

CITIZENS TRI-COUNTY BANK

LOAN APPLICATION (NOT TO BE USED FOR LOANS SECURED BY REAL ESTATE)

This application is in a fillable .pdf format. You may either print and complete it by hand or from your desktop for mailing, faxing, or dropping-off at our offices. Please remember to sign the application and don't hesitate call us if you have any questions.

CHECK IF APPLYING JOINTLY WITH ANOTHER PERSON			
If you intend to apply for joint credit, please initial here (or check the box if completing electronically):			
	<input type="checkbox"/>	Applicant	<input type="checkbox"/>
			Co-Applicant

YOUR PERSONAL HISTORY & LOAN REQUEST										
PRIMARILY FOR: <input type="checkbox"/> CONSUMER <input type="checkbox"/> BUSINESS <input type="checkbox"/> AGRICULTURAL		TYPE OF LOAN <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> JOINT		AMOUNT REQUESTED \$ _____	TERM (Months) _____	RATE REQUESTED <i>To Be Determined</i>	PAYMENT <i>To Be Determined</i>	NO. PAYMENTS _____		
PURPOSE OF APPLICATION (Check All That Apply & Describe Request)										
<input type="checkbox"/> PURCHASE		<input type="checkbox"/> PURCHASE VEHICLE		<input type="checkbox"/> LINE OF CREDIT		<input type="checkbox"/> DESCRIBE: _____				
<input type="checkbox"/> HOME IMPROVEMENT		<input type="checkbox"/> BILL CONSOLIDATION		<input type="checkbox"/> OTHER (DESCRIBE AT RIGHT) _____						
LAST NAME		FIRST NAME		INITIAL		DATE OF BIRTH MM DD YR		# DEPENDENTS _____		
MAILING ADDRESS				CITY		STATE		ZIP CODE		
PHYSICAL ADDRESS				CITY		STATE		ZIP CODE		
PREVIOUS ADDRESS (IF PRESENT ADDRESS LESS THAN TWO YEARS)				CITY		STATE		ZIP CODE		
SOCIAL SECURITY NUMBER		E-MAIL ADDRESS			DRIVER'S LICENSE NUMBER		STATE		EXPIRATION DATE MM DD YR	
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		ADDRESS			CITY		STATE		ZIP CODE	
								HOME PHONE ()		

YOUR EMPLOYMENT OR BUSINESS (if self-employed, attach financial statement and tax returns.)					
NAME AND ADDRESS OF EMPLOYER			CITY		
			STATE		
			ZIP CODE		
			BUSINESS PHONE ()		
POSITION		TIME EMPLOYED YRS MOS	GROSS <input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY		SUPERVISOR'S NAME
OTHER INCOME:		INCOME: \$ _____ (IN TERMS OF MONTHLY: \$ _____)			
NOTICE: Alimony, Child Support, Or Separate Maintenance Income Need Not Be Disclosed If You Do Not Want It Considered As A Basis For Paying This Obligation.					
NAME AND ADDRESS OF PREVIOUS EMPLOYER (IF PRESENT EMPLOYMENT LESS THAN 2 YEARS)			GROSS INCOME		
			TIME EMPLOYED		
			BUSINESS PHONE ()		

MARITAL STATUS (DO NOT COMPLETE IF INDIVIDUAL OR UNSECURED CREDIT IS REQUESTED)			
YOUR MARITAL STATUS:			
	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> UNMARRIED (The Term "Unmarried" Includes Single, Widowed Or Divorced)
CO-APPLICANT MARITAL STATUS:			
	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> UNMARRIED (The Term "Unmarried" Includes Single, Widowed Or Divorced)

