



# PERSONAL LOAN APPLICATION

**IMPORTANT: Please read the directions before completing this application, and check the appropriate box below.**

If you are applying for individual credit in your own name, and are relying on your own income and not the income or assets of another person as the basis for repayment of the credit requested, complete only Section B. If the requested credit is to be secured, complete Sections A and D.

If you are applying for joint credit with another person, complete all Sections except A, providing information in C about the joint applicant. If the requested credit is to be secured, then complete Section A.

WE INTEND TO APPLY FOR JOINT CREDIT:

APPLICANT

CO-APPLICANT

If you are applying for individual credit, but are relying on income from alimony, child support, separate maintenance, or income and assets of another person as the basis for repayment of the credit requested, complete all Sections. Provide information in C about the person whose alimony, support, maintenance payments, or income and assets you are relying upon. If the requested credit is to be secured, then complete Section A.

### IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

AMOUNT REQUESTED \$	PROCEEDS OF CREDIT TO BE USED FOR
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### SECTION A - SECURED CREDIT (Complete only if the credit is to be secured.) Briefly describe the collateral to be given as security:

COLLATERAL DESCRIPTION

NAMES & ADDRESSES OF ALL CO-OWNERS OF THE COLLATERAL

### SECTION B - INFORMATION REGARDING APPLICANT

FULL NAME (Last, First, Middle)	BIRTH DATE	PHONE NUMBER <input type="checkbox"/> HOME <input type="checkbox"/> CELL
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ARE YOU A U.S. PERSON?  Yes  No

SOCIAL SECURITY NO. or Tax ID NO.

PHYSICAL RESIDENTIAL OR BUSINESS STREET ADDRESS AND MAILING ADDRESS (Street, PO Box, City, State, Zip Code) or IF MILITARY, APO or FPO ADDRESS

DO YOU <input type="checkbox"/> Rent <input type="checkbox"/> Own	MONTHLY PAYMENT \$	HOW LONG AT PRESENT ADDRESS: <input type="checkbox"/> <1 yrs <input type="checkbox"/> 1-2 yrs <input type="checkbox"/> 2+ yrs	EMAIL ADDRESS
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PREVIOUS ADDRESS (Street, City, State, & Zip) IF ABOVE IS < 2 YRS

PRESENT EMPLOYER (Company Name & Address)	POSITION or TITLE
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HOW LONG WITH PRESENT EMPLOYER? <input type="checkbox"/> <1 yrs <input type="checkbox"/> 1-2 yrs <input type="checkbox"/> 2+ yrs	YOUR PRESENT GROSS SALARY or COMMISSION \$ PER
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PREVIOUS EMPLOYER (Company Name & Address) IF ABOVE IS < 2 YRS	Are you obligated to pay Alimony, Child Support, or other payments that will <b>not</b> be reported to a credit reporting agency? <input type="checkbox"/> Yes (Enter Monthly Payment) _____ <input type="checkbox"/> No
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**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.**  
Alimony, child support, or separate maintenance received under:  Court Order  Written Agreement  Oral Understanding

OTHER INCOME \$ PER	SOURCES OF OTHER INCOME	Is any income listed in this Section likely to be reduced before the credit is paid off? <input type="checkbox"/> Yes (Explain) _____ <input type="checkbox"/> No
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### SECTION C - INFORMATION REGARDING JOINT APPLICANT OR OTHER PARTY (Use separate sheets if necessary.)

FULL NAME (Last, First, Middle)	BIRTH DATE	PHONE NUMBER <input type="checkbox"/> HOME <input type="checkbox"/> CELL
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ARE YOU A U.S. PERSON?  Yes  No

SOCIAL SECURITY NO. or Tax ID NO.

PHYSICAL RESIDENTIAL OR BUSINESS STREET ADDRESS AND MAILING ADDRESS (Street, PO Box, City, State, Zip Code) or IF MILITARY, APO or FPO ADDRESS

DO YOU <input type="checkbox"/> Rent <input type="checkbox"/> Own	MONTHLY PAYMENT \$	HOW LONG AT PRESENT ADDRESS: <input type="checkbox"/> <1 yrs <input type="checkbox"/> 1-2 yrs <input type="checkbox"/> 2+ yrs	EMAIL ADDRESS
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PREVIOUS ADDRESS (Street, City, State, & Zip) IF ABOVE IS < 2 YRS

PRESENT EMPLOYER (Company Name & Address)	POSITION or TITLE
---	-------------------

HOW LONG WITH PRESENT EMPLOYER? <input type="checkbox"/> <1 yrs <input type="checkbox"/> 1-2 yrs <input type="checkbox"/> 2+ yrs	YOUR PRESENT GROSS SALARY or COMMISSION \$ PER
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PREVIOUS EMPLOYER (Company Name & Address) IF ABOVE IS < 2 YRS	Are you obligated to pay Alimony, Child Support, or other payments that will <b>not</b> be reported to a credit reporting agency? <input type="checkbox"/> Yes (Enter Monthly Payment) _____ <input type="checkbox"/> No
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**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.**  
Alimony, child support, or separate maintenance received under:  Court Order  Written Agreement  Oral Understanding

OTHER INCOME \$ PER	SOURCES OF OTHER INCOME	Is any income listed in this Section likely to be reduced before the credit is paid off? <input type="checkbox"/> Yes (Explain) _____ <input type="checkbox"/> No
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**SECTION D - MARITAL STATUS** (Do not complete if this is an application for individual unsecured credit.)

APPLICANT  Married  Separated  Unmarried (including single, divorced, or widowed)  
CO-APPLICANT  Married  Separated  Unmarried (including single, divorced, or widowed)

**CREDIT DISCLOSURES:** An insurance product or annuity may be offered to you. If you purchase an insurance product or an annuity: (1) The insurance product or annuity is not a deposit or other obligation of, or guaranteed by, this institution or our affiliate(s); (2) With exception of Federal Flood Insurance or Federal Crop Insurance, the insurance product or annuity is not insured by the Federal Deposit Insurance Corporation or any other agency of the United States, this institution, or our affiliate(s); and (3) In the case of an insurance product or annuity that involves an investment risk, there is investment risk associated with the insurance product, including possible loss of value. If an insurance product or annuity is offered we cannot condition an extension of credit on either of the following: (1) Your purchase of an insurance product of annuity from us or any of our affiliates; or, (2) Your agreement not to obtain, or a prohibition on your from obtaining, an insurance product or annuity from an unaffiliated entity.

**SIGNATURES**

Everything that I have stated in this Application is correct to the best of my knowledge. I understand that you will retain this Application whether or not it is approved. By signing below, I authorize you to pull my Credit Report and verify any information necessary regarding my employment history.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
**x** \_\_\_\_\_

CO-APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
**x** \_\_\_\_\_

## How to Submit Application:

- Complete fillable application
- Save to device (phone or computer)
- Email to: [CustomerService@LegenceBank.com](mailto:CustomerService@LegenceBank.com)
- Send email in secure file



(800) 360-8044



[LegenceBank.com](http://LegenceBank.com)

