DEMOTTE STATE BANK - CONSUMER LOAN APPLICATION

Credit Requested	la. Hom	e Equity Loan	Collateral Sec.	red Loan Pers	onal Unsecured Loan	1	Account Requested		vidual Joi
Amount Requester	d Des	Description of Collateral Offered					We intend to apply for joint credit Initial		
Purpose of Credit	Request			100			Applicant		Co-Apple
If the Applicant is or c) you are relyin	married, he or she ig on property in a	may apply for individual or community property state	edit. For Mar as a basis for	ital Status, check one i repayment of the cred	f a) you are applying il requested	for a secured cre	dit, b) you reside in a	community prop	perty state;
		Applicant		APPLICANT I		DN	Co-Applican	t	
Applicant Role			er 🔲 G	uarantor	Applicant Role		lorrower C Co	-Signer	Guarantor
	nclude Jr or Sr if	PARTY AND			Co Applicant Nam	ne (include Jr. or S	r il applicable)		
Social Security Number Home Phone (Incl. area		code) DC	B (mm-dd-yyyy)	Social Security Number Home Pho		Home Phone (incl	Phone (incl. area code) DOB (mm-dd-yyyy)		
Email Address			1		Email Address		1		
Married Married Unmarried (include Separated Single, divorced, widowed) no. ages					Married Dependents (not listed by Applicant) Separated single, divorced, widowed)				
Citizenship	US Citizen	Permenent Resident		Non-Resident Alien	Citizenship;	US Citizen	Permanent Res	dent Alien	
Present Address (street, city, state, ZIP) since					Present Address (street, city, state, ZIP) since				
Mailing Address, If different from Present Address					Mailing Address, if different from Present Address				
		1f	residing at pri	esent address for less t	han two years, com	plete the following	2		
Former Address (s	street, city state.	ZIP) from	10		Fonner Address (street, city, state, ZIP) from to				
, Au		Applicant	EMPLC	YMENT / INC	OME INFOR	RMATION	Co-Applicant		and a second second
Name & Address of Employer Self Employed Yrs on this job					Name & Address of Employer Self Employed Yrs on the				
Acres Same				Full time					Full ti
Position/Title & Type	e of Busimess		Business Pho	one (incl area code)	Position/Title & Type of Business Business Phone (incl. area code)				
Gross Monthly Incon	ne S				Gross Monthly Inc	come S			
				Dates from to	Name & Address of Employer Self Employed Dates from to				
Position/Title & Type	e of Business	-	Business Pho	one (incl. area code)	Position/Title & T	ype of Business		Busine	ss Phone (incl. area c
Name & Address of Employer				Dates from to	Name & Address of Employer Self Employed Date from				
Position/Tille & Type of Business Busines			Business Pho	one (incl. area code)	Position/Title & Type of Business		Busine	Business Phone (incl. area code)	
NOTICE Alimony, C	hild Support or Se	parate Maintenance Income	need not be	revealed if you do not y	wish to have it consi	idened as a basis fo	r repaying this obliga	ition	
Other Income			s		Other Income				s
Other Income			5		Other Income				s
Other Income					Other Income	s			
				HOUSING IN	1	N			
Own Ren	l since			Monthly Housing/	and an and a second	Present Value	9	Date P	Purchased
	N.	Second in the second	C	ASH ASSET	NEORMATI				
Financial Institution 1	Name					Saving Accor	unt Balance	Check	ing Account Balance
		and the second second	1441			3		3	

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, but also to any insurer of the loan and to any investor to whom Lender may self 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.

х

х Applicant

Co-Applicant

Date



CREDIT AUTHORIZATION

I hereby give my consent to have DeMotte State bank obtain information regarding my employment, checking, and/or saving account and all other credit matters. I authorize the release of my application and any information that may be needed in order to complete their report.

A copy of this authorization bearing a copy of the signature(s) of the undersigned may be deemed to be equivalent of the original hereof and may be used as a duplicate original.

Borrower

Date

Co-Borrower





FEDERAL CREDIT APPLICATION INSURANCE DISCLOSURE

By signing below, we acknowledge that:

- 1. We have been or will be offered Credit Life and/or Disability insurance upon the approval of our credit application. We have been informed that our decision regarding the purchase or rejection on any or all of these insurance products will have no impact on the credit approval decision.
- 2. We have been informed that the bank may not prohibit us from obtaining these products from an unaffiliated entity, and may not request an agreement from us not to obtain these products. Our decisions regarding these matters will have no impact on the credit approval decision.

SIG	iΝA	τu	RE

DATE

DATE

If you are receiving this disclosure by mail, please return it to use in the enclosed stamped, self-addressed envelope.

"FOR BANK USE ONLY"

SIGNATURE

Oral Disclosures Given on ____

DATE

INITIALS

by

