

Credit Requested Is. <input type="checkbox"/> Home Equity Loan <input type="checkbox"/> Collateral Secured Loan <input type="checkbox"/> Personal Unsecured Loan		Account Requested <input type="checkbox"/> Individual <input type="checkbox"/> Joint
Amount Requested \$	Description of Collateral Offered	We intend to apply for joint credit Initial
Purpose of Credit Request		Applicant Co-Applicant

Applicant	APPLICANT INFORMATION	Co-Applicant
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Applicant				EMPLOYMENT / INCOME INFORMATION				Co-Applicant			
Name & Address of Employer		<input type="checkbox"/> Self Employed	Yrs. on this job	Name & Address of Employer		<input type="checkbox"/> Self Employed	Yrs. on this job				
			<input type="checkbox"/> Full time								
Position/Title & Type of Business			Business Phone (incl. area code)		Position/Title & Type of Business			Business Phone (incl. area code)			
Gross Monthly Income \$				Gross Monthly Income \$							
Name & Address of Employer		<input type="checkbox"/> Self Employed	Dates from to	Name & Address of Employer		<input type="checkbox"/> Self Employed	Dates from to				
Position/Title & Type of Business			Business Phone (incl. area code)		Position/Title & Type of Business			Business Phone (incl. area code)			
Name & Address of Employer		<input type="checkbox"/> Self Employed	Dates from to	Name & Address of Employer		<input type="checkbox"/> Self Employed	Dates from to				
Position/Title & Type of Business			Business Phone (incl. area code)		Position/Title & Type of Business			Business Phone (incl. area code)			

Other Income		\$	Other Income		\$
Other Income		\$	Other Income		\$
Other Income		\$	Other Income		\$

<input type="checkbox"/> Own <input type="checkbox"/> Rent    since	Monthly Housing/Rent \$	Present Value \$	Date Purchased
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Financial Institution Name	Saving Account Balance \$	Checking Account Balance \$
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X \_\_\_\_\_ X \_\_\_\_\_  
Applicant Date Co-Applicant Date



DeMotte State Bank

**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



DeMotte State Bank

**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.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
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"**

Oral Disclosures Given on \_\_\_\_\_ by \_\_\_\_\_  
DATE INITIALS

