

	FOR BANK USE ONLY
Date & Time Received:	
Officer Name:	
NMLS #:	

TOTAL:

FINANCIAL STATEMENT & CREDIT APPLICATION

APPLICANT 1:				DAT	TE OF BIRTH:			SOC SEC #:	
CONTACT INFO:	Home Ph:			Cell Ph:			E-Mail:		
MARITAL STATUS:	Married:		Separated:		L	Inmarried (Sing	gle, Divorced, V	Vidowed, Civil	Union, Other):
DEPENDENTS:	# o	f Dependents:			Age(s) o	f Dependents:			
CURRENT ADDRESS:	Street, C	ity, State, ZIP:							How Long:
Own	:	Rent:		lf .	rent, \$/month:		N	o Primary Hou	sing Expense:
		If at cu	rrent address for	r LESS than 2 ye	ars, complete pr	or address infor	mation		<u> </u>
PRIOR ADDRESS:	Street, C	ity, State, ZIP:							How Long:
Own	:	Rent:		lf .	rent, \$/month:		N	o Primary Hou	sing Expense:
MILITARY SERVICE:	Have you (or	your deceased	spouse) ever s	erved, or are y	ou currently se	rving, in the US	S Armed Force	s (Y/N):	
			Currently on a	ctive duty with	projected expi	ation date of se	ervice/tour (MN	1/YYYY):	
KV50 -111141-			Currently retire	ed, discharged,	, or separated	from service			
If YES, check all tha	ат арріу:		Only period of	service was as	s a non-activiat	ed member of t	the Reserve or	National Guar	d
			Surviving Spo	use					
EMPLOYMENT:	Employe	er or Business:							How Long:
Street, City, State, ZIP							Work Ph:		Position:
Former Employer (if at c	urrent employer l	ess than 2-yrs):							How Long:
									·
APPLICANT 2:				DAT	TE OF BIRTH:			SOC SEC #:	
CONTACT INFO:	Home Ph:			Cell Ph:			E-Mail:		
MARITAL STATUS:	Married:		Separated:		L	Inmarried (Sing	gle, Divorced, V	Vidowed, Civil	Union, Other):
DEPENDENTS:	# o	f Dependents:			Age(s) o	f Dependents:			
CURRENT ADDRESS:	Street, C	ity, State, ZIP:							How Long:
Own	:	Rent:		If .	rent, \$/month:		N	o Primary Hou	sing Expense:
		If at cu	rrent address fo	LESS than 2 ye	ars, complete pr	ior address infor	mation		
PRIOR ADDRESS:	Street, C	ity, State, ZIP:							How Long:
Own	:	Rent:		If .	rent, \$/month:		N	o Primary Hou	sing Expense:
MILITARY SERVICE:	Have you (or	your deceased	spouse) ever s	served, or are y	ou currently se	rving, in the US	S Armed Force	s (Y/N):	
			Currently on a	ctive duty with	projected expi	ation date of se	ervice/tour (MN	1/YYYY):	
If YES, check all tha	at annly:		Currently retire	ed, discharged,	, or separated	from service			
ii 120, check dii tile	п арріу.		Only period of	service was as	s a non-activiat	ed member of t	the Reserve or	National Guar	d
			Surviving Spo	use					
EMPLOYMENT:	Employe	r or Business:							How Long:
Street, City, State, ZIP							Work Ph:		Position:
Former Employer (if at c	urrent employer l	ess than 2-yrs):							How Long:
				SCHEDUI	E 1 - CASH				
ACCOUNT TY	PΕ	LOCA	TION OF ACC		UAUII	IN NAME OF		CU	RRENT BALANCE
		Ì							

