CONSUMER LOAN APPLICATION

| Credit Requested Is: | CD Se | cured Loan | | Titled Sec | ured Lo | an Perso | onal Unsecured Loa | an | | Account Requ | ested: | Indivi | dual | Joint |
|--|--|--|--|--|--|--|--|---|--|--|---|--|--------------------------------|---|
| Amount Requested | Desc | ription of Collate | ral Offere | ed | | | | | | , | We intend to | apply for j Initial | oint cre | ∍dit |
| Purpose of Credit Request | | | | | | | | | | Applicant | | | | Co-Applicant |
| If the Applicant is married | he or she n | nay apply for ind | lividual cr | edit. For | Marita | I Status, check one it | a) you are applyir | ng for | a secured cred | lit; b) you reside | e in a commu | nity prope | rty stat | e; |
| or c) you are relying on pr | operty in a c | Applica | | as a pasi | | PPLICANT II | | OΝ | | Co-Appli | cant | | | |
| Applicant Role: | Пвс | rrower | Co-Sign | or | | rantor | Applicant Role: | | | orrower | Co-Signer | | Guarar | otor |
| Applicant Name (include s | | | 1 00-3igi1 | CI L | Gua | iranioi | Co-Applicant Na | me (in | | | Co-Signer | | Guarai | itoi |
| Social Security Number | | Home Phone (i | ncl. area | code) | DOB | (mm-dd-yyyy) | Social Security N | Numbe | er | Home Phone | (incl. area co | ode) D | OB (m | nm-dd-yyyy) |
| Email Address | | | | | | | Email Address | | | | | | | |
| Married | | | Den | endents (i | not liste | ed by Co-Applicant) | Married | | | | Denen | dents (not | listed l | by Applicant) |
| | Jnmarried (ir | nclude ced, widowed) | no | 1 | ages | d by Go Applicant, | Separated | [| Unmarried (i | include rced, widowed) | ' | ag | | sy ripplicant) |
| | . Citizen | Permanent F | Resident | Alien | Ť | on-Resident Alien | Citizenship: | | U.S. Citizen | | t Resident Al | | 7 | Resident Alien |
| Present Address (street, o | ity, state, Z | IP) s | ince | | | | Present Address (street, city, state, ZIP) since | | | | | | | |
| Mailing Address, if differe | nt from Pres | sent Address | | | | | Mailing Address, | | | | | | | |
| Former Address (street, c | itu ototo 71 | D) fr | rom | residing | at prese | ent address for less th | Former Address | | | | from | | to | |
| Torrier Address (street, c | ity, state, zi | r) II | OIII | | 10 | | 1 offiler Address | (31166 | si, city, state, z | .ir <i>)</i> | HOIH | | .0 | |
| | | Applica | ant | EMF | ۱O۱ | MENT / INC | OME INFO | RM | ATION | Co-Appli | cant | | | |
| Name & Address of Employe | er | | Self | Employed | ı | Yrs. on this job | Name & Address | s of E | mployer | | Self | Employed | | Yrs. on this job |
| | | | | | | Full time | | | | | | | | Full time |
| Position/Title & Type of Bus | iness | | | Busines | s Phone | e (incl. area code) | Position/Title & | Туре | of Business | | | Business | Phone | e (incl. area code) |
| Gross Monthly Income | \$ | | | | | | Gross Monthly In | ncome | e \$ | | | | | |
| Name & Address of Employe | | | Self | Employed | | Dates | Name & Address | | | | Self | Employed | | Dates |
| | | | | | | from | | - | | | | | | from |
| Position/Title & Type of Bus | ness | | | Busines | s Phone | to e (incl. area code) | Position/Title & | Туре | of Business | | | Business | Phone | to e (incl. area code) |
| Name & Address of Employe | er | | Self | Employed | | Dates | Name & Address | s of E | mployer | | Self | Employed | | Dates |
| , , | | | | , , | | from | | | , , | | _ | , , | | from |
| Position/Title & Type of Bus | inaga | | | Pusings | Dhon | to e (incl. area code) | Position/Title & | Type | of Business | | | Business | Dhone | to e (incl. area code) |
| - Contion/Title & Type of Bus | 11655 | | | Dusines | S FIIOII | e (IIIci. alea code) | rosition/ ritle & | туре | Of Busiliess | | | Dusiness | S F HOHE | (IIICI. alea code) |
| NOTICE: Alimony, Child Sup | port or Sep | arate Maintenand | e Income | e need no | t be rev | ealed if you do not v | vish to have it con | sidere | ed as a basis fo | r repaying this | obligation. | | - | |
| Other Income | | | | | \$ | | Other Income | | | | | | \$ | |
| Other Income | | | | | \$ | | Other Income | | | | | | \$ | |
| Other Income | | | | | \$ | | Other Income | | | | | | \$ | |
| - | | | | | | HOUSING IN | FORMATIC |)N | | | | | | |
| Own Rent sin | nce | | | | | Monthly Housing/F | Rent | | Present Value | Э | | Date Pu | rchase | d |
| | | | | | C | ASH ASSET | INFORMAT | 101 | | | | | | |
| Financial Institution Name | | | | | | | | | Saving Accou | unt Balance | | Checkin | g Acco | ount Balance |
| I/We hereby apply for the locomplete, and that I/we did with other parties and to ma as to Lender's experiences of these representations and a to provide to any such insurance. | not omit an ke any inve r transaction uthorizations | y important informstigation of my/ons with my/our as extend not only | rmation. our credit account. y to Lend | I/We agr , either d I/We und er, but al | ee that irectly of lerstand so to a | any property securion through any agence of that Lender will retain the loan insurer of the loan | ng the loan or cred by employed by Lea ain this application and to any invest | dit will nder for and a tor to | his loan application in the lo | or any illegal o e. Lender may it information L may sell all or a | r restricted po disclose to a ender receive | ments, that urpose. Le ny other in s, even if | ender is tereste no loar | s authorized to veri ed parties information or credit is grante |
| Y | | | | | | | Y | | | | | | | |
| X Applicant | | | | | | Date | Co-Applica | nt | | | | | Date | |