CO-APPLICANT INFORMATION, IF APPLICABLE										
LAST NAME		FIRST NAME		INITIAL		DATE OF BIRTH MM DD YR		# DEPENDENTS _____		
MAILING ADDRESS				CITY		STATE		ZIP CODE		
PHYSICAL ADDRESS				CITY		STATE		ZIP CODE		
PREVIOUS ADDRESS (IF PRESENT ADDRESS LESS THAN TWO YEARS)				CITY		STATE		ZIP CODE		
SOCIAL SECURITY NUMBER		E-MAIL ADDRESS			DRIVER'S LICENSE NUMBER		STATE		EXPIRATION DATE MM DD YR	
NAME AND ADDRESS OF EMPLOYER		CITY			STATE		ZIP CODE		BUSINESS PHONE ()	
POSITION		TIME EMPLOYED YRS MOS	GROSS <input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY		INCOME: \$ _____ (IN TERMS OF MONTHLY: \$ _____)		SUPERVISOR'S NAME			
NOTICE: Alimony, Child Support, Or Separate Maintenance Income Need Not Be Disclosed If You Do Not Want It Considered As A Basis For Paying This Obligation.										
NAME AND ADDRESS OF PREVIOUS EMPLOYER (IF PRESENT EMPLOYMENT LESS THAN 2 YEARS)					GROSS INCOME		TIME EMPLOYED		BUSINESS PHONE ()	

QUESTIONS THAT APPLY TO BOTH APPLICANT & CO-APPLICANT				Applicant	Co-Applicant
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 BEEN DECLARED BANKRUPT WITHIN THE PAST 7 YEARS?				<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 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
IF A PURCHASE LOAN, IS ANY 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 GUARANTOR ON A NOTE?				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU A SERVICEMEMBER OR A DEPENDENT OF A SERVICEMEMBER?				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU A UNITED STATES CITIZEN?				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YOU ARE NOT A UNITED STATES CITIZEN, ARE YOU A RESIDENT ALIEN? (Leave Blank If Not Applicable)				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YOU ARE NOT A UNITED STATES CITIZEN, ARE YOU A NON-RESIDENT ALIEN? (Leave Blank If Not Applicable)				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

CITIZENS TRI-COUNTY BANK

LOAN APPLICATION

(NOT TO BE USED FOR LOANS SECURED BY REAL ESTATE)

Applicant Name: _____ Co-Applicant Name: _____

IF SECURED, DESCRIBE THE COLLATERAL FOR THIS LOAN			
DESCRIBE (If Applicable, Include Any Year, Make & Model)	IDENTIFICATION NUMBER	PURCHASE PRICE	CASH DOWN
IF APPLICABLE, NAME OF DEALER	TELEPHONE NUMBER ()	CITY	STATE
NAME OF INSURANCE COMPANY OR AGENT	TELEPHONE NUMBER ()	CITY	STATE

YOUR ASSETS AND DEBTS / LIABILITIES (INCLUDING CO-APPLICANT)						
ASSETS			DEBTS / LIABILITIES			
DESCRIPTION	OWNED BY (APPLICANT / CO- APPLICANT)	CASH VALUE	CREDITOR	IN NAME OF (APP. / CO-APP.)	MO. PMT	BALANCE (CHECK BOX IF LOAN PROCEEDS WILL PAY LOAN)
CHECKING/SAVINGS			MORTGAGE OR RENT			<input type="checkbox"/>
<input type="checkbox"/> CHECKING BANK: _____			MORTGAGE OR RENT			<input type="checkbox"/>
<input type="checkbox"/> CHECKING BANK: _____			MORTGAGE OR RENT			<input type="checkbox"/>
<input type="checkbox"/> SAVINGS BANK: _____			MORTGAGE OR RENT			<input type="checkbox"/>
<input type="checkbox"/> SAVINGS BANK: _____			MORTGAGE OR RENT			<input type="checkbox"/>
AUTOMOBILE (DESCRIBE YEAR, MAKE, MODEL)			AUTO			<input type="checkbox"/>
AUTOMOBILE (DESCRIBE YEAR, MAKE, MODEL)			AUTO			<input type="checkbox"/>
AUTOMOBILE (DESCRIBE YEAR, MAKE, MODEL)			AUTO			<input type="checkbox"/>
LIFE INSURANCE		(CASH VALUE)	OTHER			<input type="checkbox"/>
Face Amount: \$ _____			OTHER			<input type="checkbox"/>
REAL ESTATE (DESCRIBE TYPE)			OTHER			<input type="checkbox"/>
REAL ESTATE (DESCRIBE TYPE)			OTHER			<input type="checkbox"/>
REAL ESTATE (DESCRIBE TYPE)			OTHER			<input type="checkbox"/>
SECURITIES (DESCRIBE TYPE)			OTHER			<input type="checkbox"/>
FURNITURE & PERSONAL PROPERTY			OTHER			<input type="checkbox"/>
OTHER			OTHER			<input type="checkbox"/>
<input type="checkbox"/> 401K (VESTED)			TOTAL MONTHLY PAYMENTS:		\$	
<input type="checkbox"/> IRAs						
<input type="checkbox"/> _____						
TOTAL ASSETS:		A \$	NET WORTH (A minus B): \$		TOTAL	B \$

