

# CONSUMER LOAN APPLICATION

**AMERICAN NATIONAL BANK**  
 P. O. BOX 19  
 SIDNEY, NEBRASKA 69162  
 (308) 254-5536

Account Number \_\_\_\_\_  
 Census Tract \_\_\_\_\_

## LOAN REQUEST

PURPOSE OF LOAN \_\_\_\_\_ AMOUNT REQUESTED \$ \_\_\_\_\_ MONTHS NEEDED \_\_\_\_\_

### PERSONAL INFORMATION

This application is designed to be completed by the applicant(s) with the lender's assistance.  
 The Co-Applicant section and all other Co-Applicant questions should be completed to the extent possible if: (1) co-applicant will be jointly obligated with you on the loan; (2) you will be relying on income or assets of the co-applicant as a basis for repayment of the loan; (3) you are relying on income from alimony, child support or separate maintenance from the co-applicant or other party; or (4) you are married to the co-applicant and reside in, or the property is located in, a community property State. If you are married, your spouse need not be jointly obligated with you on the loan and need not sign as a co-applicant unless item (2) above applies or unless the spouse's signature is required under state law to create a valid lien, pass clear title or waive inchoate rights to property.

APPLICANT					CO-APPLICANT				
FULL NAME				DATE OF BIRTH	FULL NAME				DATE OF BIRTH
PRESENT ADDRESS - <input type="checkbox"/> Own <input type="checkbox"/> Rent Years Phone					PRESENT ADDRESS - <input type="checkbox"/> Own <input type="checkbox"/> Rent Years Phone				
PREVIOUS ADDRESS (complete if less than 2 years at present address)					PREVIOUS ADDRESS (Complete if less than 2 years at present address)				
MARITAL STATUS		DEPENDENTS			MARITAL STATUS		DEPENDENTS		
<small>COMPLETE FOR SECURED LOANS ONLY</small> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried - (Includes Single, Divorced or Widowed)		Do Not Include Co-Applicant			<small>COMPLETE FOR SECURED LOANS ONLY</small> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried - (Includes Single, Divorced or Widowed)		Do Not Include Applicant or Dependents Listed by Applicant		
		NO.	AGES				NO.	AGES	
SOCIAL SECURITY NO.					SOCIAL SECURITY NO.				
NAME AND ADDRESS OF EMPLOYER - How Long Phone					NAME AND ADDRESS OF EMPLOYER - How Long Phone				
Type of Business Position/Title					Type of Business Position/Title				
PREVIOUS EMPLOYER - How Long (Complete if current job held less than two years)					PREVIOUS EMPLOYER - How Long (Complete if current job held less than two years)				
Type of Business Position/Title					Type of Business Position/Title				
Are there any unsatisfied judgments against you? Yes <input type="checkbox"/> No <input type="checkbox"/>					Are there any unsatisfied judgments against you? Yes <input type="checkbox"/> No <input type="checkbox"/>				
In the last 7 years, have you been declared bankrupt? Yes <input type="checkbox"/> No <input type="checkbox"/>					In the last 7 years, have you been declared bankrupt? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Did you ever have credit in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/>					Did you ever have credit in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes, what name:					If Yes, what name:				

**IF SELF EMPLOYED, PLEASE SUBMIT BALANCE SHEET, PROFIT AND LOSS STATEMENT, AND COPY OF LATEST FEDERAL TAX RETURN**

ASSETS					INCOME		
DEPOSITS IN CHECKING & SAVINGS ACCOUNTS					VERIFICATIONS REQUESTED <input checked="" type="checkbox"/>		
Name of Institution	Type	Account No.	Applicant	Co-Applicant	Monthly Income	Applicant	Co-Applicant
			<input type="checkbox"/>	<input type="checkbox"/>	Base Earnings <input type="checkbox"/> Gross <input type="checkbox"/> Net	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	Overtime	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	Bonuses-Commissions	<input type="checkbox"/>	<input type="checkbox"/>
Net worth of Business Owned - Attach Current Financial Statement							
Vehicles - List Make Year Fully Paid							
1) <input type="checkbox"/> Yes <input type="checkbox"/> No							
2) <input type="checkbox"/> Yes <input type="checkbox"/> No							
Personal Property - Furniture, Art, Jewelry, etc.							
Stocks-Bonds-Name	Number	@Value Ea.	Pledged				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Real Estate Owned							
TOTAL ASSETS							
					TOTAL INCOME		
					Income Remarks - Note: Income from Alimony, Child Support or Maintenance Payments need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.		

### LIABILITIES - OBLIGATIONS - CREDIT REFERENCES

NOTE: LIST ALL PERSONAL, TRUST PARTNERSHIP, OR CORPORATE DEBTS. IF RECENTLY PAID OFF LIST FOR CREDIT REFERENCE. INCLUDE DEBTS FOR 1ST AND 2ND LIEN LOANS (MORTGAGE OR TRUST DEED), AUTOS, APPLIANCES, FURNITURE, PERSONAL LOANS AND NOTES, CO-SIGNED NOTES, ALIMONY, SUPPORT PAYMENTS, AND CHARGE ACCOUNTS.

