

# CONSUMER CREDIT APPLICATION



**IMPORTANT** : Please read directions before completing this application

Type of Account Requested

Individual

We Intend to apply for joint credit \_\_\_\_\_

Joint

(Please initial) Applicant Co-Applicant

**FOR OFFICE USE ONLY**

AMOUNT REQUESTED: \$	PURPOSE OF LOAN:	RATE	MONTHLY PMT	TERM
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## SECTION A APPLICANT INFORMATION

Complete the Applicant information section for the first Applicant. If the Applicant is married he/she may apply for individual credit.

FULL NAME		DATE OF BIRTH	SOCIAL SECURITY NUMBER	
PRESENT STREET ADDRESS	CITY, STATE	ZIP	HOW LONG THERE	PHONE NUMBER
PREVIOUS STREET ADDRESS	CITY, STATE	ZIP	HOW LONG THERE	YEARS OF EDUCATION
<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (INCLUDING SINGLE, DIVORCED, & WIDOWED)				DEPENDENTS (NOT LISTED BY CO-APPLICANT)
NAME AND ADDRESS OF CURRENT EMPLOYER				PHONE NUMBER
TITLE / POSITION	HOW LONG THERE	GROSS SALARY \$ PER	ARE YOU A US CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No	PERMANENT RESIDENT ALIEN <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME AND ADDRESS OF PREVIOUS EMPLOYER				HOW LONG THERE
<b>NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF THE BORROWER OR CO-BORROWER DOES NOT CHOOSE TO HAVE IT CONSIDERED FOR REPAYING THIS LOAN</b>				
OTHER INCOME SOURCE (EXPLAIN)				AMOUNT PER MONTH \$
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU				RELATIONSHIP

## SECTION B CO - APPLICANT INFORMATION

(a) If you are applying for joint credit or will be permitted to use the account complete section B 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 of another person as the basis for repayment of the credit requested, complete all sections to the extent possible, providing information about the person on whose alimony, support or maintenance payments or income or assets you are relying. (c) Mark the appropriate box to indicate whether the Co-Applicant is applying as a Borrower, Cosigner, Guarantor, Grantor (of collateral), or Other for a different capacity.

<input type="checkbox"/> Borrower <input type="checkbox"/> Cosigner <input type="checkbox"/> Guarantor <input type="checkbox"/> Grantor <input type="checkbox"/> Other				
FULL NAME		DATE OF BIRTH	SOCIAL SECURITY NUMBER	
PRESENT STREET ADDRESS	CITY, STATE	ZIP	HOW LONG THERE	PHONE NUMBER
PREVIOUS STREET ADDRESS	CITY, STATE	ZIP	HOW LONG THERE	YEARS OF EDUCATION
<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (INCLUDING SINGLE, DIVORCED, & WIDOWED)				DEPENDENTS (NOT LISTED BY APPLICANT)
NAME AND ADDRESS OF CURRENT EMPLOYER				PHONE NUMBER
TITLE / POSITION	HOW LONG THERE	GROSS SALARY \$ PER	ARE YOU A US CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No	PERMANENT RESIDENT ALIEN <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME AND ADDRESS OF PREVIOUS EMPLOYER				HOW LONG THERE
<b>NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF THE BORROWER OR CO-BORROWER DOES NOT CHOOSE TO HAVE IT CONSIDERED FOR REPAYING THIS LOAN</b>				
OTHER INCOME SOURCE (EXPLAIN)				AMOUNT PER MONTH \$
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU				RELATIONSHIP

## SECTION C SECURED CREDIT Briefly describe the property to be given as security

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**SECTION D ASSET AND DEBT INFORMATION**

If Section B has been completed, this Section should be completed giving information about both the Applicant and Co-Applicant

**HOME**

<input type="checkbox"/> RENTING <input type="checkbox"/> OWN OR BUYING	LANDLORD OR MORTGAGE HOLDER	PUR. PRICE \$ DOWN PMT \$	RENT OR MTG. PYMT. INCLUDING TAXES & INS. \$	BALANCE OWED ON 1ST MTG \$
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**ASSETS AND LIABILITIES**

This statement and any applicable supporting schedules may be completed joint by both married and unmarried Co-Applicant if their assets and liabilities are sufficiently joined so that the statement can be meaningfully and fairly presented on a combined bases; otherwise separate statements and schedules are required. If the Co-Applicant section was completed about a spouse, this statement and supporting schedules must be completed about that spouse also.

