

# Lytle State Bank Consumer Loan Application

			requires financial institutions to ances we may use outside sour								
TYPE OF CREDIT REQUESTED  Secured Unsecured  Individual Credit - relying on my income or assets.  Individual Credit - relying on my income or assets as well as income or assets from other				D A	Date of Application How long						
sources.  Joint Credit - W	Ve intend to apply for jo	int credit.		P	ayment Date Desired _						
(initials)						ly 🗆					
				P	urpose						
SECTION A: PLEA	SE TELL US ABOUT	YOURSELF. (A	APPLICANT)  Date of Birth	7		MPLETE THIS SECTION		TOMOBILE, REC	REATION	IAL	
Name (include 31., 31	., пт п аррпсавле)		Date of Billin		Name of Seller						
Present Address			Apt. No		Address (No. & Street)						
					City	State	State Zip				
City	State	Zip	County		Serial or VIN Numb	per					
Telephone	How long at t	he above	Social Security Number		Make/Model	Year		New	l	Jsed	
(incl. area code)	address?				Purchase Price	Down F	Payment	Amoun	to be Fina	anced	
Previous Address (if le	ess than 3 years at cur	rent address)	l		\$	(-) \$		\$			
DEPEN	DENTS	How many ye	ears at previous address?		AUTOMOBILE, RE	ECREATIONAL VEHI	CLE, MOBILE H	OME OR TRUCK	LOAN O	NLY	
NO.	AGES				Name to appear on	title certificate (Title h	older to sign Sec	urity Agreement)			
List any other names	under which you have	l applied for or be	een granted credit:		Address (No. & Stre	eet)					
					City	State		Zip			
		PPLYING FOR EDIT	R INDIVIDUAL UNSECURED		BOAT ONLY			TYF	Έ		
MARITAL STATUS:  Married	☐ Separated ☐	Unmarried (inc	cl. single, divorced, widowed		Length		Single	Inboard	Twin	L/O	
PLEASE PROVIDE U	JS WITH HOUSING IN	IFORMATION:			Engine Make	H.P.		Year	Ш		
Live with parents	Rent		Own		Hull/Serial Number						
Rent Payment	Mortgage Pa (including tax		Balance on Mortgage:		Roat Registration/D	Documentation Numbe	r (Documented o	wner to sign Secu	ırity Aaree	ment)	
\$	\$		\$	<u> </u>	Dout Neglotidilotiv	ocamentation (valide	r (Bocamentea o	When to sight occu	any rigido	monty	
WE'D LIKE TO KNO	W ABOUT YOUR INC	OME:			LOAN PURPOSE:						
Employer					LOANT ON OOL.						
Employer's Address				1							
Length of E Years	mployment Months	Employers Te	elephone Number:		TELL US ABOUT	YOUR BANK ACCOU	NTS:				
Occupation/Position	e	I			Checking	Savings	Account Num	her (s)			
Monthly Gross Salary	,	Employee ID	(if any)	1		Surings	7.000 a.m. 7.a.m.				
	less than 3 years at pr	esent employer	)		Address						
Previous Employer's	Address			1	Checking	Savings	Account Num	ber (s)			
Length of E	mployment	Previous Emp	ployers Telephone Number:		Address						
Years	Months				Address						

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TELL US ABOUT YOUR CREI	DIT REFERENC	ES:				
Creditor		Unpaid Balance	Э			
Account Number	Monthly Payment					
Creditor	Unpaid Balance					
Account Number		\$ Monthly Payme	ent			
Creditor		\$ Unpaid Balance				
Account Number		\$ Monthly Payme	ent			
Creditor		\$ Unpaid Balance				
	\$					
Account Number		\$	Monthly Payment \$			
Were you ever bankrupt or ha	d any judgments		oceedings ag	ainst you?		
[] Yes		[ ] No				
OTHER INCOME:						
Alimony, child support, or separ Co-Applicant does not choose t						
Describe source of other income	e:		Total Gross Monthly Income			
			\$			
A PERSONAL REFERENCE:						
Name of nearest relative not livi	ing with you:					
Address (No. & Street)						
City		State		Zip		
Relationship		Telephone Number				
		( )	-			
SECOND MORTGAGE:						
Address (No. & Street)						
City	State		Zip			
•	State		•	- C A		
	ate Property Purchased		Gross Monthly Income of Applicant \$			
Purchase Price		Estimated Value				
\$		\$				
COMPLETE THIS SECTION F			DAN:			
Address of property to be impro	oved (No. & Stree	et)				
City	State		Zip			
Property Owner(s) - All owners	must be present	at Closing				
2.						
Date Purchased		Present Value				
Describe the improvement(s) pl	anned:	\$				