PURPOSE	(A)-Applicant; (CA)-Co-Applicant; (JT)-Jointly	OWED TO (NAME & ADDRESS)	OFFICE USE VERIFICATION REQUESTED <input checked="" type="checkbox"/>	ACCOUNT NUMBER	MONTHLY PAYMENT	BALANCE / Pay Out of Loan <input checked="" type="checkbox"/>	
						OWED	
			<input type="checkbox"/>			If Balance	<input type="checkbox"/>
			<input type="checkbox"/>		\$	is Zero	<input type="checkbox"/>
			<input type="checkbox"/>		\$	Indicate	<input type="checkbox"/>
			<input type="checkbox"/>		\$	Date	<input type="checkbox"/>
			<input type="checkbox"/>		\$	Closed in	<input type="checkbox"/>
			<input type="checkbox"/>		\$	This Space	<input type="checkbox"/>
1) ATTACH ADDITIONAL LIST IF MORE SPACE NEEDED.					TOTAL LIABILITIES	\$	\$
2) IF ANY OBLIGATION IS PAST DUE - ATTACH LETTER OF EXPLANATION.							

**REAL ESTATE OWNED**

ADDRESS OF RESIDENCE PROPERTY		MORTGAGE HOLDER		ADDRESS OF MORTGAGE HOLDER		ACCOUNT NUMBER
PRESENT VALUE	DATE PURCHASED	PURCHASE PRICE	BALANCE FINANCED	MONTHLY PAYMENT	PRESENT BALANCE	

**INSURANCE**

LIFE INSURANCE—COMPANY NAME AND ADDRESS			(A)—Applicant; (CA)—Co-Applicant; (JT)—Jointly			
			↓	TYPE	FACE AMOUNT	CASH VALUE
INSURANCE ON AUTOMOBILE		Carrier:			Policy #:	
Agent:		Address:			Phone:	

**PERSONAL REFERENCES**

NAME OF NEAREST RELATIVE NOT OR LIVING WITH YOU	PERSONAL REFERENCE	RELATIONSHIP	ADDRESS	CITY	STATE	PHONE

**AGREEMENT**

The undersigned hereby declare and represent that they have read the foregoing Application, that all statements made therein are complete and true to their knowledge, that all financial and credit information of value to the consideration of this Loan Request has been given and that the statements are made and information given as an inducement to the Lender to grant the Loan for which this Application is made. The Applicant(s) authorize the Lender, or his Agent, to verify the information contained herein and to make such additional normal inquiries as reasonably may be related to or associated with this Application, from credit bureaus and from employers, creditors, and references listed on this Application, and agree that such information, along with this Application, shall remain the Lender's property.

The undersigned understand that the selection of a dealer or contractor is their responsibility and that this financial institution in no way guarantees equipment, materials or workmanship and that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, as applicable under the provisions of Title 18, United States Code, Section 1014.

Accepted:

Applicant _____	Date _____	Co-Applicant _____	Date _____
Driver's License No. _____		Driver's License No. _____	

**LENDER USE**

DISBURSEMENT DETAILS	DESCRIPTION OF COLLATERAL
Loan Proceeds ..... \$ _____	New <input type="checkbox"/> } Year _____ Make _____
Official Fees ..... \$ _____	Used <input type="checkbox"/> } Model _____
Credit Life Ins. Premium ..... \$ _____	Serial Number _____
Credit Disability Ins. Premium ..... \$ _____	Color _____ Body Style _____
Other ..... \$ _____	No. of Cylinders _____ License Plate # _____
Amount Financed ..... \$ _____	Sales Price \$ _____ Invoice \$ _____
FINANCE CHARGE ..... \$ _____	Down Payment \$ _____ Trade-In \$ _____
Service Charge ..... \$ _____	Loan Requested \$ _____ % to Price _____
Interest ..... \$ _____	Dealer Name: _____
Total of Payments ..... _____	Address: _____
ANNUAL PERCENTAGE RATE ..... %	Phone _____ Salesman: _____
	OTHER COLLATERAL: _____
	_____
	_____
	_____
	_____
	_____

If secured by collateral, has an insurance loss payable been requested?  Yes  No

Is there a copy of the Insurance Policy in the file?  Yes  No

LOAN DISPOSITION	BUDGET ANALYSIS
Loan <input type="checkbox"/> Approved - <input type="checkbox"/> Rejected - Amount \$ _____	① Total Monthly Income ..... \$ _____
Special Conditions: _____	Total Housing Expense ..... \$ _____
Interest Rate:      % <input type="checkbox"/> Simple <input type="checkbox"/> Add-on <input type="checkbox"/> Discount	Payments on All Debts ..... \$ _____
Term:      months - Payment \$ _____ -1st Due: _____	Payment for This Loan ..... \$ _____
Security: _____	② Total All Payments ..... \$ _____
Customer Notified      Dealer Notified	Debt to Income Ratio (Line 2 Divided by Line 1) _____%
	Comments: _____
	_____
	_____
Approved by _____	
Date _____	