applicant may enroll (select one):  Applicant OR  Co-Applicant

**OBTAINING INFORMATION ABOUT MY CREDIT EXPERIENCE**

By completing this application, you agree that we may verify your employment, income and debts. You also agree that we may rely on the information provided in your application to furnish credit to you, and you certify that the information is true. We may request additional information if necessary.

Pursuant to the requirements of the New York State Fair Credit Reporting Act, you are hereby notified that a "Consumer Report" as therein defined may be requested by the Lender in connection with your application for credit and that subsequent reports may be requested in connection with an update, renewal or further extension of credit; and you are further advised that upon your request, you will be informed whether or not we obtained a "Consumer Report" and if so, the name and address of the consumer reporting agency that furnished the report. The application and credit information remains the property of the Lender. The Lender may use the information provided on this application or on the consumer report for loan collection purposes for this or any other loan I (we) may have with your Bank.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR BANK USE ONLY:**

Branch Office: \_\_\_\_\_ Servicing Officer: \_\_\_\_\_  
 Date Application Received: \_\_\_\_\_

