

LOAN APPLICATION

Important: Complete Shaded Areas Only if a Joint Account
Citizen's Community Bank

**517 Main Street
Huntland, TN 37345**

**1418 Dinah Shore Blvd.
Winchester, TN 37398**

JOINT APPLICATION <input type="checkbox"/> YES <input type="checkbox"/> NO	UNSECURED <input type="checkbox"/> UNSECURED <input type="checkbox"/> SECURED	DATE	AMOUNT REQUESTED \$
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APPLICANT - COMPLETE ON ALL APPLICATIONS

NAME		PURPOSE OF LOAN	
ADDRESS - STREET		HOW LONG	
CITY	STATE	ZIP CODE	
PREVIOUS ADDRESS		HOW LONG	
SOCIAL SECURITY NO.	DATE OF BIRTH	NUMBER OF DEPENDENTS:	ADULTS: MINORS:
HOME TELEPHONE NO.	CELL PHONE NO.		
DRIVERS LICENSE NO.	ISSUE DATE	EXP. DATE	
EMPLOYED BY	BUSINESS PHONE NO.		
ADDRESS-STREET			
CITY	STATE	ZIP CODE	
POSITION / OCCUPATION	HOW LONG		
BANK ACCOUNT WITH	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		
NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP		
ADDRESS	PHONE NO.		

JOINT APPLICANT - COMPLETE ONLY IF JOINT APPLICATION

NAME		RELATION TO APPLICANT	
ADDRESS - STREET		HOW LONG	
CITY	STATE	ZIP CODE	
PREVIOUS ADDRESS		HOW LONG	
SOCIAL SECURITY NO.	DATE OF BIRTH	NUMBER OF DEPENDENTS:	ADULTS: MINORS:
HOME TELEPHONE NO.	CELL PHONE NO.		
DRIVERS LICENSE NO.	ISSUE DATE	EXP. DATE	
EMPLOYED BY	BUSINESS PHONE NO.		
ADDRESS-STREET			
CITY	STATE	ZIP CODE	
POSITION / OCCUPATION	HOW LONG		
BANK ACCOUNT WITH	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		

BANK USE ONLY

CREDIT SCORE _____ DTI _____ RATE _____

TERMS REQUESTED: SINGLE PAYMENT INSTALLMENT CREDIT LIFE AUTO PAYMENT
_____ DAYS _____ MONTHS

COLLATERAL: _____

COMMENTS: _____

POLICY EXCEPTIONS: _____

LOAN OFFICER: _____ APPROVAL: _____

OBLIGATIONS

LIST ALL DEBTS AND MONTHLY PAYMENTS - USE A SEPARATE SHEET IF NECESSARY

MONTHLY PMT.	BALANCE	
<input type="checkbox"/> MORTGAGE <input type="checkbox"/> RENT <input type="checkbox"/> RELATIVE	\$	
AUTO	\$	
OTHER		
TOTAL APPLICANT'S OBLIGATIONS \$		
JOINT APPLICANT'S OBLIGATIONS \$		
TOTAL CURRENT OBLIGATIONS \$		
PROPOSED OBLIGATION \$		
INCOME		
SOURCE	GROSS AMOUNT	NET AMOUNT
APPLICANT'S MONTHLY SALARY	\$	\$
OTHER INCOME (EXPLAIN)*		
JOINT APPLICANT'S MONTHLY SALARY		
OTHER INCOME (EXPLAIN)*		
TOTAL INCOME \$		\$

ARE THERE ANY UNSATISFIED JUDGMENTS OR LIENS AGAINST ANY PARTY TO THIS APPLICATION? YES NO IF YES, EXPLAIN IN REMARKS.

HAS THERE EVER BEEN ANY BANKRUPTCY PROCEEDING FILED BY ANY PARTY TO THIS APPLICATION? YES NO IF YES, EXPLAIN IN REMARKS.

ARE YOU CO-MAKER, ENDORSER, OR GUARANTOR ON ANY LOAN OR CONTRACT? YES NO IF YES, EXPLAIN IN REMARKS.

*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. ALIMONY, CHILD SUPPORT, SEPARATE MAINTENANCE RECEIVED UNDER: COURT ORDER WRITTEN AGREEMENT ORAL UNDERSTANDING

SIGNATURES

FEDERAL CREDIT APPLICATION INSURANCE DISCLOSURE
I have applied for an extension of credit with you. You are soliciting, offering, or selling me an insurance product or annuity in connection with this extension of credit. **FEDERAL LAW PROHIBITS YOU FROM CONDITIONING THE EXTENSION OF CREDIT ON EITHER:**

- My purchase of an insurance product or annuity from you or from any of your affiliates; or
- My agreement not to obtain, or a prohibition on me from obtaining, an insurance product or annuity from an unaffiliated entity.

By signing, I acknowledge that I have received a copy of this form on today's date. Unless this disclosure is provided electronically or I have applied for credit by mail, I also acknowledge that you have provided this disclosure to me orally.

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about credit experience with me.

APPLICANT'S SIGNATURE _____ DATE _____

JOINT APPLICANT'S SIGNATURE _____ DATE _____

BY SIGNING, WE ACKNOWLEDGE THE INTENTION TO APPLY FOR JOINT CREDIT