

CONSUMER CREDIT APPLICATION

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Important Applicant Information: Federal law require									
to provide one or more forms of identification to fulfill this	s requirement. In some instances	s we may use outside sources	to contirm this information. The inform	nation you provide					
is protected by our privacy policy and federal law.	TVDF ~-		n						
		CREDIT REQUESTE	D						
□ Individual Credit - relying solely on my income or assets □ Unsecured □ Individual Credit - relying on my income or assets as well as income or assets from other sources									
Unsecured Individual Cre	edit - relying on my income or as	ssets as well as income or ass	sets from other sources						
Joint Credit -	we intend to apply for joint credit.	(initials)							
Amount Requested Term (mos	s) Payment Date Req	uested Loan Purpose	e:						
\$									
Ψ		ERAL DESCRIPTION							
	CULLAI	ERAL DESCRIPTION							
Property Description:									
		PPLICANT INFORM	TION						
NAME (Last	, First, Middle Initial)		BIRTHDATE	SOCIAL SECURITY NUMBER					
			BIRTIBITE	SOCIAL SECONT I NOMBER					
ADDRESS (Stree	t, City, State & Zip Code)		TELEPHONE NUMBER	Own or Rent?	HOW LONG?				
PREVIOUS ADDRESS (Street, City, State & Zip Code) (If	less than 2 years at current a	ddress)	Own or Rent?	HOW LONG?				
	(Nome & Address)				0102				
EMPLOYER	R (Name & Address)		BUSINESS PHONE NUMBER	HOW LONG?					
POSITION OR TITLE			GROSS SALARY						
	\$	🗆 Annually	□ Monthly □ Hourly, if s	so hrs/ week					
PREVIOUS EMPL	OYER (Name & Address)		POSITION OR TITLE	HOW L	.ONG?				
NAME AND ADDRESS OF NEAR	TELEPHONE NUMBER	RELATIONSHIP							
Alimony, Child Support, or separate maintenance in	come need not be revealed if vo	ou do not wish to have it co	nsidered as a basis for renaving this	s obligation					
Alimony, Child Support, Separate Maintenance received	_	Written Agreement	□ Oral Understanding	e en ganem					
	SOURCES OF OTHER INC	COME		AMOUNT P	ER MONTH				
Is any income listed in this section likely to be re	duced before the credit requi	ost is paid off(
is any income listed in this section likely to be re	auceu belore lite credit reque								
🗆 No 🔲 Yes (explain)									
<u> </u>	JOINT APPLICANT O	R OTHER PARTY IN	FORMATION						
Complete only if: for joint credit, for individ				mmunity property st	ate.				
	, 0			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
REALTIONSHIP TO APPLICANT (If Any)									
NAME (Last,	, First, Middle Initial)		BIRTHDATE	SOCIAL SECURITY NUMBER					
ADDRESS (Stree	t, City, State & Zip Code)		TELEPHONE NUMBER	Own or Rent?	HOW LONG?				
	Street, City, State & Zip Code) (If	loss than 2 years at current a	ddross)	Own or Rent?	HOW LONG?				
FREMOUS ADDRESS (Sileei, Oity, State & Zip Code) (ii	less than 2 years at current a		Own of ittents	HOW LONG!				
EMPLOYER	R (Name & Address)		BUSINESS PHONE NUMBER	HOW L	.ONG?				
POSITION OR TITLE			GROSS SALARY						
	¢	—							
	\$	C Annually	Monthly Hourly, if s						
PREVIOUS EMPL	OYER (Name & Address)		POSITION OR TITLE	HOW L	UNG?				
Alimony, Child Support, or separate maintenance in	come need not be revealed if w	ou do not wish to have it co	Insidered as a basis for repaying the	s obligation					
Alimony, Child Support, Separate Maintenance received		Written Agreement	Oral Understanding	e enigation.					
	SOURCES OF OTHER INC		Ŭ	AMOUNT PER MONTH					
Is any income listed in this section likely to be re	duced before the credit reque	est is paid off		-					
□ No □ Yes (explain)									

Complete only if: for	joint credit, or applicant resi	des in a community pro	MARITAL operty state or is re		ated in such state	as a basis for repa	yment of the credit requested.	
APPLICANT OTHER PARTY	Married Married	Separated Separated		cluding single, divore cluding single, divore	,			
				EBT DETAILS				
	is a joint application please r	nark all applicant relate	d information with	an "A", otherwise on	ly give information	about the applicar	it in this section.	
ASSETS OWNED	CRIPTION OF ASSET	re		T HOLDERS		TO DEBT?	VALUE IN \$	
CHECKING ACCOUNT	SRIPTION OF ASSE	15	ACCOUN	I HOLDERS	SUBJECT	IU DEBI?		
CHECKING ACCOUNT (where)							\$	
SAVINGS ACCOUNT							\$	
(where)							Ψ	
CERTIFICATE(S) OF DEPOSIT							\$	
(where) MARKETABLE SECURITIES							\$	
(issuer, type, # of shares)							Ψ	
REAL ESTATE							\$	
(location)							-	
LIFE INSURANCE (issuer, face value)							\$	
AUTOMOBILE(S)							\$	
(year, make, model)							Φ	
OTHER							\$	
(list)								
TOTAL ASS	ETS						\$	
OUTSTANDING DEE	BTS							
	CREDITOR			IT NUMBER	PRESEN	F BALANCE	MONTHLY PAYMENTS	
LANDLORD:			1	N/A	١	I/A	\$	
MORTGAGE HOLDER:						 \		
AUTOMOBILE							\$	
(creditor)							*	
							\$	
(creditor) CREDIT CARD								
							\$	
CREDIT CARD							\$	
OTHER	OTHER						\$	
(describe)								
OTHER (describe)							\$	
TOTAL DE	BTS						\$	
	Complete the follow	ing information abo	ut both the Appli	cant and Joint Apr	blicant or Other	Person (if applic	- cable)	
	·					olicant	Joint Applicant	
Are you obligated to m						□ Yes	🗆 No 🗖 Yes	
Applicant: If yes, to (Nar	me & Address)					Amount per me	onth \$	
Joint Applicant: If yes, to						Amount per m		
Are you a co-maker, en						□ Yes	🗆 No 🗖 Yes	
Joint Applicant: If yes, for whom? Are there any unsatisfied judgments against you?				To whom?		□ Yes	□ No □ Yes	
Applicant: If yes, to whom owed								
						Amount \$		
Joint Applicant: If yes, to whom owed					Amount 5	□ No □ Yes		
Applicant: If yes, where								
Joint Applicant: If yes, where								

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

Date

Date