COMPANY		SCHEDI	N NAME OF	ORIGINA			T VALUE	DEBT	MO PM
			TOT	AL:					
		ç	SCHEDULE 3 - RE	TIREMENT AC	CCOUNTS				
TYPE OF ACCOU	NT		COMPANY		IN NAME OF		ı	MARKET VALU	ΙΕ
						TOTAL:			
			SCHEDULE	4 - REAL ESTA	ΔTF				
PROPERTY	ADDRESS		IN NAME OF	DATE ACQ	COST	VALUE	DEBT (1ST	LIEN ONLY)	MO PI
							,	<u>, , , , , , , , , , , , , , , , , , , </u>	
				TOTAL:					
			SCHEDULE 5	- LIFE INSURA	ANCE				
COMPANY	IN NAME	- OF	BENEFICIARY			ALUE OF	DEBT	MO PI	
			ТОТ	AL:					
			SCHEDULE (6 - OTHER ASS	ETS				
	*List s	hould include	items such as househol			les, collectibles,	etc		
				ORIGINAL COST			MARKET VALUE		
ITEM			N NAME OF	0	RIGINAL CO	51			
ITEM		II	N NAME OF	Ol	RIGINAL CO	51			
ITEM		II	N NAME OF	Ol	RIGINAL CO	51			
ITEM		I	N NAME OF	Ol	RIGINAL CO	51			
ITEM		I	N NAME OF	01	RIGINAL CO	51			
ITEM		I	N NAME OF	Oi	RIGINAL CO	51			
ITEM		"			RIGINAL CO	51			
ITEM		I	TOT	AL:		51			
			TOT. SCHEDULE 7 -	AL: NOTES RECEI	VABLE				
ITEM			TOT	AL: NOTES RECEI			MARKE	T VALUE	MO INCO
			TOT. SCHEDULE 7 -	AL: NOTES RECEI	VABLE		MARKE	T VALUE	MO INCO
			TOT. SCHEDULE 7 -	AL: NOTES RECEI	VABLE		MARKE	T VALUE	MO INCC
			TOT. SCHEDULE 7 -	AL: NOTES RECEI	VABLE		MARKE	T VALUE	MO INCC

SCHEDULE 8 - LIABILITIES

*List should include debts such as credit cards, HELOC, auto, leases, other personal loans, etc (DO NOT include 1st DOT mortgage loans listed in Sch 4)

ACCOUNT NAME/TYPE	OWED TO	BALANCE OWED	PAYOFF AT OR PRIOR TO CLOSING (Y/N)	MO PMT
	TOTAL:			

SCHEDULE 9 - OTHER LIABILITIES (PAYMENTS & OBLIGATIONS)

*List any other liabilities and expenses such as alimony, child support, maintenance, job-related expenses, other, etc

=	
DESCRIPTION	MO PMT
TOTAL:	

SCHEDULE 10 - BUSINESSES OWNED

NAME OF BUSINESS	IN NAME OF	OWNERSHIP %	NET WORTH (BASED ON OWNERSHIP)
		TOTAL:	

CONTINGENT LIABILITIES

*Debts on which I/We are the joint applicant, co-maker, or guarantor that I/We will have to pay if the person or company directly liable does not

NAME OF LENDER	DEBT IN NAME OF	LOAN AMT RESPONSIBLE FOR
	TOTAL:	

BALANCE SHEET

			OL OHELH	
ASSETS		BALANCE	LIABILITIES	BALANCE
Cash (Sch 1)				
Stocks, Bonds, Other Inv (Sch 2)		Investment Loans (Sch 2)	
Retirement Accounts (Sch 3)				
Real Estate (Sch 4)	Face Value		Real Estate Loans (Sch 4)	
Life Insurance (Sch 5)			Life Insurance Loans (Sch 5)	
Other Assets (Sch 6)			Liabilities (Sch 8)	
Note Receivable (Sch 7)			Other Liabilities Not Listed	
Businesses Owned (Sch 10)			Other Liabilities Not Listed	
Other Assets Not Listed			Other Liabilities Not Listed	
TOTAL ASSE	TS		TOTAL LIABILITIES	
		NET WORTH		

INCOME STATEMENT (Input Monthly Figures)