Completed:  Jointly  Not Jointly

ASSETS		CASH OR MARKET VALUE	LIABILITIES		MONTHLY PYMT & MOS. LEFT TO PAY	UNPAID BALANCE
DESCRIPTION			Liabilities and Pledged Assets: List the creditor's name, address and account number for all outstanding debts, including automobile loans, revolving charge accounts, real estate loans, alimony, child support, stock pledges, etc. Use another sheet if necessary. Use a (*) for those liabilities which will be satisfied upon approval of loan.			
<b>LIST CHECKING AND SAVINGS ACCOUNTS BELOW</b>						
NAME AND ADDRESS OF BANK, S&L, OR CREDIT UNION			NAME AND ADDRESS OF COMPANY		\$PYMT/MON	\$
ACCT NO.		\$	ACCT. NO.			
NAME AND ADDRESS OF BANK, S&L, OR CREDIT UNION			NAME AND ADDRESS OF COMPANY		\$PYMT/MON	\$
ACCT NO.		\$	ACCT. NO.			
NAME AND ADDRESS OF BANK, S&L, OR CREDIT UNION			NAME AND ADDRESS OF COMPANY		\$PYMT/MON	\$
ACCT NO.		\$	ACCT. NO.			
STOCKS & BONDS (CO. NAME/NUMBER & DESCRIPTION)		\$	NAME AND ADDRESS OF COMPANY		\$PYMT/MON	\$
LIFE INSURANCE NET CASH VALUE		\$	ACCT. NO.			
FACE AMOUNT \$			NAME AND ADDRESS OF COMPANY		\$PYMT/MON	\$
<b>SUBTOTAL LIQUID ASSETS</b>		\$	ACCT. NO.			
REAL ESTATE OWNED ( ENTER MARKET VALUE)		\$	NAME AND ADDRESS OF COMPANY		\$PYMT/MON	\$
VESTED INTEREST IN RETIREMENT FUND		\$	ACCT. NO.			
AUTOMOBILES OWNED (MAKE & YEAR)			ALIMONY/CHILD SUPPORT/SEPARATE MAINTENANCE PYMTS OWED TO:		\$	
1		\$	JOB RELATED EXPENSES (CHILD CARE, UNION DUES, ETC)		\$	
2		\$	TOTAL MONTHLY PAYMENTS		\$	
3		\$	NET WORTH (A MINUS B)		\$	\$
OTHER ASSETS (ITEMIZE)			TOTAL LIABILITIES b.		\$	\$
1		\$				
2		\$				
3		\$				
TOTAL ASSETS a.		\$				

ARE YOU A CO-MAKER, ENDORSER, OR GUARANTOR ON ANY LOAN OR CONTRACT?	<input type="checkbox"/> NO <input type="checkbox"/> YES	IF "YES" FOR WHOM	TO WHOM?
ARE THERE ANY UNSATISFIED JUDGMENTS AGAINST YOU?	<input type="checkbox"/> NO <input type="checkbox"/> YES	AMOUNT	IF "YES" TO WHOM OWED?
HAVE YOU BEEN DECLARED BANKRUPT IN THE LAST 14 YEARS?	<input type="checkbox"/> NO <input type="checkbox"/> YES	IF "YES" WHERE	YEAR
HAVE YOU EVER COMPROMISED ANY DEBT?	<input type="checkbox"/> NO <input type="checkbox"/> YES	IF "YES" TO WHOM?	YEAR

NOTICE: As this is part of a loan application submitted and signed for the purpose of obtaining a loan/loans, I/we hereby authorize the Hardin County Savings Bank, HCSB, to make & obtain any and all inquiries deemed necessary for their advancement of credit to me. Therefore I/we authorize any person, organization, or corporation to provide personal & credit information to HCSB when so requested by said bank & hereby waive any & all claims or damage resulting from their so doing. A picture of this paragraph shall be deemed as authorization to provide information as requested. From time to time it is recognized that HCSB may/will receive inquiries regarding my/our credit, financial, or personal information. In order to facilitate any such transaction which may or may not result from such inquiries with information/records as deemed appropriate & I/We agree that said bank be held blameless for so doing & hereby waive any & all claims/damages resulting from their actions.

**Hardin County Savings Bank**  
Consumer Protection Insurance Disclosure

In connection with any insurance product or annuity solicited, offered or sold by or on behalf of Hardin County Savings 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 Hardin County Savings Bank or any of its affiliates; or
- b. Your agreement not to obtain, or a prohibition or 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 or on behalf on Hardin County Savings Bank or any of its affiliates is not a deposit or other obligation of, or guaranteed by Hardin County Savings Bank.

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

- 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.
- A copy of the completed loan application and, if applicable, appraisal, is available to the customer upon request.

\_\_\_\_\_  
Applicant Signature/Acknowledgement

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature/Acknowledgement

\_\_\_\_\_  
Date