# **CONSUMER LOAN APPLICATION (ORIGINATION VERSION)**

Credit Requested Is:	Home Equity Loan	Collateral Se	ecured	Loan Perso	onal Unsecured Loan	1	Account Requeste	ed:	Individua	Joint
Amount Requested						We intend to apply for joint credit Initial				
Purpose of Credit Request						Applicant Co-Applicant				
If the Applicant is married, he or c) you are relying on proper	or she may apply for indivi	dual credit. For N	larital or rer	Status, check one it avment of the cred	f a) you are applying it requested.	g for a secured cre	dit; b) you reside in	a commu	nity property	state;
i of you are folying on proper	Applicar			•	NFORMATIC	DN	Co-Applica	nt		
Applicant Role:	Borrower C	o-Signer	Guar	antor	Applicant Role:	E		Co-Signer	Gua	arantor
Applicant Name (include Jr. o	r Sr. if applicable)				Co-Applicant Nam	ne (include Jr. or S	r. if applicable)			
Social Security Number Home Phone (incl. area code) DOI			DOB	(mm-dd-yyyy)	Social Security Nu	umber	Home Phone (incl. area code) DOB (m			(mm-dd-yyyy)
Email Address				Email Address						
Married Dependents (not listed by Co-Applican			d by Co-Applicant)	Image: Married     Dependents (not listed by Applicant)       Image: Separated     Unmarried (include single, divorced, widowed)     no.     ages						
Separated Single, divorced, widowed) no. ages			-	Desident Alien	Separated			no.	ages	Desident Alien
Citizenship: U.S. Cit Present Address (street, city,				n-Resident Alien	Citizenship:   U.S. Citizen   Permanent Resident Alien   Non-Resident Alien     Present Address (street, city, state, ZIP)   since					
							,			
Mailing Address, if different fr	om Present Address				Mailing Address, if different from Present Address					
		If residing at	prese	nt address for less th	han two years, com	plete the following	:			
Former Address (street, city, s	state, ZIP) from	n	to		Former Address (s	street, city, state,	ZIP) fro	m	to	
	Applicar	nt EMPL	.OY	MENT / INC	OME INFOR	RMATION	Co-Applica	nt		
Name & Address of Employer	<u> </u>	Self Employed		Yrs. on this job	Name & Address	of Employer		Self	Employed	Yrs. on this jo
			L							
				Full time						Full time
Position/Title & Type of Business	S	Business F	Phone	(incl. area code)	Position/Title & Ty	ype of Business			Business Ph	one (incl. area code
Gross Monthly Income	\$	-			Gross Monthly Inc	come §	5	_		1
Name & Address of Employer	L	Self Employed		Dates	Name & Address	of Employer		Self	Employed	Dates
				from						from
				to					1	to
Position/Title & Type of Business	S	Business F	Phone	(incl. area code)	Position/Title & Ty	ype of Business			Business Ph	one (incl. area code
Name & Address of Employer	I	Self Employed		Dates	Name & Address	of Employer		Self	Employed	Dates
				from						from
				to						to
Position/Title & Type of Business	S	Business F	Phone	(incl. area code)	Position/Title & Ty	ype of Business			Business Ph	one (incl. area code
NOTICE: Alimony, Child Suppor	t or Separate Maintenance	Income need not b	oe rev	ealed if you do not v	l wish to have it consi	idered as a basis fo	or repaying this obli	gation.		
Other Income \$			\$		Other Income \$		\$			
Other Income					Other Income			\$		\$
Other Income \$   Dther Income \$			Other Income		\$					
					N				•	
Own Rent since Monthly Housing/R					Present Valu	e		Date Purcha	ased	
			CA		INFORMATI	-			1	
Financial Institution Name						Saving Acco	unt Balance		Checking A \$	ccount Balance
I/We hereby apply for the loan of	or credit described in this a	application. I/We	certify	that I/we made no	misrepresentations	in this loan applic	ation or in any rela	ated docur	nents, that al	information is true

