

# BANK OF KILMICHAEL

www.bankofkilmichael.com

## PERSONAL LOAN APPLICATION

Requested Loan Amount: \$ \_\_\_\_\_ Loan Purpose: \_\_\_\_\_

Individual  Joint with Spouse  Joint with other Collateral Description: \_\_\_\_\_

### APPLICANT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Sec. No.: \_\_\_\_-\_\_\_\_-\_\_\_\_

Current Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: (if different than street) \_\_\_\_\_ Years at address: \_\_\_\_\_ # of Dependents: \_\_\_\_\_

Own  Rent  Live with Parents  Other: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### CO-APPLICANT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Sec. No.: \_\_\_\_-\_\_\_\_-\_\_\_\_

Current Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: (if different than street) \_\_\_\_\_ Years at address: \_\_\_\_\_ # of Dependents: \_\_\_\_\_

Own  Rent  Live with Parents  Other: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### FINANCIAL INFORMATION

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Address: \_\_\_\_\_ How long: \_\_\_\_\_

Monthly Gross Income: \$ \_\_\_\_\_ Other Monthly Income: \$ \_\_\_\_\_ Other Income Source: \_\_\_\_\_  
Alimony, child support, or separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Checking Account With: \_\_\_\_\_ Average Balance: \$ \_\_\_\_\_ Name on account: \_\_\_\_\_

Savings Account With: \_\_\_\_\_ Average Balance: \$ \_\_\_\_\_ Name on account: \_\_\_\_\_

### PERSONAL REFERENCES

Name, Address, and Phone Number of Nearest Relative Not Living With You:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Other Reference:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**I certify that everything I have stated in this application and on any attachment is correct. You may keep this application whether or not it is approved. By signing below, I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.**

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Co-applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Federal Credit Application Insurance Disclosure

I have applied for an extension of credit with you. You are soliciting, offering, or selling me an insurance product or annuity in connection with this extension of credit. **FEDERAL LAW PROHIBITS YOU FROM CONDITIONING THE EXTENTION OF CREDIT ON EITHER:**

1. My purchase of an insurance product or annuity from you or from any of your affiliates; or
2. My agreement not to obtain or a prohibition on me from obtaining, an insurance product or annuity from an unaffiliated entity.

By signing, I acknowledge that I have received a copy of this form on today's date. Unless this disclosure is provided electronically or I have applied for credit by mail, I also acknowledge that you have provided this disclosure to me orally.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Co-applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_