

Appalachian Lending Application

Source _____ Amount \$ _____ Purpose _____ Collateral _____
 Applicant _____

Full Name _____ SS# _____		Date of Birth _____		Dependents _____	
Maiden Name _____		Home # _____		Cell # _____	
Carrier _____		E-mail _____		Driver's License # _____	
State _____		Years _____		Months _____	
Address _____		Landlord or Mortgagee _____		City _____	
State _____		Zip _____		<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	
Previous Address _____		Years _____		Months _____	
City _____		State _____		Zip _____	
Why Moved? _____		<input type="checkbox"/> Rented <input type="checkbox"/> Owned <input type="checkbox"/> Other		Employer _____ Work # _____ Ext _____ Position _____	
Address _____		Start Date _____		Supervisor _____	
City _____		State _____		Zip _____	
Shift _____		Monthly Income\$ _____		Pay Frequency _____	
Previous Employer _____		Time at Job _____		Reason for Leaving? _____	

Spouse

Full Name _____ SS# _____		Date of Birth _____		Cell # _____	
Maiden Name _____		E-mail _____		Carrier _____	
Driver's License # _____		State _____		City _____	
Employer _____		Work # _____		Ext _____	
Position _____		Address _____		Start Date _____	
Supervisor _____		Monthly Income\$ _____		Pay Frequency _____	
City _____		State _____		Zip _____	
Shift _____		Hours Weekly _____		Pay Day _____	

ARE THERE ANY OUTSTANDING JUDGMENTS AGAINST YOU? YES NO

HAVE YOU DECLARED BANKRUPTCY WITHIN THE PAST 7 YEARS YES NO

ARE YOU A CO-MAKER OR GURANTOR ON A NOTE? YES NO

DO YOU HAVE A CHECKING OR SAVINGS ACCOUNT?
 IF YES, PLEASE PROVIDE THE INSTITUTION AND HOW LONG THE ACCOUNT(S) HAS BEEN OPENED. YES NO
 (Leave Blank If Not Applicable)

CHECKING: _____ OPENED: _____ SAVINGS: _____ OPENED: _____

ASSETS/LIABILITIES	VALUE	LIEN	CREDITOR	OPENED	LP/ND	RATING	TERM/PAYMENT
TOTALS							

Utilities

Rent / Mortgage	Lights	Water	Gas	Phone	Cable	Insurance	TOTAL

TOTAL INCOME \$ _____ **TOTAL DEBTS & UTILITIES \$** _____ **RESIDUAL INCOME \$** _____

References

You must provide 4 references with separate address that do not live with you. References must be willing to accept messages from us on your behalf and one of them must be a professional business acquaintance. All references must be completed fully and must be relatives or acquaintances you have known for at least 3 years.

1) Name _____ Address _____ Phone # _____

Relation to you _____ Years Known _____ Employer _____

2) Name _____ Address _____ Phone # _____

Relation to you _____ Years Known _____ Employer _____

3) Name _____ Address _____ Phone # _____

Relation to you _____ Years Known _____ Employer _____

4) Name _____ Address _____ Phone # _____

Relation to you _____ Years Known _____ Employer _____

COVERED BORROWER IDENTIFICATION STATEMENT

Federal Law provides important protections to active duty members of the Armed Forces, their spouses, and their dependents. To ensure that these protections are provided to eligible applicants, we require you to sign one of the following statements as applicable.

I AM a regular or reserve members of the Army, Navy, Marine Corps, Air Force, or Cost Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer.

Applicant Signature: _____ Date: _____

I AM a dependent of a member of the Armed Forces on active duty as described above, because I am the member's spouse, the member's child under the age of eighteen years old, or I am an individual for when the member provides more than one-half of my financial support for 180 days immediately preceding today's date.

Applicant Signature: _____ Date: _____

I AM NOT a regular or reserve member of the Army, Navy, Marine Corps, Air Force, or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer (or a dependent of such a member).

Applicant Signature: _____ Date: _____

*I / We authorize the lending institution to make whatever credit inquiries that it deems necessary in connection with this application and in the course of review or collection of any credit extended in reliance on this application. I / We authorize and instruct any credit extending entity or credit agency to compile and furnish the lending institution any information that it requests in response to such credit inquiries. I / We agree that such information, along with this application shall remain the lending institution's property whether or not credit is extended. I / We authorize this lending institution to answer questions about my/our credit experience with them. I hereby certify that information contained on this application is true to the best of my knowledge. Knowingly making a false statement on a credit application is a crime.

*The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency, which administers compliance with this law concerning this company, is the Federal Trade Commission, Washington, D.C. 20580.

NOTICE: Unless application for credit is made jointly by husband and wife, an inquiry into marital status is prohibited by law unless for the purpose of determining rights or remedies available to the creditor applicable to the particular extension of credit.

Applicant's Signature _____ Date _____

Spouse's Signature _____ Date _____

For Office Use Only
Application Taken by _____ Date _____ Time _____

Recommendation _____