DISCLOSURES
IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT
To Help The Government Fight The Funding Of Terrorism And Money Laundering Activities, Federal Law Requires All Financial Institutions To Obtain, Verify, And Record Information That Identifies Each Person Who Opens An Account. What This Means For You: When You Open An Account, We Will Ask For Your Name, Address, Date Of Birth, And Other Information That Will Allow Us To Identify You. We May Also Ask To See Your Driver's License Or Other Identifying Documents.
INSURANCE INFORMATION & EXTENDING CREDIT
CITIZENS TRI-COUNTY BANK CANNOT CONDITION AN EXTENSION OF CREDIT ON EITHER YOUR PURCHASE OF AN INSURANCE PRODUCT OR ANNUITY FROM US OR ANY OF OUR AFFILIATES. CITIZENS TRI-COUNTY BANK ALSO CANNOT CONDITION AN EXTENSION OF CREDIT ON YOUR AGREEMENT NOT TO OBTAIN, OR PROHIBIT YOU FROM OBTAINING, AN INSURANCE PRODUCT OR ANNUITY FROM AN UNAFFILIATED ENTITY.

ACKNOWLEDGMENT								
EVERYTHING THAT I HAVE STATED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT YOU WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED. YOU ARE AUTHORIZED TO CHECK MY CREDIT AND EMPLOYMENT HISTORY AND TO ANSWER QUESTIONS ABOUT YOUR CREDIT EXPERIENCE WITH ME. I HAVE READ, UNDERSTAND AND ACKNOWLEDGE RECEIPT OF THE <i>INSURANCE INFORMATION & EXTENDING CREDIT ABOVE</i> . I ALSO ACKNOWLEDGE ORAL RECEIPT OF THE ABOVE <i>INSURANCE INFORMATION & EXTENDING CREDIT</i> UNLESS I HAVE APPLIED FOR CREDIT BY MAIL OR ELECTRONICALLY.								
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">_____</td> <td style="width: 25%; border: none;">_____</td> <td style="width: 25%; border: none;">_____</td> <td style="width: 25%; border: none;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">APPLICANT'S SIGNATURE</td> <td style="border: none; text-align: center;">DATE</td> <td style="border: none; text-align: center;">APPLICANT'S SIGNATURE</td> <td style="border: none; text-align: center;">DATE</td> </tr> </table>	_____	_____	_____	_____	APPLICANT'S SIGNATURE	DATE	APPLICANT'S SIGNATURE	DATE
_____	_____	_____	_____					
APPLICANT'S SIGNATURE	DATE	APPLICANT'S SIGNATURE	DATE					

(If you complete the application online, print or save the application before closing your browser window or tab.)

FOR BANK USE ONLY
This Application Was Taken: <input type="checkbox"/> in a face-to-face interview <input type="checkbox"/> by mail <input type="checkbox"/> by telephone <input type="checkbox"/> by Internet <input type="checkbox"/> dropped off
Date Received: _____ Lending Officer: _____