



513 Commercial St. • Atchison, KS 66002  
 Phone: 913-367-1488 • Fax: 913-367-1128

# PERSONAL LOAN APPLICATION

HOME PHONE	CELL PHONE	ACCOUNT NUMBER	DATE
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<b>Applicant Information</b> PRINT OR TYPE ALL INFORMATION 1. If You live in a community property state, are You: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Includes Single, Divorced and Widowed) 2. Married applicants can apply for an individual loan. Indicate if You want an: <input type="checkbox"/> Individual Loan <input type="checkbox"/> Joint Loan with Your Spouse/Co-Applicant 3. Method of Payment: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Automatic Transfer <input type="checkbox"/> Cash Payment 4. Frequency of Payment: <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other _____	<b>Spouse/Co-Applicant Information</b> 5. Complete Spouse/Co-Applicant Information only if: a. This is for a joint account with Your Spouse or other Co-Applicant. b. Your Spouse will use Your Account. c. You are relying on Your Spouse's income as a source of repayment for the credit requested. d. You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (and Puerto Rico). 6. Definitions: Whenever used in this application, the words "You" and "Your" refer to the Applicant(s) or Spouse/Co-Applicant and the words "We," "Us," and "Our" refer to the Lender.
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**Credit Applied For:**  
 Amount Applied For \$ \_\_\_\_\_ Purpose \_\_\_\_\_

**APPLICANT**

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.	SINCE (MO. YR.)
CITY	STATE	ZIP
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)	YEARS THERE	
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	NO. OF DEPENDENTS	AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU		
NAME, ADDRESS AND TELEPHONE OF PERSONAL REFERENCE, NOT A RELATIVE		

**SPOUSE/CO-APPLICANT**

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.	SINCE (MO. YR.)
CITY	STATE	ZIP
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)	YEARS THERE	
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	NO. OF DEPENDENTS	AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU		
NAME, ADDRESS AND TELEPHONE OF PERSONAL REFERENCE, NOT A RELATIVE		

**EMPLOYMENT AND INCOME**

CURRENT EMPLOYER	EMPLOYEE NUMBER	EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP	HOURS PER WEEK	
WORK TELEPHONE ( )	POSITION	MO. GROSS INCOME \$
FORMER EMPLOYER	POSITION	YEARS

CURRENT EMPLOYER	EMPLOYEE NUMBER	EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP	HOURS PER WEEK	
WORK TELEPHONE ( )	POSITION	MO. GROSS INCOME \$
FORMER EMPLOYER	POSITION	YEARS

**OTHER INCOME** Alimony, child support, or separate maintenance income need not be revealed if You do not choose to have it considered. (Proof Required)

TYPE OF OTHER INCOME	MONTHLY AMOUNT \$
TYPE OF OTHER INCOME	MONTHLY AMOUNT \$

**ASSETS AND DEPOSITS** Attach a separate sheet if necessary.

TYPE	BANK (OR OTHER) NAME & ADDRESS	ACCOUNT NO.	INTEREST RATE	APPROX. BAL.
CAR 1 - YR. - MAKE - MODEL	BALANCE OWED		\$	
CAR 2 - YR. - MAKE - MODEL	BALANCE OWED		\$	
HOMEOWNERS: PLEASE INDICATE PROPERTY ADDRESS	APPROX. VALUE		\$	
ADDITIONAL PROPERTY ADDRESS	APPROX. VALUE		\$	

TYPE	BANK (OR OTHER) NAME & ADDRESS	ACCOUNT NO.	INTEREST RATE	APPROX. BAL.
CAR 1 - YR. - MAKE - MODEL	BALANCE OWED		\$	
CAR 2 - YR. - MAKE - MODEL	BALANCE OWED		\$	
HOMEOWNERS: PLEASE INDICATE PROPERTY ADDRESS	APPROX. VALUE		\$	
ADDITIONAL PROPERTY ADDRESS	APPROX. VALUE		\$	

**CREDIT INFORMATION** Please list all open accounts with or without a balance. Attach separate sheet if necessary.

A = Applicant C = Spouse/Co-Applicant  
D = Debts to be paid off if loan is granted

PLEASE CHECK			LENDER (OR OTHER) NAME & ADDRESS LIST ALL OBLIGATIONS INCLUDING CREDIT UNION AND 401K LOANS	ACCOUNT NUMBER	INTEREST RATE	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENT
A	C	D						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

Please answer the following questions. If a yes answer is given, explain on an attached sheet.	A		C		<b>TOTALS</b>	\$	\$				
	Yes	No	Yes	No							
1. Have You filed a petition for bankruptcy in the last 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please Check: A = Applicant C = Spouse/Co-Applicant			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have You ever had any auto, furniture or property repossessed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Have You any obligations not listed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Are You a co-maker or co-signer on any loan? For Whom _____ Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Do You have any past due bills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Have You ever had credit in any other name? What Name _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Is any income You have listed likely to reduce in the next 2 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Have You any suits pending, judgments filed, alimony or support awards against You?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Indicate immigration status:						
	Applicant		Co-Applicant		<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Permanent U.S. Resident	<input type="checkbox"/> Other _____				
					<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Permanent U.S. Resident	<input type="checkbox"/> Other _____				

**OPTIONAL CREDIT INSURANCE** An appropriate application/disclosure will be furnished at the time Your credit is approved.

PLEASE CHECK ONE OF THE BOXES BELOW.

You are interested in Credit Insurance

You are not interested in Credit Insurance

**SIGNATURES**

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature.

You hereby acknowledge Your intent to apply for joint credit \_\_\_\_\_  
Applicant's Initials Co-Applicant's Initials

\_\_\_\_\_  \_\_\_\_\_  
**SIGNATURE OF APPLICANT** **DATE** **SIGNATURE OF SPOUSE/CO-APPLICANT** **DATE**

<b>LOAN OFFICER</b>	<b>CREDIT COMMITTEE OR OTHER</b>
LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFERRED TO CC <input type="checkbox"/> COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED.	LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED.

DESCRIBE COUNTER OFFER: \_\_\_\_\_

SPECIFIC REASON(S) FOR REJECTION/APPROVAL: \_\_\_\_\_

LOAN OFFICER SIGNATURE _____	DATE _____	ADDITIONAL INFORMATION:
CREDIT COMMITTEE SIGNATURE _____	DATE _____	CREDIT COMMITTEE SIGNATURE _____ DATE _____

ECOA NOTICE AND REASON FOR REJECTION OR UNACCEPTED COUNTER OFFER SENT OR DELIVERED ON \_\_\_\_\_ (DATE) BY \_\_\_\_\_