

CONSUMER LOAN APPLICATION (ORIGINATION VERSION)

Credit Requested Is: <input type="checkbox"/> Home Equity Loan <input type="checkbox"/> Collateral Secured Loan <input type="checkbox"/> Personal Unsecured Loan		Account Requested: <input type="checkbox"/> Individual <input type="checkbox"/> Joint
Amount Requested \$	Description of Collateral Offered	We intend to apply for joint credit Initial _____ Co-Applicant _____
Purpose of Credit Request		Applicant _____ Co-Applicant _____

If the Applicant is married, he or she may apply for individual credit. For Marital Status, check one if a) you are applying for a secured credit; b) you reside in a community property state; or c) you are relying on property in a community property state as a basis for repayment of the credit requested.

Applicant			APPLICANT INFORMATION			Co-Applicant		
Applicant Role: <input type="checkbox"/> Borrower <input type="checkbox"/> Co-Signer <input type="checkbox"/> Guarantor			Applicant Role: <input type="checkbox"/> Borrower <input type="checkbox"/> Co-Signer <input type="checkbox"/> Guarantor					
Applicant Name (include Jr. or Sr. if applicable)			Co-Applicant Name (include Jr. or Sr. if applicable)					
Social Security Number	Home Phone (incl. area code)	DOB (mm-dd-yyyy)	Social Security Number	Home Phone (incl. area code)	DOB (mm-dd-yyyy)			
Email Address			Email Address					
<input type="checkbox"/> Married <input type="checkbox"/> Separated		Dependents (not listed by Co-Applicant) no. ages	<input type="checkbox"/> Married <input type="checkbox"/> Separated		Dependents (not listed by Applicant) no. ages			
<input type="checkbox"/> Unmarried (include single, divorced, widowed)			<input type="checkbox"/> Unmarried (include single, divorced, widowed)					
Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non-Resident Alien			Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non-Resident Alien					
Present Address (street, city, state, ZIP) _____ since _____			Present Address (street, city, state, ZIP) _____ since _____					
Mailing Address, if different from Present Address			Mailing Address, if different from Present Address					
If residing at present address for less than two years, complete the following:								
Former Address (street, city, state, ZIP) _____ from _____ to _____			Former Address (street, city, state, ZIP) _____ from _____ to _____					

Applicant			EMPLOYMENT / INCOME INFORMATION			Co-Applicant		
Name & Address of Employer <input type="checkbox"/> Self Employed			Yrs. on this job			Name & Address of Employer <input type="checkbox"/> Self Employed		
			<input type="checkbox"/> Full time					
Position/Title & Type of Business			Business Phone (incl. area code)			Position/Title & Type of Business		
Gross Monthly Income \$						Gross Monthly Income \$		
Name & Address of Employer <input type="checkbox"/> Self Employed			Dates			Name & Address of Employer <input type="checkbox"/> Self Employed		
			from _____ to _____					
Position/Title & Type of Business			Business Phone (incl. area code)			Position/Title & Type of Business		
Business Phone (incl. area code)						Business Phone (incl. area code)		
Name & Address of Employer <input type="checkbox"/> Self Employed			Dates			Name & Address of Employer <input type="checkbox"/> Self Employed		
			from _____ to _____					
Position/Title & Type of Business			Business Phone (incl. area code)			Position/Title & Type of Business		
Business Phone (incl. area code)						Business Phone (incl. area code)		

NOTICE: 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.

Other Income	\$	Other Income	\$
Other Income	\$	Other Income	\$
Other Income	\$	Other Income	\$

HOUSING INFORMATION			
<input type="checkbox"/> Own <input type="checkbox"/> Rent since _____	Monthly Housing/Rent \$	Present Value \$	Date Purchased

CASH ASSET INFORMATION		
Financial Institution Name	Saving Account Balance \$	Checking Account Balance \$

I/We hereby apply for the loan or credit described in this application. I/We certify that I/we made no misrepresentations in this loan application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. Lender is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by Lender for that purpose. Lender may disclose to any other interested parties information as to Lender's experiences or transactions with my/our account. I/We understand that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted. These representations and authorizations extend not only to Lender, but also to any insurer of the loan and to any investor to whom Lender may sell all or any part of the loan. I/We further authorize Lender to provide to any such insurer or investor any information and documentation that they may request with respect to my/our application, credit or loan.

X _____ Applicant	Date	X _____ Co-Applicant	Date
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INSURANCE DISCLOSURE FOR CREDIT APPLICATION

Applicant:

Lender: FIRST SECURITY BANK - HENDRICKS
113 S MAIN PO BOX 7
HENDRICKS, MN 56136
(507) 275-3141

IMPORTANT

DO NOT SIGN THIS FORM UNTIL YOU CAREFULLY
READ IT AND UNDERSTAND ITS CONTENT

Purpose.

You have submitted an application for a loan. In connection with your loan application, Lender may be soliciting, offering to sell, or will sell you an insurance product or annuity. Federal law requires Lender to provide you with the following disclosures.

Credit Disclosures.

1. Lender, as a condition of granting you a loan, cannot require that you purchase an insurance product or annuity from Lender or any of its affiliates.
2. Lender, as a condition of granting you a loan, cannot require your agreement not to obtain or prohibit you from obtaining an insurance product or annuity from an unaffiliated entity.

Acknowledgment.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, RECEIVED AND UNDERSTAND THIS INSURANCE DISCLOSURE.

APPLICANT:

X _____
Applicant Date