

Idiosyncrasy of Life

Item Requested	Purpose of item	Cost of Item
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APPLICANT

Name	Birthdate	social security Number	Home phone
Home address	City	state Zip	How long?
Previous address	City	state Zip	How long?
Drivers lic. no./state/Exp. date	Name & address of personal reference		Phone
Name & address of nearest relative	Phone	Name & address of personal reference	Phone

EMPLOYMENT

Employer or firm name	Business Address/City	How long?	Position	Phone
Employer or firm name	Business Address/City	How long?	Position	Phone

INCOME (You do not have to list income from alimony, child support or maintenance unless you want us to consider it for the purpose of this loan or "issuing a visa card.")

Your gross income Total take-home income other income source of other income

PLEASE COMPLETE THE NEXT PAGE OF THIS FORM BEFORE SIGNING BELOW.

PERSONAL STATEMENT ON LONG TERM/SHORT TERM GOAL FOR ITEM

Date	signature ✕	Date	signature ✕
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Assets	Total owned
Cash in banks	Amount
Cash deposit in	
Branch Account No.	
Cash deposited in	
Cash deposited in	
Present home value	Value
Source of Valuation	
Purchase price Year purchased	
Other real estate	Value
Description —rental property, commercial, etc.	
Automobiles/recreation vehicle	Value
Make Model Year	
Stocks & bonds	Value
Description Listed	
Furniture/personal property	Value
Other assets	Value
Describe	
Total A	
Total owned	\$

Liabilities (owed)	Total owing	Monthly payment
Automobile loans	Balance	Monthly payment
Automobile loan held with		
1	\$	\$
2	\$	\$
Bank loans	Balance	Monthly payment
Name of bank and branch Collateral		
1	\$	\$
2	\$	\$
3	\$	\$
Finance company/credit union loans	Balance	Monthly payment
Name and location		
1	\$	\$
2	\$	\$
Home mortgage	Balance	Monthly payment
Mortgage contract held with		
	\$	\$
Other real esate mtg./contract	Balance	Monthly payment
Mortgage contract held with		
	\$	\$
Rent or lease of payment	Balance	Monthly payment
Name of landlord Phone number		
	\$	\$
Alimony, child support, etc.		Monthly payment
Total amount paid for alimony, child support or separate maintenance	\$	\$
Bank credit cards (even if no balance is owed)	Balance	Monthly payment
Type of card Account number/branch		
1	\$	\$
2		
3		
Other liabilities (include contingent liability such as guarantor, endorser & cosigner credit cards even if no balance is owed)	Balance	Monthly payment
Type of card Account number		
1	\$	\$
2		
3		
4		
5		
Estimate of monthly utility, fuel bills		\$
Total B	\$	Total monthly payment
Total owing	\$	\$

Total owned	\$
Less total owing	\$
NET WORTH*	\$

*Net worth equals the difference between what you own and what you owe.



ECOA NOTICE — The Federal Equal Credit opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant in good faith has exercised any right under the Consumer Credit Protection Act. The Federal Agency that administers compliance with this law concerning this creditor is: **FDIC Consumer Response Center, 2345 Grand Boulevard, Suite 100, Kansas City, Missouri 64108**