



**CONSUMER LOAN APPLICATION**

This application is designed to be completed by the borrower(s) with the lender's assistance. The co-borrower questions must be completed and the appropriate box(es) checked if  another person will be jointly obligated with the Borrower on the loan, or  the Borrower is relying on the income or assets of another person as a basis for repayment of the loan.

TYPE AND TERMS OF LOAN					
Please indicate the type of credit desired:		Term _____	Purpose of Loan: _____		
<input type="checkbox"/> Installment Loan	Interest Rate _____ %	Collateral Description: _____			
<input type="checkbox"/> Single Payment Note	Loan Amount \$ _____				
Borrower	BORROWER INFORMATION			Co-Borrower	
Borrower's Name	Borrower's Name			Co-Borrower's Name	
Social Security No.	Home Phone	DOB	Social Security No.	Home Phone	DOB
Present Address (street/city/state/zip) <input type="checkbox"/> Own <input type="checkbox"/> Rent ____No. Yrs.			Present Address (street/city/state/zip) <input type="checkbox"/> Own <input type="checkbox"/> Rent ____No. Yrs.		
Previous Address (if less than 2 years at present) <input type="checkbox"/> Own <input type="checkbox"/> Rent ____No. Yrs.			Previous Address (if less than 2 years at present) <input type="checkbox"/> Own <input type="checkbox"/> Rent ____No. Yrs.		
Name and address of nearest relative not living with you: Name Relationship Address Phone			Name and address of nearest relative not living with you: Name Relationship Address Phone		
Borrower	EMPLOYMENT INFORMATION			Co-Borrower	
Name and Address of Employer	<input type="checkbox"/> Self Employed			Name and Address of Employer	<input type="checkbox"/> Self Employed
Position	Phone No.	Years on Job	Position	Phone No.	Years on Job
<i>If employed in current position for less than two years, or if currently in more than one position, complete the following:</i>					
Name and Address of Employer			Name and Address of Employer		
<input type="checkbox"/> Self Employed			<input type="checkbox"/> Self Employed		
Position	Phone No.	Years on Job	Position	Phone No.	Years on Job
MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION					
Gross Monthly Income	Borrower	Co-Borrower	Combined Monthly Housing Expense		
Base Employment Income	\$ _____	\$ _____	Rent	\$ _____	
Overtime	\$ _____	\$ _____	First Mortgage	\$ _____	
Other*	\$ _____	\$ _____	Other Financing	\$ _____	
Source of Other (List)	_____		Taxes / Insurance	\$ _____	
	_____		Other	\$ _____	
* Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.					

OVER

**DEPOSIT ACCOUNTS**

List checking and savings accounts below

Name and Address of Bank or Credit Union	Account Number	Balance

**CREDIT OBLIGATIONS**

List ALL creditors, including banks, finance companies, credit cards, alimony and child support obligations. Use continuation sheet if necessary. Indicate by (\*) those liabilities which will be paid with this loan.

Name and Address of Company	Account Number	Monthly Payment	Balance

**SCHEDULE OF REAL ESTATE OWNED**

Property Address	Type of Property	Present Market Value	Amount of Mortgages & Liens	Gross Rent Income	Mortgage Payments	Tax & Insurance

**DECLARATIONS**

If you answer "yes" to any questions, please use continuation sheet for explanation.

	Borrower			Co-Borrower	
	Yes	No		Yes	No
Are you a party to a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	Are you a party to a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any outstanding judgements against you?	<input type="checkbox"/>	<input type="checkbox"/>	Are there any outstanding judgements against you?	<input type="checkbox"/>	<input type="checkbox"/>
Have you declared bankruptcy within the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	Have you declared bankruptcy within the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>

I authorize Kennebec Federal Savings to make or have made any credit, employment or investigative inquiry that the Bank determines appropriate for the extension of credit or the collection of amounts owed to the Bank. The Bank can furnish information concerning my account to consumer reporting agencies and others who may properly receive that information. If I ask, I will be informed whether or not a consumer report was requested, and if a report was requested, I will be informed of the name and address of the consumer reporting agency that furnished the report. Property insurance may be required in connection with this loan and may be obtained from an agent of my choice. If insurance is required, the policy must name Kennebec Federal Savings as the loss payee and must be replacement cost coverage for the lesser of the insurable value of the collateral or the principal amount of the loan. I agree that this application will remain the property of the Bank. I certify that no essential information has been concealed and that no misrepresentations have been made in this application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**BANK USE ONLY**

**Loan Information**

Date Application Received	
<i>Collateral Description (Installment Loan)</i> Make and Model	Year                      VIN Number
	Insurance Agent Name and Address