

# FIRST NATIONAL BANK OF GILLETTE CONSUMER LOAN APPLICATION

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 _____

If the Applicant is married, he or she may apply for individual credit. For Marital Status, check one if a) you are applying for a secured credit; b) you reside in a community property state; or c) you are relying on property in a community property state as a basis for repayment of the credit requested.

<b>Applicant</b>	<b>APPLICANT INFORMATION</b>	<b>Co-Applicant</b>
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Applicant Role: <input type="checkbox"/> Borrower <input type="checkbox"/> Co-Signer <input type="checkbox"/> Guarantor	Applicant Role: <input type="checkbox"/> Borrower <input type="checkbox"/> Co-Signer <input type="checkbox"/> Guarantor
Applicant Name (include Jr. or Sr. if applicable)	Co-Applicant Name (include Jr. or Sr. if applicable)
Social Security Number	Social Security Number
Home Phone (incl. area code)	Home Phone (incl. area code)
DOB (mm-dd-yyyy)	DOB (mm-dd-yyyy)
Email Address	
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (include single, divorced, widowed)	Dependents (not listed by Co-Applicant) no. ages
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (include single, divorced, widowed)	Dependents (not listed by Applicant) no. ages
Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non-Resident Alien	Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non-Resident 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
If residing at present address for less than two years, complete the following:	
Former Address (street, city, state, ZIP) from to	Former Address (street, city, state, ZIP) from to

<b>Applicant</b>	<b>EMPLOYMENT / INCOME INFORMATION</b>	<b>Co-Applicant</b>
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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		<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)

**NOTICE: Alimony, Child Support or Separate Maintenance Income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.**

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

<b>HOUSING INFORMATION</b>			
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<input type="checkbox"/> Own <input type="checkbox"/> Rent since	Monthly Housing/Rent \$	Present Value \$	Date Purchased
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<b>CASH ASSET INFORMATION</b>		
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Financial Institution Name	Saving Account Balance \$	Checking Account Balance \$
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<b>APPLICANT SIGNATURE(S)</b>
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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 and agree that Lender may obtain, use and share my state and federal tax return information for purposes of: 1) reviewing and responding to this loan application; 2) originating the loan; 3) servicing the loan; and 4) selling or transferring all or a part of the loan or any interest in it. I/We understand that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted. These representations, tax return information consent, and authorizations extend not only to Lender, but also to Third Parties, including loan servicers, any insurer of the loan, government agency loan guarantors, and to any investor to whom Lender may sell all or any part of the loan, as well as to the affiliates, agents, and any successors and assigns of Lender and Third Parties. 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.

X _____	X _____	_____	_____
<b>Applicant</b>	<b>Date</b>	<b>Co-Applicant</b>	<b>Date</b>

**ASSETS AND LIABILITIES ADDENDUM TO CONSUMER LOAN APPLICATION**

Applicant:

Application Number:

Assets			Liabilities		
<b>Checking and Savings Accounts</b>			<b>Name and Address of Creditor</b>		
Name & Address of Institution	Cash or Market Value		Name & Address of Company	Payment	Balance
Acct. No.	\$		Acct. No.	\$	\$
Name & Address of Institution	Cash or Market Value		Name & Address of Company	Payment	Balance
Acct. No.	\$		Acct. No.	\$	\$
Name & Address of Institution	Cash or Market Value		Name & Address of Company	Payment	Balance
Acct. No.	\$		Acct. No.	\$	\$
Name & Address of Institution	Cash or Market Value		Name & Address of Company	Payment	Balance
Acct. No.	\$		Acct. No.	\$	\$
Name & Address of Institution	Cash or Market Value		Name & Address of Company	Payment	Balance
Acct. No.	\$		Acct. No.	\$	\$
<b>Stocks and Bonds Assets</b>			Name & Address of Company	Payment	Balance
Number	Description	Cash or Market Value			
		\$			
		\$			
		\$	Acct. No.	\$	\$
		\$	Name & Address of Company	Payment	Balance
Life Insurance - Face Value		\$			
Real Estate Owned Assets		\$			
Vested Interest in Retirement Funds		\$			
Net Worth of Business Owned		\$	Acct. No.	\$	\$
<b>Automobiles Owned:</b>			Name & Address of Company	Payment	Balance
Year	Make and Model	Cash or Market Value			
		\$			
		\$			
		\$	Acct. No.	\$	\$
		\$	Name & Address of Company	Payment	Balance
<b>Other Assets Owned:</b>					
Description		Cash or Market Value			
		\$			
		\$	Acct. No.	\$	\$
		\$	Alimony/Child Support/Separate Maintenance Owed to	\$	
		\$			
		\$	Job Related Expense	\$	
		\$			
<b>LIQUID ASSETS</b>	\$		<b>TOTAL MONTHLY PAYMENTS</b>	\$	
<b>TOTAL ASSETS</b>	\$		<b>TOTAL LIABILITIES</b>	\$	
<b>NET WORTH</b>	\$				

\*\*\* indicates obligations satisfied at or before loan closing.

**INTERVIEWER INFORMATION**

Originator Name		Phone Number	Ext.
Originator NMLSR Identifier		Originator License State and Number	
Company Name			
Company NMLSR Identifier		Company License State and Number	
Company Address (street, city, state, ZIP)			