

FIRST STATE BANK - Lynnville, Iowa

CONSUMER CREDIT APPLICATION

Important Applicant Information: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm this information. The information you provide is protected by our privacy policy and federal law.

TYPE OF CREDIT REQUESTED

- Secured Individual Credit - relying solely on my income or assets
 Unsecured Individual Credit - relying on my income or assets as well as income or assets from other sources
 Joint Credit - we intend to apply for joint credit. (Initials) _____

Amount Requested \$	Term (mos)	Payment Date Requested	Loan Purpose:
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COLLATERAL DESCRIPTION

Property Description:

INDIVIDUAL APPLICANT INFORMATION

NAME (Last, First, Middle Initial)		BIRTHDATE	SOCIAL SECURITY NUMBER	
ADDRESS (Street, City, State & Zip Code)		TELEPHONE NUMBER	Own or Rent?	HOW LONG?
PREVIOUS ADDRESS (Street, City, State & Zip Code) (If less than 2 years at current address)			Own or Rent?	HOW LONG?
EMPLOYER (Name & Address)		BUSINESS PHONE NUMBER	HOW LONG?	
POSITION OR TITLE	GROSS SALARY \$ <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly, if so hrs/ week _____			
PREVIOUS EMPLOYER (Name & Address)		POSITION OR TITLE	HOW LONG?	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		TELEPHONE NUMBER	RELATIONSHIP	

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.

Alimony, Child Support, Separate Maintenance received under: Court Order Written Agreement Oral Understanding

SOURCES OF OTHER INCOME	AMOUNT PER MONTH
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Is any income listed in this section likely to be reduced before the credit request is paid off?

- No Yes (explain)

JOINT APPLICANT OR OTHER PARTY INFORMATION

Complete only if: for joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state.

REALTIONSHIP TO APPLICANT (If Any)

NAME (Last, First, Middle Initial)		BIRTHDATE	SOCIAL SECURITY NUMBER	
ADDRESS (Street, City, State & Zip Code)		TELEPHONE NUMBER	Own or Rent?	HOW LONG?
PREVIOUS ADDRESS (Street, City, State & Zip Code) (If less than 2 years at current address)			Own or Rent?	HOW LONG?
EMPLOYER (Name & Address)		BUSINESS PHONE NUMBER	HOW LONG?	
POSITION OR TITLE	GROSS SALARY \$ <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly, if so hrs/ week _____			
PREVIOUS EMPLOYER (Name & Address)		POSITION OR TITLE	HOW LONG?	

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.

Alimony, Child Support, Separate Maintenance received under: Court Order Written Agreement Oral Understanding

SOURCES OF OTHER INCOME	AMOUNT PER MONTH
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Is any income listed in this section likely to be reduced before the credit request is paid off?

- No Yes (explain)

MARITAL STATUS

Complete only if: for joint credit, or applicant resides in a community property state or is relying on property located in such state as a basis for repayment of the credit requested.

APPLICANT Married Separated Unmarried (including single, divorced and widowed)
 OTHER PARTY Married Separated Unmarried (including single, divorced and widowed)

ASSET AND DEBT DETAILS

If this is a joint application please mark all applicant related information with an "A", otherwise only give information about the applicant in this section.

ASSETS OWNED

DESCRIPTION OF ASSETS	ACCOUNT HOLDERS	SUBJECT TO DEBT?	VALUE IN \$
CHECKING ACCOUNT (where)			\$
SAVINGS ACCOUNT (where)			\$
CERTIFICATE(S) OF DEPOSIT (where)			\$
MARKETABLE SECURITIES (issuer, type, # of shares)			\$
REAL ESTATE (location)			\$
LIFE INSURANCE (issuer, face value)			\$
AUTOMOBILE(S) (year, make, model)			\$
OTHER (list)			\$
TOTAL ASSETS			\$

OUTSTANDING DEBTS

CREDITOR	ACCOUNT NUMBER	PRESENT BALANCE	MONTHLY PAYMENTS
LANDLORD:	N/A	N/A	\$
MORTGAGE HOLDER:			\$
AUTOMOBILE (creditor)			\$
AUTOMOBILE (creditor)			\$
CREDIT CARD			\$
CREDIT CARD			\$
OTHER (describe)			\$
OTHER (describe)			\$
TOTAL DEBTS			\$

Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable)

	<u>Applicant</u>	<u>Joint Applicant</u>
Are you obligated to make Alimony, Support or Maintenance Payments?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Applicant: If yes, to (Name & Address) _____	Amount per month \$ _____	
Joint Applicant: If yes, to (Name & Address) _____	Amount per month \$ _____	
Are you a co-maker, endorser or guarantor on any loan or contract?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Applicant: If yes, for whom? _____	To whom? _____	
Joint Applicant: If yes, for whom? _____	To whom? _____	
Are there any unsatisfied judgments against you?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Applicant: If yes, to whom owed _____	Amount \$ _____	
Joint Applicant: If yes, to whom owed _____	Amount \$ _____	
Have you been declared bankrupt in the last 10 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Applicant: If yes, where _____	Year? _____	
Joint Applicant: If yes, where _____	Year? _____	

SIGNATURES - I certify that everything I have stated in this application and on any attachments is correct. First State Bank may keep this application whether or not it is approved. By signing below I authorize First State Bank to check my credit and employment history and to answer questions others may ask First State Bank about my credit record with First State Bank. I understand I must update credit information at First State Banks request if my financial condition changes.

X
Applicant's Signature

Date

X
Other Signature (If Applicable)

Date