

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	Co-Applicant
APPLICANT INFORMATION	
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	Social Security Number
Home Phone (incl. area code)	Home Phone (incl. area code)
DOB (mm-dd-yyyy)	DOB (mm-dd-yyyy)
Email Address	
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (include single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (include single, divorced, widowed)
Dependents (not listed by Co-Applicant) no. ages	Dependents (not listed by Applicant) no. ages
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	Co-Applicant
EMPLOYMENT / INCOME INFORMATION	
Name & Address of Employer <input type="checkbox"/> Self Employed	Name & Address of Employer <input type="checkbox"/> Self Employed
Yrs. on this job <input type="checkbox"/> Full time	Yrs. on this job <input type="checkbox"/> Full time
Position/Title & Type of Business	Position/Title & Type of Business
Business Phone (incl. area code)	Business Phone (incl. area code)
Gross Monthly Income \$	Gross Monthly Income \$
Name & Address of Employer <input type="checkbox"/> Self Employed	Name & Address of Employer <input type="checkbox"/> Self Employed
Dates from to	Dates from to
Position/Title & Type of Business	Position/Title & Type of Business
Business Phone (incl. area code)	Business Phone (incl. area code)
Name & Address of Employer <input type="checkbox"/> Self Employed	Name & Address of Employer <input type="checkbox"/> Self Employed
Dates from to	Dates from to
Position/Title & Type of Business	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 _____ X _____
Applicant Date Co-Applicant Date

INSURANCE DISCLOSURE FOR CREDIT APPLICATION

Applicant:

Lender:

FIRST SECURITY BANK - HENDRICKS
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

x _____
Co-Applicant Date