Salary - Applicant 1 (Gross)			Investment Debt	<u> </u>			
Salary - Applicant 2 (Gross)			Real Estate Deb	,			
Interest & Dividends			Life Insurance D	ebts (Sch 5)			
Rental Income			Liabilities (Sch 8	3)			
Alimony, Child Support, Maintenance (Optional))		Other Liabilities	(Sch 9)			
Note Receivable Income (Sch 7)			Other Debts				
Other Income			Other Debts				
TOTAL INCOME			TOTAL EXF	PENSES			
	•		•				
	AB	OUT YOUR FINA	ANCES			Applicant 1	Applicant 2
Are there any outstanding judgements against you, or				itv? (Y/N)		Applicant	Applicant 2
Are you currently delinquent or in default on any feder		,	,	· · · · · · · · · · · · · · · · · · ·			
In the last 7-years, have you conveyed title to any prop		losure? (Y/N)					
In the last 7-years, have you completed a pre-foreclosi			lender accepted less than	what was owed? (Y/N)			
In the last 7-years, have you had property foreclosed u		noroby the property sold a	·				
In the last 7-years, have you declared Bankruptcy? (Y.		fy the type of bankruptcy	Chapter 7	Chapter 11 Chapter 12	Chapter 13		
Do you current have a will? (Y/N)	1714) 11 1 00, 14011111	y the type of buildingtery					
Are you the Trustee or Beneficiary of any Trust(s)? (V/N) If Yes nleas	se list name/type of Trust		Trust Name/Type (if applicable)			
Are you a US citizen? (Y/N)	1714) 11 103, picus	se list numertype of Trust					
Are you a permanent resident alien? (Y/N)							
Are you a permanent resident alien: (1714)							
		LOAN AND COL	LATERAL INFO	DMATION			
		LOAN AND COL	LATERAL INFO			Dumahaaa	
LOAN AMOUNT REQUESTED		LOAN TERM REQUE	STED	LO/ PURPOS		Purchase	
REGOESTED				FURFO		Refinance	
PROPOSED COLLATERAL (F	DECODIDATION OF	ADDDECO)				Other	
PROPOSED COLLATERAL (D	DESCRIPTION OF	R ADDRESS)					
PLEA				L ON APPROPRIAT			
PLEA I AM APPLYING FOR AN INDIV	/IDUAL ACCOUN	T in my own name am r				of the credit red	quested
PLEA	/IDUAL ACCOUN	T in my own name am r	relying solely on my own	n income and assets as the b		of the credit red	quested
PLEA I AM APPLYING FOR AN INDIV and I have only completed the "/	/IDUAL ACCOUN [*] Applicant 1" section	T in my own name am rons of this application.	relying solely on my own	n income and assets as the b	pasis for repaymen		
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SUPPLEMENT TO FINANCIAL STATEMENT & CREDIT APPLICATION

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

		COMPLETE THIS	SECTION (ONLY IF PR	ROPOSED C	OLLATERA	L IS REAL	ESTATE		
Property Add	dress (Street,	City, State, ZIP)								
Occupancy (Check One)	Primary Residence		Second Home		Investment Property		Owner Occupied Comm		Non-OO Comm
ls the proper	ty a manufact	ured home (factory-built d	velling perm	anently attacl	ned to a found	lation)? (Y/N)				
If proposed I	oan is to purc	hase or refinance a proper	y, are there	other new loa	ns being cons	sidered on the p	oroperty? (Y/I	N)		
If "Yes" pleas	se provide:		Creditor Name		Creditor's Lien Position		Loan Amount		Monthly Payment A	mount
COMPLE	ETE THIS S	ECTION ONLY IF PRO	POSED C	OLL ATERA	N IS 1-4 FΔ	MII Y RESID	FNTIAI RI	FAL ESTAT	TF AND PR	ROPOSED
		LOAN	IS A CLO	SED-END	'AMORTIZIN	NG TERM) C	REDIT			
		quested by the Federal governm disclosure laws. You are not red								
		er you choose to provide it. How thnicity, race, and sex on the ba				•		•		•
BOX BELOW.		,,,							,	
Applica	ant 1	_			Арр	olicant 2	_			
ETHNI	CITY	I do not wish to provide this ir	formation		CTI	HNICITY	I do not wish t	to provide this i	nformation	
EIRINI		Hispanic or Latino		If other:	EII	INICITY	Hispanic or L	.atino		If other:
		Not Hispanic or Latino					Not Hispanic	or Latino		
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		American Indian or Alaskan I	Native	If other:			American Ind	ian or Alaskan	Native	If other:
		Asian		If other:			Asian			If other:
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		Native Hawaiian or Other Pa	cific Islander	If other:			Native Hawai	iian or Other Pa	acific Islander	If other:
		White					White			
SEX]			SEX	x	1 ···			
		Male					Male			
		Female					Female			
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	*C	omplete this section ONLY if Ap	olicant 1 or An		K USE ONL		the application	was taken in ne	erson	
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THE DEMOCD	ADUIC INFORM			Face-to-Face	_	_		Fox or Moil		E-Mail or Internet
THE DEMOGR	APTIU INFUKIV	MATION WAS PROVIDED:		Interview		Telephone Interview		Fax or Mail		c-wan or internet
l hereby certi	ify that I have	noted this information bas	ed on visual	observation (or surname					
Printed Name	of Bank Emplo	OVER	J	Signature of	Bank Employe	ıe.			Date	