

# CONSUMER LOAN APPLICATION

CREDIT REQUESTED					
Account Requested <input type="checkbox"/> Individual <input type="checkbox"/> Joint We intend to apply for joint credit.	Amt. Requested	# of Payments	Preferred Pmt. Amt.	Preferred Pmt. Day	Market Survey
Specific Purpose of Loan					
Collateral Offered					
Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/>					

## 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 Borrower, Cosigner, Guarantor, Grantor (of collateral), or Other for a different capacity. If the Applicant is married, he or she may apply for individual credit.

APPLICANT INFORMATION: <input type="checkbox"/> Borrower <input type="checkbox"/> Cosigner <input type="checkbox"/> Guarantor <input type="checkbox"/> Grantor <input type="checkbox"/> Other: _____					
Applicant's Full Name (First M.I. Last)		Social Security Number		Former Names and Aliases	
Home Phone	Date of Birth	Driver's License Number	Ages of Dependents	Years of Education	Years in Current Profession

## ADDRESS INFORMATION

Home Address (Street, City, State, Zip Code) (If rural, show Road and Box No)			Since	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Mailing Address (Street or P.O. Box, City, State, Zip Code)				
Previous Home Address (Street, City, State, Zip Code)			From	To

## EMPLOYMENT INFORMATION

Applicant's Employer (If Self-Employed, Name and Nature of Business)			Business Address (Street, City, State, Zip Code)		
Type of Business	Supervisor	Phone Number	Title / Position	Since	Salary per
Second Employer (If Self-Employed, Name and Nature of Business)			Business Address (Street, City, State, Zip Code)		
Type of Business	Supervisor	Phone Number	Title / Position	Since	Salary per

## PERSONAL REFERENCES

Name	Address (Street or P.O. Box, City, State, Zip Code)	Phone Number	Relationship

## COMPLETION INSTRUCTIONS FOR CO-APPLICANTS

(a) If you are applying for joint credit or will be permitted to use the account, complete the Co-Applicant Information section as a Borrower. (b) If the Applicant is applying for individual credit, but relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete the Co-Applicant Information section, to the extent possible, providing information about the person on whose alimony, support, or maintenance payments or income or assets the Applicant is relying. (c) If the Applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested, complete the Co-Applicant Information section with regard to the Applicant's spouse.

CO-APPLICANT INFORMATION: <input type="checkbox"/> Borrower <input type="checkbox"/> Cosigner <input type="checkbox"/> Guarantor <input type="checkbox"/> Grantor <input type="checkbox"/> Other: _____					
Co-Applicant's Full Name (First M.I. Last)		Social Security Number		Former Names and Aliases	
Home Phone	Date of Birth	Driver's License Number	Ages of Dependents	Years of Education	Years in Current Profession

## ADDRESS INFORMATION

Home Address (Street, City, State, Zip Code) (If rural, show Road and Box No)			Since	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Mailing Address (Street or P.O. Box, City, State, Zip Code)				
Previous Home Address (Street, City, State, Zip Code)			From	To

## EMPLOYMENT INFORMATION

Co-Applicant's Employer (If Self-Employed, Name and Nature of Business)			Business Address (Street, City, State, Zip Code)		
Type of Business	Supervisor	Phone Number	Title / Position	Since	Salary per
Second Employer (If Self-Employed, Name and Nature of Business)			Business Address (Street, City, State, Zip Code)		
Type of Business	Supervisor	Phone Number	Title / Position	Since	Salary per

## PERSONAL REFERENCES

Name	Address (Street or P.O. Box, City, State, Zip Code)	Phone Number	Relationship

QUESTIONS			
Applicant (1)	Co-Applicant (2)	Explanation (Please use an attached sheet if necessary.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any outstanding judgments against you?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been declared bankrupt?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you party to a lawsuit?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you obligated on any loan resulting in judgment, foreclosure or title transfer?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you delinquent/in default on any Federal debt, financial obligation, bond, or loan guarantee?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you obligated to pay alimony, child support, or separate maintenance?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is any part of the down payment borrowed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a co-maker or an endorser on a loan?	
<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been denied credit with this lender?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. citizen?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you a resident alien?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you a non-resident alien?	

PREVIOUS CREDIT REFERENCES						
Names Credit Listed In	Loan Purpose	Creditor Name and Address	Account Number	Highest Balance	Date Paid	
<input type="checkbox"/> App <input type="checkbox"/> CoApp <input type="checkbox"/> Other				\$		
<input type="checkbox"/> App <input type="checkbox"/> CoApp <input type="checkbox"/> Other						
<input type="checkbox"/> App <input type="checkbox"/> CoApp <input type="checkbox"/> Other						
<input type="checkbox"/> App <input type="checkbox"/> CoApp <input type="checkbox"/> Other						

SCHEDULE OF OTHER INCOME						
NOTICE: 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. Alimony, child support, separate maintenance received under <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding <input type="checkbox"/> Other						
PARTIES INCOME TYPES: A=Alimony/Child Support B=Bonuses C=Commissions I=Interest & Dividends O=Overtime R=Retirement X=Other						
App	CoA	Joint	Type	Description	Amount	Frequency

SCHEDULE OF EXPENSES						
EXPENSE TYPES: D=Dues-Homeowner Association H=Hazard Insurance P=Private Mortgage Insurance R=Rent T=Taxes (Property) U=Utilities A=Alimony/Child Support C=Child/Dependent Care E=Estimated Living Expenses F=Federal & State Taxes I=Insurance Payments M=Medical O=Other						
App	CoA	Joint	Type	Description	Amount	Frequency

