



**Consumer Loan Application**

<b>Loan Request Information</b>	
Amount \$	_____
Purpose:	_____
Collateral:	_____
Repayment Terms:	
<input type="checkbox"/> Monthly	Payment Date
	Desired: _____
<input type="checkbox"/> Other:	_____

Individual Applicant Information						
Applicant's Last Name Initial	First Name	Middle	Social Security Number	Date of Birth	Residence Phone Number ( )	
Residence Address			City	State	Zip Code	
<input type="checkbox"/> Own <input type="checkbox"/> Rent	<input type="checkbox"/> Live with Parents/Relatives <input type="checkbox"/> Other (Specify) _____	Monthly Payment \$	How Long at Current Address: YRS. MOS.	How Long at Previous Address: YRS. MOS.	County of Residence	
Current Employer or Name of Business		<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed	Business Address City State Zip Code			
Title or Job Description			Work Phone Number ( )	Length of Employment YRS. MOS.		
Gross Monthly Income \$	Other Monthly Income* \$	Source:	*NOTICE: Alimony, child support, or separate maintenance income need not be revealed if the Applicant does not choose to have it considered as a basis for repaying this loan.			
Previous Employer (If at Present Job Less Than Two Years)		Title or Job Description	Length of Employment YRS. MOS.			

Co-Applicant or Other Party Information						
Co-Applicant's Last Name Initial	First Name	Middle	Social Security Number	Date of Birth	Residence Phone Number ( )	
Residence Address			City	State	Zip Code	Relationship To Applicant
<input type="checkbox"/> Own <input type="checkbox"/> Rent	<input type="checkbox"/> Live with Parents/Relatives <input type="checkbox"/> Other (Specify) _____	Monthly Payment \$	How Long at Current Address: YRS. MOS.	How Long at Previous Address: YRS. MOS.	County of Residence	
Current Employer or Name of Business		<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed	Business Address City State Zip Code			
Title or Job Description			Work Phone Number ( )	Length of Employment YRS. MOS.		
Gross Monthly Income \$	Other Monthly Income* \$	Source:	*NOTICE: Alimony, child support, or separate maintenance income need not be revealed if the Co-Applicant does not choose to have it considered as a basis for repaying this loan.			
Previous Employer (If at Present Job Less Than Two Years)		Title or Job Description	Length of Employment YRS. MOS.			

**Marital Status**  
Complete only if: for joint or secured credit, or applicant resides in a community property state or is relying on property located in such a state. (\*includes single, divorced and widowed)

**Applicant**  Married  Separated  Unmarried\* **Co-Applicant or Other Party**  Married  Separated  Unmarried\*

Asset Information			
DESCRIPTION OF ASSETS	BANK NAME	NAME IN WHICH ACCOUNT IS HELD	VALUE
<input type="checkbox"/> Checking Account _____ <input type="checkbox"/> Savings Account _____ <input type="checkbox"/> Other _____			\$
<input type="checkbox"/> Checking Account _____ <input type="checkbox"/> Savings Account _____ <input type="checkbox"/> Other _____			\$
OTHER ASSETS (DESCRIBE)			\$
			\$

**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:

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

By signing below, I acknowledge that I have received this Federal Credit Application Insurance Disclosure both orally and in writing.

Applicant's Signature ( please do not print)	Date	Co-Applicant's Signature ( please do not print)	Date
X	/ /	X	/ /

**SIGNATURES** – I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

Applicant's Signature (Please do not print)	Date	Co-Applicant's Signature (Please do not print)	Date
X	/ /	X	/ /
Applicant's E-Mail Address		Co-Applicants E-Mail Address	

**If you intend to apply for joint credit please initial here:** 1. \_\_\_\_\_ 2. \_\_\_\_\_

<b>NewFirst National Bank Use Only</b>	Portfolio Number	Loan Number	Rate: Fixed _____% Vari _____% Fl _____% Ce _____%	Terms: @ Beginning:
Renewal Number	New Funds \$	Total Amount Requested \$	Total Debt: \$	Funding Instructions:
Census Tract:	Payment Method: <input type="checkbox"/> Coupon Book <input type="checkbox"/> Notice <input type="checkbox"/> Auto Debit NFNB Checking/Savings Acct No. _____		Class Code	Purpose Code Collateral Code
<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured	Collateral:			Collateral Value: \$
Insurance Information:		<input type="checkbox"/> Approved <input type="checkbox"/> Denied: _____	Loan Rating Code	D/I Date:
Loan Officer Comments:				
Exceptions:				