Present Address (street, city, state, ZIP)	Present Address (street, city, state, ZIP)
Mailing Address, if different from Present Address	Mailing Address, if different from Present Address
If residing at present address for less than two years, complete the following:	
Former Address (street, city, state, ZIP) from to	Former Address (street, city, state, ZIP) from to

EMPLOYMENT/INCOME INFORMATION

Applicant	Co-Applicant
Name & Address of Employer ☐ Self Employed Yrs. on this job ☐ Full time	Name & Address of Employer ☐ Self Employed Yrs. on this job ☐ Full time
Position/Title Type of Business / Business Phone (incl. area code)	Position/Title Type of Business / Business Phone (incl. area code)
Gross Monthly Income $	Gross Monthly Income $
Previous Employer Name & Address ☐ Self Employed Dates from to	Previous Employer Name & Address ☐ Self Employed Dates from to
Position/Title Type of Business / Business Phone (incl. area code)	Position/Title Type of Business / Business Phone (incl. area code)

NOTICE: Alimony, Child Support or Separate Maintenance Income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Other Income		$	Other Income		$
Other Income		$	Other Income		$

HOUSING INFORMATION

☐ Own since	Monthly Housing $	Present Value $	Date Purchased

ASSETS AND LIABILITIES ADDENDUM TO CONSUMER LOAN APPLICATION

Name & Address of Institution	Type of Account/Balance
Acct. No.	$
Name & Address of Institution	Type of Account/Balance
Acct. No.	$
Name & Address of Institution	Type of Account/Balance
Acct. No.	$

Name & Address of Company	Payment	Balance
Acct. No.	$	$
Name & Address of Company	Payment	Balance
Acct. No.	$	$
Name & Address of Company	Payment	Balance
Acct. No.	$	$
Name & Address of Company	Payment	Balance
Acct. No.	$	$
Name & Address of Company	Payment	Balance
Acct. No.	$	$
Name & Address of Company	Payment	Balance
Acct. No.	$	$
Alimony/Child Support/Separate Maintenance Owed to	$	
TOTAL MONTHLY PAYMENTS	$	
TOTAL LIABILITIES	$	

Stocks and Bonds Assets:

Number Description	Cash or Market Value
	$
	$
Life Insurance - Face Value	$
Real Estate Owned Assets	$
Vested Interest in Retirement Funds	$
Net Worth of Business Owned	$

Automobiles Owned:

Year Make and Model	Cash or Market Value
	$
	$
	$
	$

Other Assets Owned:

Description	Cash or Market Value
	$
	$
	$
	$
TOTAL ASSETS	$
NET WORTH	$

Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law. The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law. Any person who, with intent to defraud or knowing that they are facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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

Applicant X _____ ***Date*** _____ ***Co-Applicant X*** _____ ***Date*** _____

Loan Officer _____ ***NMLS#*** _____

DL # _____ ***DL Issue Date*** _____ ***DL Expiration Date*** _____