



RESIDENTIAL HOME IMPROVEMENT LOAN APPLICATION

NOTICE: Married applicants may apply for individual credit. Indicate the type of credit you are applying for below: <input type="checkbox"/> Individual Credit: 1) Complete applicant section if you are relying on your own income and assets to establish credit. 2) Complete other application section providing information about your spouse of former spouse if you are relying on alimony, child support, or separate maintenance payments to establish credit. <input type="checkbox"/> Joint Credit: By initialing we certify that we are applying for joint credit. _____ (initials) (initials) Complete applicant and co-applicant section, providing information about you and the other party.				AMOUNT REQUESTED \$	
				TERM REQUESTED (MOS)	
APPLICANT					
FULL NAME (LAST, FIRST, MIDDLE)		HOME PHONE	WORK PHONE	SS#	BIRTHDATE
<input type="checkbox"/> COMPLETE FOR JOINT CREDIT OR SECURED CREDIT <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (SINGLE, DIVORCED, WIDOWED)		DRIVERS LICENSE#	ISSUING STATE:	E-Mail Address	
PRESENT STREET ADDRESS		CITY AND STATE		ZIP	YEARS THERE?
PRESENT EMPLOYER AND ADDRESS		POSITION/TITLE		YEARS THERE?	GROSS MONTHLY SALARY
OTHER INCOME/SOURCE: (DESCRIBE) NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.				NO. OF DEPENDENTS	
COUNTY OF RESIDENCE	HAVE YOU EVER APPLIED TO US FOR CREDIT BEFORE?		YES <input type="checkbox"/> NO <input type="checkbox"/>	NAME OF CURRENT FINANCIAL INSTITUTION(S):	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP		PHONE NO. (Include Area Code)	
CO-APPLICANT					
FULL NAME (LAST, FIRST, MIDDLE)		HOME PHONE	WORK PHONE	SS#	BIRTHDATE
<input type="checkbox"/> COMPLETE FOR JOINT CREDIT OR SECURED CREDIT <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (SINGLE, DIVORCED, WIDOWED)		DRIVERS LICENSE#	ISSUING STATE:	E-Mail Address	
PRESENT STREET ADDRESS		CITY AND STATE		ZIP	YEARS THERE?
PRESENT EMPLOYER AND ADDRESS		POSITION/TITLE		YEARS THERE?	GROSS MONTHLY SALARY
OTHER INCOME/SOURCE: (DESCRIBE) NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.				NO. OF DEPENDENTS	
COUNTY OF RESIDENCE					
DEBTS					
DESCRIPTION/CREDITOR	BALANCE	MONTHLY PAYMENT	APPROXIMATE VALUE		
MORTGAGE -	\$	\$	\$		
2 ND MORTGAGE -	\$	\$	\$		
AUTO -	\$	\$	\$		
CREDIT CARD -	\$	\$	\$		
OTHER -	\$	\$	\$		
OTHER -	\$	\$	\$		
OTHER -	\$	\$	\$		

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

Signature of Applicant

Date

Signature of Joint Applicant

Date