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

### ASSETS AND LIABILITIES ADDENDUM TO CONSUMER LOAN APPLICATION

Applicant:

Application Number:

A	ssets	Liabilities				
Checking and Savings Accounts		Name and Address of Creditor				
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance		
Acct. No.	\$	Acct. No.	\$	\$		
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance		
Acct. No.	\$	Acct. No.	\$	\$		
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance		
Acct. No.	\$	Acct. No.	\$	\$		
Name & Address of Institution	Cash or Market Value	Name & Address of Company	₽ Payment	Balance		
			1 dymond	Dalanoo		
Acct. No.	\$	Acct. No.	\$	\$		
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance		
			1			
Acct. No.	\$	Acct. No.	\$	\$		
Stocks and Bonds Assets		Name & Address of Company	Payment	Balance		
Number Description	Cash or Market Value					
	\$					
	\$					
	\$	Acct. No.	\$	\$		
	\$	Name & Address of Company	Payment	Balance		
Life Insurance - Face Value	\$					
Real Estate Owned Assets	\$					
Vested Interest in Retirement Funds Net Worth of Business Owned	\$	Acct. No.	\$	\$		
Automobiles Owned:	4	Name & Address of Company		↓ Balance		
Year Make and Model	Cash or Market Value		rayment	Dalance		
	\$					
	\$					
	\$	Acct. No.	\$	\$		
	\$	Name & Address of Company	Payment	Balance		
Other Assets Owned:						
Description	Cash or Market Value					
	\$			-		
	\$	Acct. No.	\$	\$		
	\$	Alimony/Child Support/Separate Maintenance Owed to	\$			
	\$					
	\$	Job Related Expense	\$			
	\$					
LIQUID ASSETS	\$	TOTAL MONTHLY PAYMENTS \$				
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$			
NET WORTH	\$					

"\*" indicates obligations satisfied at or before loan closing.

#### REFERENCES ADDENDUM TO CONSUMER LOAN APPLICATION

Applicant:

Application Number:

Applican	PERSONAL F	REFERENCES Co-Applican	
Name	Relationship	Name	Relationship
Address	Phone	Address	Phone
Name	Relationship	Name	Relationship
Address	Phone	Address	Phone
Name	Relationship	Name	Relationship
Address	Phone	Address	Phone

INTERVIEWER INFORMATION						
Originator Name	Phone Number	Ext.				
Originator NMLSR Identifier	Originator License State and Number					
Company Name						
Company NMLSR Identifier	Company License State and Number					
Company Address (street, city, state, ZIP)						

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## IMPORTANT - DO NOT SIGN THIS FORM UNTIL YOU CAREFULY READ IT AND UNDERSTAND ITS CONTENTS

Purpose – You will 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.

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

APPLICANT

DATE

# NOTICE OF FREE CHOICE OF AGENT AND/OR INSURER

The Kentucky Insurance Code, KRS 304.12-150, provides that when Insurance is required according to the terms of a debt or loan, you have the right to choose the agent and/or insurer through or by which your insurance is to be placed. You agree choice of an agent and/or insurer and an adequate insurance policy cannot be refused. If you, as a consumer, are denied your right to choose or if an adequate insurance policy is refused, you should notify the Commissioner of Insurance at PO BOX 517m, Frankfort, KY 40602 or 1-800-595-6053.

## FINANCIAL INSTITUTION DISCLOSURES

Kentucky Revised Statute 304.9-135 (2)(f) requires that the following disclosure be provided by you:

- 1. The Insurance offered by this financial institution is not a deposit.
- 2. The Insurance offered by this financial institution is not insured by the Federal Deposit Corporation or other government agency, which insures deposits.
- 3. The Insurance offered by this financial institution is not guaranteed by the financial Institution or any affiliate.
- 4. The Insurance may involve investment, risks, including potential loss of principal.

I have read and understand all of the foregoing.

APPLICANT

DATE

Lender: Farmers Bank and Trust Company, Main Office, 201 South Main Street, Marion, KY 42064 (270)965-3106