



Consumer Credit Application

CREDIT REQUESTED (All Applicants Must Complete This Section.)

Amount Requested: \$ _____	Type of Credit Requested: <input type="checkbox"/> Vehicle Loan <input type="checkbox"/> CD/Savings/Money Market Secured Loan <input type="checkbox"/> Personal (Unsecured) Loan	<input type="checkbox"/> Individual Credit –relying solely on my income or assets <input type="checkbox"/> Individual Credit – relying solely on my income or assets as well as incom or assets from other sources <input type="checkbox"/> Joint Credit (see below)
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Purpose of Loan/Line: _____
 Repayment Requested: Loan Term _____ Monthly Payment: Principal & Interest Interest Only Payment Date: _____

AUTOMATIC PAYMENT AUTHORIZATION (Leave Blank if N/A.) I authorized Security State Bank to withdraw the minimum payment(s) due from my: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account No. _____	COLLATERAL OFFERED (Leave Blank if N/A.) Property Description: _____
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⚠ BEFORE PROCEEDING, IF APPLYING FOR JOINT CREDIT, PLEASE CHECK THIS BOX AND INITIAL (Both Applicants Must Initial.)

We intend to apply for joint credit. Applicant’s initials: _____ Co-Applicant’s Initials: _____

APPLICANT INFORMATION (All Applicants Must Complete This Section.)

IF APPLICANT IS A TRUST: Provide Certification of Trust or Ratification of Certificate of Trust

Applicant’s Full Name (First, Middle Initial, Last)				Social Security Number	
ID Type	ID Number	ID State or Country of Issuance		ID Issuance Date & Expiration Date	
Birth Date (mm/dd/yy)	Number of Dependents	Home Phone #	Other/Cell Phone #	Email Address	
Home Address (No Post Office Box Addresses)			City	State	Zip Code
Mailing Address (if different from above)			City	State	Zip Code
Employer’s Name			Occupation		Work Phone #
Length of Employment	How Long in this Line of Work?	Gross Monthly Employment Income \$ _____	Other Income* \$ _____	Source of Other Income	Monthly Housing Expense <input type="checkbox"/> Mortgage <input type="checkbox"/> Rent \$ _____
Previous Employer Name and Address					

CO-APPLICANT 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.)

Co-Applicant’s Full Name (First, Middle Initial, Last)				Social Security Number	
ID Type	ID Number	ID State or Country of Issuance		ID Issuance Date & Expiration Date	
Birth Date (mm/dd/yy)	Number of Dependents	Home Phone #	Other/Cell Phone #	Email Address	
Home Address (No Post Office Box Addresses)			City	State	Zip Code
Mailing Address (if different from above)			City	State	Zip Code
Employer’s Name			Occupation		Work Phone #
Length of Employment	How Long in this Line of Work?	Gross Monthly Employment Income \$ _____	Other Income* \$ _____	Source of Other Income	Monthly Housing Expense <input type="checkbox"/> Mortgage <input type="checkbox"/> Rent \$ _____
Previous Employer Name and Address					

OTHER OBLIGATIONS

	Applicant	Co-Applicant	If Yes, Details
Do you have collections, judgements or lawsuits against you?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Have you had any past due debts, had property repossessed, or declared bankruptcy in the last 10 years?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Do you have liability as co-maker, endorser, co-signer, surety, or guarantor on any loan, contract or other obligation?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Are you obligated to make Alimony, Support, or Maintenance Payments?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Have you had any credit experience with this bank?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	

*Note: 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.



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MARTIAL STATUS (*Leave Blank unless: (1) the credit will be secured, or (2) you reside in a community property state, or (3) you are relying on property, located in a community property state, as a basis for repayment.)	
Applicant: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced, widowed)	Co-Applicant: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced, widowed)

PERSONAL REFERENCE INFORMATION					
Applicant Personal References / Family Member / Friend Not Living With You					
Name	Address	Home Phone #	Work Phone #	Other/Cell Phone #	Relationship
Co-Applicant Personal References / Family Member / Friend Not Living With You					
Name	Address	Home Phone #	Work Phone #	Other/Cell Phone #	Relationship

APPLICATION AGREEMENT (All Applicants Must Complete This Section.)

PLEASE READ CAREFULLY AND SIGN (APPLICANT AND CO-APPLICANT, IF ANY):

By signing below and submitting this Consumer Credit Application (this "Application"), Applicant and, if applicable, Co-Applicant (individually or together, "you" or "your") agree with Security State Bank ("we", "us", or "our") as follows: (1) You certify that everything you have stated in this Application and on any other documents submitted to us are true and correct to the best of your knowledge. You understand that you must update the information contained in this Application if either your financial condition materially changes or we make a request to you orally or in writing. You understand that we will retain this Application whether or not it is approved; (2) You authorize us to request one or more consumer reports, to check and verify your credit and employment history, and to answer questions others may ask us about our credit experience with you, now or in the future; (3) You authorize us to contact you using any of the telephone numbers listed on this Application or that you subsequently provide us in connection with your credit account - regardless whether the number we use is assigned to a paging service, cellular telephone service, specialized mobile radio service, other radio common carrier service or any other service for which you may be charged for the call. You further authorize us to contact you through the use of voice, text and email and through the use of prerecorded/artificial voice messages or an automatic dialing device.

Notice of Negative Information. We may report information about your loan account(s) to credit bureaus. Late payments, missed payments, and other defaults on your loan account(s) may be reflected in your credit report.

Patriot Act Notice. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person establishing an account (loan or deposit) relationship with us. In the course of processing this Application, we have and may, in the future, ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's licence or other identifying documents. You agree to comply with all such requests. The information you provide is protected by our privacy policy and federal law.

APPLICANT:

CO-APPLICANT:

Printed Name of Applicant

Printed Name of Co-Applicant

X _____

X _____

Applicant's Signature

Date

Co-Applicant's Signature

Date

Notice. It is a Federal crime punishable by fine, imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code § 1001, et.seq.

FOR CREDITOR USE

Date Received	Received By	Date Action Taken	Action Taken By	Action Taken	Reason Code(s)
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