



CONSUMER CREDIT APPLICATION

CREDIT REQUEST

Which product are you applying for?

- Personal Loan Term Requested: _____
- Overdraft Protection for Account #: _____
- Personal Line of Credit

Amount Requested: \$ _____

- Loan Purpose (check one): Purchase Vehicle Home Improvement (HMDA Reportable)
- Purchase Manufactured Housing (HMDA Reportable) Payoff Existing Mortgage or Home Equity (HMDA Reportable)
- Other (Describe): _____

If you are applying for a joint account or an account that you and another person will use, complete all sections for applicant and co-applicant. **We intend to apply for joint credit.** Applicant: _____ Co-Applicant: _____

APPLICANT INFORMATION

CO-APPLICANT INFORMATION

| | | | |
|--|--|--|--|
| Name: | | Name: | |
| Social Security # : | | Social Security # : | |
| Date of Birth: | | Date of Birth: | |
| # of Dependents: | | # of Dependents: | |
| Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Driver's License #: State of Issue: | | Driver's License #: State of Issue: | |
| Issue Date: Expiration Date: | | Issue Date: Expiration Date: | |
| Other Identification: | | Other Identification: | |
| Issue Date: Expiration Date: | | Issue Date: Expiration Date: | |
| Marital Status (Do not complete if this is an application for individual unsecured credit) | | Marital Status (Do not complete if this is an application for individual unsecured credit) | |
| <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including Single, Divorced, and Widowed) | | <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including Single, Divorced, and Widowed) | |

RESIDENCE INFORMATION

| | | | | | |
|---|--------|------|---|--------|------|
| Present Street Address: | | | Present Street Address: | | |
| City: | State: | Zip: | City: | State: | Zip: |
| Home Phone (include area code): | | | Home Phone (include area code): | | |
| Cell Phone: | | | Cell Phone: | | |
| Email Address: | | | Email Address: | | |
| Length At Residence: (yrs) | | | Length At Residence: (yrs) | | |
| Previous Street Address: _____ (if less than 1 year at present) | | | Previous Street Address: _____ (if less than 1 year at present) | | |
| City: | State: | Zip: | City: | State: | Zip: |
| Do you rent or own your home? <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other | | | Do you rent or own your home? <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other | | |
| Monthly Rent Payment: \$ | | | Monthly Rent Payment: \$ | | |
| Monthly Mortgage Payment: \$ | | | Monthly Mortgage Payment: \$ | | |

EMPLOYMENT INFORMATION

| | | | | | | | |
|--|--|-------------|--|--|--|-------------|--|
| Employer Name: | | | | Employer Name: | | | |
| Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Occupation/Title: | | | | Occupation/Title: | | | |
| Length of Employment: (yrs) | | | | Length of Employment: (yrs) | | | |
| Business Phone (include area code): | | | | Business Phone (include area code): | | | |
| Employer Address: | | | | Employer Address: | | | |
| Gross Income: \$ | | | | Gross Income: \$ | | | |
| Net Income: \$ | | | | Net Income: \$ | | | |
| Frequency: <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly | | | | Frequency: <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly | | | |
| Add'l Income: \$ per | | | | Add'l Income: \$ per | | | |
| * Source of Add'l Income: | | | | * Source of Add'l Income: | | | |
| Previous Employer: _____ (if less than 2 yrs at present) | | | | Previous Employer: _____ (if less than 2 yrs at present) | | | |
| Length of Emp: (yrs) | | Occupation: | | Length of Emp: (yrs) | | Occupation: | |

* Alimony or child support or separate maintenance income is optional information and need not be revealed if the applicant does not choose to rely on such income in applying for credit.

APPLICANT INFORMATION

Personal Reference: _____
 Address: _____

 Phone Number: _____
 Nearest Relative (not living with you): _____
 Address: _____

 Phone Number: _____

CO-APPLICANT INFORMATION

Personal Reference: _____
 Address: _____

 Phone Number: _____
 Nearest Relative (not living with you): _____
 Address: _____

 Phone Number: _____

ASSET INFORMATION

(Asset Information will be considered if provided. Attach additional sheets or statements, as necessary)

DEBT INFORMATION*

(*Required for Debt Consolidation loans only. Complete the Debt Consolidation Worksheet)

COLLATERAL INFORMATION*

*Complete this section only if the loan will be secured by an automobile, boat, motorcycle, manufactured home, etc)

Collateral Type: Automobile Boat Manufactured Home Motorcycle Other Please Describe: _____

Model Year: _____ VIN or Serial #: _____
 Manufacturer: _____
 Model Name: _____
 Insurance Agent: _____
 Insurance Agency: _____

Will the loan proceeds be used to purchase the collateral? Yes No If yes- purchased from: Individual or Dealer?

