

FIRST CENTRAL SAVINGS BANK

**CONSUMER LENDING
CREDIT APPLICATION**

Individual Application Joint Application

Amount Requested: \$ _____ # of Months: _____ Loan Purpose: _____

Prior FCSB Experience (check any that apply): Mortgage Modernization Loan Personal Loan Auto Loan Education Loan

FCSB Checking Account #(s): _____

FCSB Savings Account #(s): _____

Name of Applicant: _____ SS#: _____ - _____ - _____ Date of Birth: ____/____/____

Name of Co-Applicant (if any): _____ SS#: _____ - _____ - _____ Date of Birth: ____/____/____

Street Address: _____ City: _____ State: _____ Zip: _____

Resident for: _____ yrs _____ mths Driver's License #: _____ State: _____ # of Dependents: _____, ages: _____

Daytime Telephone Number: (____) _____ - _____ Evening Telephone Number: (____) _____ - _____

Please check the appropriate box. If this is an individual applicant, w/o a co-applicant, your marital status is not required.

Marital Status Married Unmarried (Single, Divorced, Widow) Support Payment Obligation: \$ _____ / month

Living facilities Own, Mortgage: \$ _____ / month Rent, Payment: \$ _____ / month

Previous Address - *required if less than two years at present address* Resident for: _____ yrs _____ mths

Street Address: _____ City: _____ State: _____ Zip: _____

Current Employer: _____ Type of Business: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Length Employed: _____ yrs _____ mths Gross Salary: \$ _____ / month

Previous Employer - required if less than two years at current employer: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Length Employed: _____ yrs _____ mths Gross Salary: \$ _____ / month

Co-applicant Employer: _____ Type of Business: _____

Street address: _____ City: _____ State: _____ Zip: _____

Position: _____ Length Employed: _____ yrs _____ mths Gross Salary: \$ _____ / month

Other Income - Description: _____ Gross: \$ _____ / month Net: \$ _____ / month

Applicants must furnish spouse information only if: 1) Spouse will be contractually liable, or 2) Applicant is relying on alimony, child support, or maintenance payments from a spouse or former spouse as the basis for payment of the account(s) applied for.

Name of Spouse: _____ SS#: _____ - _____ - _____ Date of Birth: ____/____/____

Street Address: _____ City: _____ State: _____ Zip: _____

Resident for: _____ yrs _____ mths Driver's License #: _____ State: _____

Personal Information

Employment Information

Spouse Information

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Spouse Info. Cont.

Resident for: _____ yrs _____ mths Driver's License #: _____ State: _____
 Spouse's Current Employer: _____ Type of Business: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Position: _____ Length Employed: _____ yrs _____ mths Gross Salary: \$ _____ / month

References

1st Reference Non-Relative - Name: _____ Telephone Number: (____) _____ - _____
 Street Address: _____ City: _____ State: _____ Zip: _____
2nd Reference Non-Relative - Name: _____ Telephone Number: (____) _____ - _____
 Street Address: _____ City: _____ State: _____ Zip: _____

Financial Information

Checking - Bank Name: _____ Account #: _____ Balance: \$ _____
 Bank Street Address: _____ City: _____ State: _____ Zip: _____
Savings - Bank Name: _____ Account #: _____ Balance: \$ _____
 Bank Street Address: _____ City: _____ State: _____ Zip: _____
Automobile Make: _____ Model: _____ Year: _____ Payment / Lease Amount: \$ _____ / month

List all debts including those accounts on which you are a borrower, co-maker, guarantor or endorser

NAME OF CREDITOR	ACCOUNT NUMBER	BALANCE	MONTHLY PAYMENT

Vehicle Purchase Information

Complete this section if this request is for the purchase of a car or boat
 New Used
 Year: _____ Make: _____ Model: _____ Body Type: _____
 Color: _____ Purchase Price: \$ _____ Cash Down Payment: \$ _____ Trade-in Allowance: \$ _____
 Amount to be Financed: \$ _____ Serial Number: _____
 Name of Seller: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Full Name to Appear on Certificate of Title: _____
 Street Address: _____ City: _____ State: _____ Zip: _____

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Collateral Information

Complete this section if this loan is to be secured by passbook, time certificate, etc.

FULL DESCRIPTION OF COLLATERAL	ACCOUNT NUMBER	IN NAME OF	VALUE

If this is a personal loan, please describe the purposes and amounts in this section.

Certification & Signature

You may obtain and (while I am indebted to you) update information bearing on my credit worthiness from any source you think may have such information; including any consumer reporting agency. I understand you must retain this application knowing you will rely on this in making your credit decision. I certify that all statements made in this application are true, that I have listed all of my current debts and obligations, and that no one has suggested that any information be omitted. I understand that, if I so request, I will be told whether any consumer report was obtained by you in connection with this application. If so, you will also furnish the name and address of this reporting agency.

Please submit your last two years of personal tax returns with this application.

applicant's signature
date
co-applicant's signature
date