



# CONSUMER LOAN APPLICATION

**BIG HORN FEDERAL SAVINGS BANK**

Greybull, Powell, Thermopolis, Cody, Worland, Lovell

Account Number \_\_\_\_\_  
 Number \_\_\_\_\_

## LOAN REQUEST

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

Please decide whether you would like:

- A Joint Account with your spouse     
  An individual Account     
  A Joint Account with someone other than your spouse  
 (Send us separate applications, attached together)

APPLICANT	DOB	CO-APPLICANT	DOB
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FULL NAME		FULL NAME	
PRESENT ADDRESS - Own Rent Years		PRESENT ADDRESS - Own Rent Years	
PHONE CELL		PHONE CELL	
E-MAIL ADDRESS:		E-MAIL ADDRESS:	
PREVIOUS ADDRESS - (Complete if less than 2 years at present address)		PREVIOUS ADDRESS - (Complete if less than 2 years at present address)	

COMPLETE FOR SECURED LOANS ONLY	DEPENDENTS	COMPLETE FOR SECURED LOANS ONLY	DEPENDENTS
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried - (Includes Single, Divorced or Widowed)	Do Not Include Co-Applicant	<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
SOCIAL SECURITY NO. / /	NO. AGES	SOCIAL SECURITY NO. / /	NO. AGES
NAME AND ADDRESS OF EMPLOYER - How Long		NAME AND ADDRESS OF EMPLOYER - How Long	
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 judgements against you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are there any unsatisfied judgements against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
In the last 7 years have you been declared bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No		In the last 7 years have you been declared bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you ever have credit in any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you ever have credit in any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what name:		If yes, what name:	

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

ASSETS				INCOME			
DEPOSITS IN CHECKING AND SAVING ACCOUNTS				AMOUNT OR VALUE VERIFICATION REQUESTED <input type="checkbox"/>			
Name of Institution	Type	Account No.	Applicant	Co-Applicant	Monthly Income	Applicant	Co-Applicant
			<input type="checkbox"/>	<input type="checkbox"/>	Base Earning <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"/>
Vehicles - List Make Year Fully Paid			<input type="checkbox"/>	<input type="checkbox"/>	Bonuses - Commissions	<input type="checkbox"/>	<input type="checkbox"/>
1) <input type="checkbox"/> Yes <input type="checkbox"/> No					Dividends - Interest	<input type="checkbox"/>	<input type="checkbox"/>
2) <input type="checkbox"/> Yes <input type="checkbox"/> No					Other - Optional - See Remarks	<input type="checkbox"/>	<input type="checkbox"/>
3) <input type="checkbox"/> Yes <input type="checkbox"/> No							
Personal Property - Furniture, Art, Jewelry, etc.				<input type="checkbox"/>	<input type="checkbox"/>		
Stock - Bonds - Name	Number	@ Value Ea.	Pledge <input type="checkbox"/> Yes <input type="checkbox"/> No				
Real Estate Owned				<input type="checkbox"/>	<input type="checkbox"/>	INCOME REMARKS - Note: Income from Alimony, Child Support or Maintenance Payments need not be disclosed unless their consideration is desired.	
TOTAL ASSETS				<input type="checkbox"/>	<input type="checkbox"/>	TOTAL INCOME	

## 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 PAYMENTS (MORTGAGE OR TRUST DEED), AUTOS, APPLIANCES, FURNITURE, PERSONAL LOANS AND NOTES, CO-SIGNED NOTES, ALIMONY, SUPPORT PAYMENTS, CHARGE ACCOUNTS, AND RENT.

PURPOSE	(A) - Applicant; (CA) - Co-Applicant; (JT) - Jointly	OFFICE USE VERIFICATION REQUESTED	ACCOUNT NUMBER	MONTHLY PAYMENT	BALANCE OWED / Pay Out Of Loan	X
RENT	OWED TO (NAME AND ADDRESS)	<input type="checkbox"/>		\$	If Balance	
CAR		<input type="checkbox"/>		\$	is Zero	
TRUCK		<input type="checkbox"/>		\$	Indicate	
CREDIT CARD		<input type="checkbox"/>		\$	Date	
		<input type="checkbox"/>		\$	Closed in	
		<input type="checkbox"/>		\$	This space	
		<input type="checkbox"/>		\$		
TOTAL LIABILITIES				\$	\$	

1) ATTACH ADDITIONAL LIST IF MORE SPACE IS NEEDED.  
 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**

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

**PERSONAL REFERENCES**

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

**Protect Your Loan With: Credit Life & Disability Insurance**

Big Horn Federal offers a Loan Protection Plan that insures the payments and the amount of your loan. Your Big Horn Federal representative can help you choose the option that best serves your needs. Enrollment is not required as a condition for obtaining the loan. Select from the types of coverages below: **Single Credit Life Insurance?**  Yes  No **Single Credit Disability Insurance?**  Yes  No **Joint Credit Life Insurance?**  Yes  No

If you checked yes, the Association will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions of the credit insurance must be signed in order for the coverage to become effective.

**Read this statement before you sign this application.**  
All of the information I've given on this application is true and correct. I understand that you'll confirm the information and retain the application whether or not my application is approved.

You are also authorized to obtain information on my credit, employment and financial condition. You can answer questions and requests from others like stores or credit reporting agencies for credit and experience information about me and my account with you.

I agree to be bound by the Credit Agreement and Disclosures covering this/these Accounts. If this application is for a Joint Account this statement applies to both of us.

_____ Your Signature	_____ Date
_____ Co-Applicant's Signature	_____ Date

**BANK USE - TO BE COMPLETED BY BIG HORN FEDERAL**

**DESCRIPTION OF COLLATERAL**

New  } Year \_\_\_\_\_ Make \_\_\_\_\_  
Used  } Model \_\_\_\_\_

Serial Number \_\_\_\_\_

Mileage \_\_\_\_\_

NADA Book Value \$ \_\_\_\_\_

**BUDGET ANALYSIS**

1 Total Monthly Income ..... \$

Total Housing Expense ..... \$ \_\_\_\_\_

Payments on All Debts ..... \$ \_\_\_\_\_

Payments for This Loan ..... \$ \_\_\_\_\_

2 Total All Payments ..... \$

Debt to Income Ratio  
(Line 2 Divided by Line 1) \_\_\_\_\_ %

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LOAN DISPOSITION**

Loan  Approved -  Rejected - Amount \$ \_\_\_\_\_

Automatic Payments  Coupons

Interest Rate: \_\_\_\_\_ %

Term: \_\_\_\_\_ months - Payment \$ \_\_\_\_\_ 1st Due: \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Loan Requested \$ \_\_\_\_\_ % to Price \_\_\_\_\_