	, Sr., III if ap	pplicable)		Date o	f Birth
Present Address					Apt. No
	1 2		·		
City	State		Zip		County
Telephone (incl. area code)		How long at to address?	he above	Socia	I Security Number
`					
Previous Address (	if less than	3 years at curr	rent address)	1	
DEP	ENDENTS		How many years a		revious address?
NO.	AGES				
List any other name	es under w	hich you have:	applied for or be	en grar	ted credit:
DO NOT COMPLE	ETE THIS		PPLYING FOR	INDIVI	DUAL UNSECURED
MARITAL STATUS	_			· · · · · · · · · · · · · · · · · · ·	
Married Name of the last of th			•		, divorced, widowed
PLEASE PROVID			IFORMATION:		
Live with parer	nts	Rent	Own		
Rent Payment		Mortgage Pay (including tax		Balar	ice on Mortgage:
\$		\$		\$	
WE'D LIKE TO KN	IOW ABOU	JT YOUR INC	OME:		
Employer					
Employer's Addres	is				
	f Employm	ent	Employers Te	elenhon	e Number:
Years	Month				
Occupation/Positio					
Monthly Gross Sala	ary		Employee ID (if any)		
\$ Previous Employer	· /if loss the	on 3 years at nr	ocent employer	١	
Flevious Linkings	(11 1033 1114	II o years at pri	esent employer,	,	
					Ŷ.
Previous Employer	's Address				
			Previous Emp	oloyers	Telephone Number:
	of Employmer Month	ent	Previous Emp	ployers	Telephone Number:
Length o	Month	ent		ployers	Telephone Number:
Length o Years TELL US ABOUT	Month	ent is NK ACCOUNT	rs:		Telephone Number:
Length o	Month	ent is NK ACCOUNT			Telephone Number:
Length o Years TELL US ABOUT	Month	ent is NK ACCOUNT	rs:		Telephone Number:
Length o Years  TELL US ABOUT Checking  Address	Month  YOUR BAI	ent is NK ACCOUNT	'S: Account Number	er (s)	Telephone Number:
Years  TELL US ABOUT  Checking	Month	ent is NK ACCOUNT	rs:	er (s)	Telephone Number:
Length o Years  TELL US ABOUT Checking  Address	Month  YOUR BAI	ent is NK ACCOUNT	'S: Account Number	er (s)	Telephone Number:
Length o Years  TELL US ABOUT Checking  Address Checking	Month  YOUR BAI	ent is NK ACCOUNT	'S: Account Number	er (s)	Telephone Number:
Length o Years  TELL US ABOUT Checking  Address Checking	Month  YOUR BAI  Savings	ent is NK ACCOUNT	'S: Account Number	er (s)	Telephone Number:
Length o Years  TELL US ABOUT Checking Address Checking Address OTHER INCOME:	Month YOUR BAI Savings	NK ACCOUNT S	S: Account Number	er (s)	
Length o Years  TELL US ABOUT Checking Address Checking Address OTHER INCOME:	Month YOUR BAI Savings Savings	NK ACCOUNT  S  sarate maintena	Account Number	er (s)	e revealed if the Applicant o

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#### TELL US ABOUT YOUR CREDIT REFERENCES:

Creditor	Unpaid Balance			
	\$			
Account Number	Monthly Payment			
	\$			
Creditor	Unpaid Balance			
	\$			
Account Number	Monthly Payment			
	\$			
Creditor	Unpaid Balance			
	\$			
Account Number	Monthly Payment			
	\$			

☐ Yes	□ No	
A PERSONAL REFERENCE	is	
Name of nearest relative not	iving with you:	
Address (No. & Street)		
City	State	Zip
Relationship	Telephone Number	
	( ) -	

#### **CERTIFICATION AND SIGNATURES**

I (We) certify that the information stated is complete and accurate, and has been furnished by me (us) knowing that you intend to rely on it in considering my (our) application. I (We) understand that you may request a consumer report in connection with this application and for purposes of updating, renewing or extending further credit, taking collection action on my loan, or other legitimate purposes associated with my loan, and if I (we) ask, I (we) will be informed whether or not such a report was requested and, if so, the name and address of the consumer reporting agency that furnished the report. I (We) also authorize you to check my (our) employment history.

NOTICE TO GUARANTOR: If you are providing information to the Lender on this Application for the purpose of acting as a guarantor for one or more primary applicant(s) and the Lender determines that you are a guarantor, do not meet the credit underwriting standards for this particular loan and/or amount, be advised that the Lender is required by law to, and will, provide an adverse action notice detailing the specific reasons for the credit denial directly to the primary applicant(s) and not to you. As a guarantor, be prepared to share any specific reasons for adverse action based on your credit history with the primary applicant(s). If you are unwilling to share this information, you should not complete this application in the capacity of guarantor. By completing and submitting this application as guarantor, you are authorizing the Lender to share the specific reasons for adverse action with the primary applicant(s) in the event this application is denied.

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask you for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

[□] AUTO-DEDUCT: Please deduct my (our) monthly loan payment automatically from my (our) Personal Checking, Money Market or Statement Savings Account Number \_\_\_\_\_.

IMPORTANT: THIS APPLICATION MUST BE SIGNED AND DATED BELOW BEFORE IT CAN BE PROCESSED.

Applicant's Signature Date Co-Applicant's Signature Date

#### INSURANCE INFORMATION

### IF THE CREDIT IS TO BE USED FOR THE PURCHASE OF AN AUTOMOBILE, MOBILE HOME, RECREATIONAL VEHICLE OR BOAT, WE NEED YOUR INSURANCE INFORMATION:

Insurance Agent's Name		Telephone Number ( ) -			
Address	City		State	Zip	