Vehicle/Manufactured Home will be titled in the name(s) of:

 Applicant Co-Applicant Other(s) – please list name(s): _____

Vehicle/Manufactured Home will be registered in the name(s) of:

 Applicant Co-Applicant Other(s) – please list name(s): _____**AUTOMATIC PAYMENTS***

*Minimum payment will be automatically deducted on the monthly due date

Would you like to set-up automatic payments to be deducted from your checking or savings account with us? Yes No

If YES, enter the Checking or Savings Account # to be debited: _____

INSURANCE DISCLOSURE

Credit Life and Accident and Health Insurance are not required to obtain credit. Hazard and Vendor's Single Interest ("VSI") Insurance may be required in connection with this loan. We may not condition an extension of credit on your purchase of insurance from the bank or any of our affiliates or your agreement not to obtain, or any prohibition on you from obtaining, insurance from a person or company that is not affiliated with the bank.

The insurance you obtain is not a deposit or other obligation of, or guaranteed by, the bank or any of our affiliates. The insurance is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, the bank, or any of our affiliates.

Would you like to enroll in:

Credit Life Insurance? Applicant: Yes No Co-Applicant: Yes No

Credit Disability Insurance?

 Yes No If YES, one applicant may enroll (select one): Applicant OR Co-Applicant**OBTAINING INFORMATION ABOUT MY CREDIT EXPERIENCE**

By completing this application, you agree that we may verify your employment, income and debts. You also agree that we may rely on the information provided in your application to furnish credit to you, and you certify that the information is true. We may request additional information if necessary.

Pursuant to the requirements of the New York State Fair Credit Reporting Act, you are hereby notified that a "Consumer Report" as therein defined may be requested by the Lender in connection with your application for credit and that subsequent reports may be requested in connection with an update, renewal or further extension of credit; and you are further advised that upon your request, you will be informed whether or not we obtained a "Consumer Report" and if so, the name and address of the consumer reporting agency that furnished the report. The application and credit information remains the property of the Lender. The Lender may use the information provided on this application or on the consumer report for loan collection purposes for this or any other loan I (we) may have with your Bank.

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

FOR BANK USE ONLY:

Branch Office: _____ Servicing Officer: _____

Date Application Received: _____

04/27/2016



The attached Government Monitoring Information Form must be completed if:

The loan you are applying for is a Home Improvement Loan.

OR

The loan you are applying for is a Fixed Rate Home Equity Loan or Personal Loan with the purpose of:

1. Home Improvement
2. To replace another mortgage lien
3. Purchasing another property/dwelling

Home Mortgage Disclosure Act

Property Information

| | | | |
|------------------------|---|---|--|
| Property Type | <input type="checkbox"/> 1-4 family residence | <input type="checkbox"/> manufactured housing | <input type="checkbox"/> multi-family |
| Lien status | <input type="checkbox"/> first lien | <input type="checkbox"/> subordinate lien | <input type="checkbox"/> not secured <input type="checkbox"/> not applicable |
| Owner Occupancy | <input type="checkbox"/> principal dwelling | <input type="checkbox"/> non-owner occupied | <input type="checkbox"/> multi-family |

GOVERNMENT MONITORING INFORMATION

For Bank Compliance with acts such as Home Mortgage Disclosure

FOR THE PURPOSE OF:

- Purchase of a Residential dwelling (home) that includes Condos, Mobile Homes, Apartments.
- Improvement of a Residential dwelling (home) - secured or unsecured.
- Refinance of Residential dwelling that is secured by a residential dwelling

THIS EXCLUDES UNIMPROVED LAND, TEMPORARY CONSTRUCTION LOANS, RECREATIONAL VEHICLES.

The following information is requested by the federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. You may select one or more designations for "race". The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations the lender is required to note ethnicity, race and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

APPLICANT

I do not wish to furnish this information.

ETHNICITY

Hispanic or Latino
 Not Hispanic or Latino

RACE OR NATIONAL ORIGIN:

American Indian, Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

SEX:

Male
 Female

CO-APPLICANT

I do not wish to furnish this information.

ETHNICITY

Hispanic or Latino
 Not Hispanic or Latino

RACE OR NATIONAL ORIGIN:

American Indian, Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

SEX:

Male
 Female

The above information was noted by visual observation or surname.

LENDER SECTION FOR TELEPHONE APPLICATIONS:

I _____, certify that the above Government Monitoring Information disclosure has been verbally communicated to the applicant(s) _____.

Lender signature

THIS FORM IS TO BE ATTACHED TO THE LOAN APPLICATION.