CONSUMER LOAN APPLICATION (ORIGINATION VERSION)

Credit Requested Is: ☐ Home Equity Loan ☐ Collateral Secured Loan ☐ Personal Unsecured Loan		Account Requested: ☐ Individual ☐ Joint
Amount Requested $	Description of Collateral Offered	We intend to apply for joint credit Initial _____
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	Co-Applicant
Applicant Role: ☐ Borrower ☐ Co-Signer ☐ Guarantor	Applicant Role: ☐ Borrower ☐ Co-Signer ☐ 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
☐ Married ☐ Separated ☐ Unmarried (include single, divorced, widowed) / Dependents (not listed by Co-Applicant) no. ages	☐ Married ☐ Separated ☐ Unmarried (include single, divorced, widowed) / Dependents (not listed by Applicant) no. ages
Citizenship: ☐ U.S. Citizen ☐ Permanent Resident Alien ☐ Non-Resident Alien	Citizenship: ☐ U.S. Citizen ☐ Permanent Resident Alien ☐ 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

Applicant	Co-Applicant
Name & Address of Employer ☐ Self Employed / Yrs. on this job ☐ Full time	Name & Address of Employer ☐ Self Employed / Yrs. on this job ☐ Full time
Position/Title & Type of Business / Business Phone (incl. area code)	Position/Title & Type of Business / Business Phone (incl. area code)
Gross Monthly Income $	Gross Monthly Income $
Name & Address of Employer ☐ Self Employed / Dates from to	Name & Address of Employer ☐ Self Employed / Dates from to
Position/Title & Type of Business / Business Phone (incl. area code)	Position/Title & Type of Business / Business Phone (incl. area code)
Name & Address of Employer ☐ Self Employed / Dates from to	Name & Address of Employer ☐ Self Employed / Dates from to
Position/Title & Type of Business / Business Phone (incl. area code)	Position/Title & Type of Business / 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

☐ Own ☐ 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**

ASSETS AND LIABILITIES ADDENDUM TO CONSUMER LOAN APPLICATION

Applicant: | Application Number:

Assets

Checking and Savings Accounts

Name & Address of Institution	Cash or Market Value
Acct. No.	$
Name & Address of Institution	Cash or Market Value
Acct. No.	$
Name & Address of Institution	Cash or Market Value
Acct. No.	$
Name & Address of Institution	Cash or Market Value
Acct. No.	$
Name & Address of Institution	Cash or Market Value
Acct. No.	$

Stocks and Bonds Assets

Number	Description	Cash or Market Value
		$
		$
		$
		$
Life Insurance - Face Value		$
Real Estate Owned Assets		$
Vested Interest in Retirement Funds		$
Net Worth of Business Owned		$

Automobiles Owned:

Year	Make and Model	Cash or Market Value
		$
		$
		$
		$

Other Assets Owned:

Description	Cash or Market Value
	$
	$
	$
	$
	$
	$
	$
LIQUID ASSETS	$
TOTAL ASSETS	$
NET WORTH	$

Liabilities

Name and Address of Creditor

Name & Address of Company	Payment	Balance
Acct. No.	$	$
Name & Address of Company	Payment	Balance
Acct. No.	$	$
Name & Address of Company	Payment	Balance
Acct. No.	$	$
Name & Address of Company	Payment	Balance
Acct. No.	$	$
Name & Address of Company	Payment	Balance
Acct. No.	$	$
Name & Address of Company	Payment	Balance
Acct. No.	$	$
Name & Address of Company	Payment	Balance
Acct. No.	$	$
Name & Address of Company	Payment	Balance
Acct. No.	$	$
Name & Address of Company	Payment	Balance
Acct. No.	$	$
Name & Address of Company	Payment	Balance
Acct. No.	$	$
Alimony/Child Support/Separate Maintenance Owed to	$	
Job Related Expense	$	
TOTAL MONTHLY PAYMENTS	$	
TOTAL LIABILITIES	$	

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

REFERENCES ADDENDUM TO CONSUMER LOAN APPLICATION

Applicant:	Application Number:

Applicant	PERSONAL REFERENCES	Co-Applicant	
Name	Relationship	Name	Relationship
Address	Phone	Address	Phone
Name	Relationship	Name	Relationship
Address	Phone	Address	Phone
Name	Relationship	Name	Relationship
Address	Phone	Address	Phone

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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 insuranceproduct or annuity from an unaffiliated entity.

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

APPLICANT DATE

CO-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 refursed. 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 P.O. 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 disclosures 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 Insurance 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

CO-APPLICANT DATE

LENDER:
FARMERS BANK AND TRUST COMPANY
MAIN OFFICE
201 SOUTH MAIN ST.
MARION, KY 42064
(270) 965-3106