SCHEDULE OF LIABILITIES (NON-REAL ESTATE)										
PARTIES LIABILITY TYPES: A=Automobile Loans I=Installment/Revolving T=Third Party Obligations (As Co-Maker or Guarantor) O=Other										
App	CoA	Joint	Type	Creditor Name	Account Number	Original Balance	Current Balance	Payments Remaining	Payment Amount	Per

SCHEDULE OF ASSETS (NON-REAL ESTATE)								
CASH / ACCOUNTS								
PARTIES ACCOUNT TYPES: C=Checking T=Time Certificate of Deposit I=IRA/SEP M=Money Market Account S=Savings O=Other								
App	CoA	Joint	Type	Description	Financial Institution	Account Number	Current Balance	Subject to Debt

STOCKS / BONDS							
App	CoA	Joint	Description	Broker / Company	Account Number	Value	Subject to Debt

**LIFE INSURANCE**

App	CoA	Joint	Description	Agent / Company Name	Policy Number	Face Value	Net Cash Value	Beneficiary	Subject to Debt

**BUSINESSES OWNED**

App	CoA	Joint	Business Name	Financial Statement Date	Date Received	Value	Subject to Debt

**RETIREMENT FUNDS**

App	CoA	Joint	Description of Retirement Plan	Year Fully Vested	Value	Subject to Debt

**PERSONAL PROPERTY**

PARTIES PROPERTY TYPES: A=Automobiles B=Boats & Recreational Vehicles C=Collectibles H=Household Goods M=Manufactured Homes O=Other

App	CoA	Joint	Type	Description	Value	Subject to Debt	App	CoA	Joint	Type	Description	Value	Subject to Debt

**SCHEDULE OF REAL ESTATE OWNED**

PARTIES TYPES: S=Single Family D=Duplex T=Triplex F=Four-Plex C=Condominium P=P.U.D. L=Land O=Summary/Other

App	CoA	Joint	Type	Description	Property Address	Date Acquired	Cost	Principal Residence
				Current Market Value	Total Mortgages & Liens	Gross Rental Income	Taxes, Ins., Maint.	Net Rental Income
Creditor 1 Name and Address					Unpaid Bal.	Pmt. Amt.	Per	Lien Position
Creditor 2 Name and Address					Unpaid Bal.	Pmt. Amt.	Per	Lien Position

App	CoA	Joint	Type	Description	Property Address	Date Acquired	Cost	Principal Residence
				Current Market Value	Total Mortgages & Liens	Gross Rental Income	Taxes, Ins., Maint.	Net Rental Income
Creditor 1 Name and Address					Unpaid Bal.	Pmt. Amt.	Per	Lien Position
Creditor 2 Name and Address					Unpaid Bal.	Pmt. Amt.	Per	Lien Position

App	CoA	Joint	Type	Description	Property Address	Date Acquired	Cost	Principal Residence
				Current Market Value	Total Mortgages & Liens	Gross Rental Income	Taxes, Ins., Maint.	Net Rental Income
Creditor 1 Name and Address					Unpaid Bal.	Pmt. Amt.	Per	Lien Position
Creditor 2 Name and Address					Unpaid Bal.	Pmt. Amt.	Per	Lien Position

**CREDIT LIFE AND DISABILITY INSURANCE**

Applicant desires the following voluntary insurance:  Credit Life  Credit Disability  Involuntary Unemployment  
 Co-Applicant desires the following voluntary insurance:  Credit Life  Credit Disability  Involuntary Unemployment

**APPLICANT SIGNATURE(S)**

I/We hereby apply for the loan or credit described in this application. I/We certify that I/we made no misrepresentations in this loan application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. Lender is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by Lender for that purpose. Lender may disclose to any other interested parties information as to Lender's experiences or transactions with my/our account. I/We understand that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted. These representations and authorizations extend not only to Lender, but also to any insurer of the loan and to any investor to whom Lender may sell all or any part of the loan. I/We further authorize Lender to provide to any such insurer or investor any information and documentation that they may request with respect to my/our application, credit or loan.

**APPLICANT:**  
 X \_\_\_\_\_ Date X \_\_\_\_\_ Date  
 Applicant Co-Applicant

**FOR LENDER'S USE ONLY**

Officer No. / Name	Approved By	Concurrence By (If Needed)	Committee Date	Decision Date
Branch	Application Date	Application No.	Commitment No.	Loan No.
Originator Name		Loan Origination Company's Name		
Mortgage Loan Originator Unique Identifier, if applicable:		Mortgage Loan Origination Company Identifier, if applicable:		
Decision and Comments: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Incomplete <input type="checkbox"/> Counteroffer <input type="checkbox"/> Conditional Approval <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other: _____				

## CONSUMER PROTECTION IN SALES OF INSURANCE DISCLOSURE

In connection with any insurance product or annuity solicited, offered or sold by or on behalf of Community State Bank or any of its affiliates, any related application for credit by you may not be conditioned on either:

- a. Your purchase of an insurance product or annuity from or on behalf of Community State Bank or any of its affiliates; or
- b. Your agreement not to obtain or a prohibition of your obtaining an insurance product or annuity from an unaffiliated entity. You are free to purchase insurance products and annuities from another source.

This disclosure is to advise you that the purchase of any insurance product from on or behalf of Community State Bank or any of its affiliates is not a deposit or other obligation of, or guaranteed by Community State Bank or an affiliate of Community State Bank.

The insurance product is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other federal government agency of the United States, Community State Bank, or any affiliate of Community State Bank.

Oral disclosure was given to consumer(s) (not required transactions conducted electronically or by mail). \_\_\_\_\_  
Initial                  Initial

Consumer(s) agree that by signing below they have received a copy of said disclosure.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

I/we have read this disclosure form, and understand its contents, as evidenced by my/our signature(s).

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APPLICANT SIGNATURE

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CO-APPLICANT SIGNATURE

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DATE