ASSETS AND LIABILITIES ADDENDUM TO CONSUMER LOAN APPLICATION

Applicant: Application Number:

| Checking and Savings Accounts Nome & Address of Corepany Nome & Address of Corepany Pagment Ballocon Acct. No. \$ Acct | As | ssets | Liabilities Name and Address of Creditor | | | | | |
|---|--|--------------------------|--|----------------|---------|--|--|--|
| Name & Address of Institution | Checking and Savings Accounts | | | | | | | |
| Acct. No. \$ Acct. No. \$ Acct. No. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | Cash or Market Value | | Payment | Balance | | | |
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| Other Assets Owned: Description Cash or Market Value | | | | 1 | | | | |
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| | | C. J. and Mandrey Volume | 1 | | | | | |
| | - | | 1 | | | | | |
| | | | Acet No | T e | 6 | | | |
| \$ Acct. No. \$ \$ Alimony/Child Support/Separate Maintenance Owed to \$ | | | | | \$ | | | |
| Allmony/Cniid Support/Separate Maintenance Owed to \$ | | | Allmony/Child Support/Separate maintenance Owed to | Þ | | | | |
| \$ Job Related Expense \$ | | | Joh Delated Evenese | • | | | | |
| S Job Related Expense S | | | Job Related Expense | \$ | | | | |
| LIQUID ASSETS \$ TOTAL MONTHLY PAYMENTS \$ | | | TOTAL MONTHLY PAYMENTS | ¢ | | | | |
| TOTAL ASSETS \$ TOTAL LIABILITIES \$ | | | | | | | | |
| NET WORTH \$ | | | | Ψ | | | | |

[&]quot;*" indicates obligations satisfied at or before loan closing.

| INTERVIEWER INFORMATION | | | | | | | | |
|--|-------------------------------------|--------------|------|--|--|--|--|--|
| Originator Name | | Phone Number | Ext. | | | | | |
| Originator NMLSR Identifier | Originator License State and Number | | | | | | | |
| Company Name | | | | | | | | |
| Company NMLSR Identifier | Company License State and Number | | | | | | | |
| Company Address (street, city, state, ZIP) | | | | | | | | |

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