

# CREDIT APPLICATION

**IMPORTANT: Please read these 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 or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete Sections A, C, and D, omitting B and the second part of C.
- If this is an application for joint credit with another person, complete all Sections, providing information in Section B and C about the joint applicant.

WE INTEND TO APPLY FOR JOINT CREDIT: \_\_\_\_\_

APPLICANT

CO-APPLICANT

- If you are applying individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections to the extent possible, providing information in B about the person on whose alimony, support, or maintenance payments or income or assets you are relying.

**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	NUMBER OF MONTHS	RATE	PAYMENT DATE DESIRED	PAYMENT	PROCEEDS OF CREDIT TO BE USED FOR
\$					

**SECURED CREDIT** Briefly describe the property to be given as security:

PROPERTY/COLLATERAL	MARKET VALUE	BALANCE OWED
TITLE IN THE NAME(S) OF:		ADDRESS OF TITLE HOLDER(S)
MORTGAGE / LIEN HOLDER	ADDRESS	PHONE
		ACCOUNT NUMBER
INSURANCE CARRIER	ADDRESS	PHONE
		POLICY NUMBER

**SECTION A - INFORMATION REGARDING APPLICANT**

FULL NAME (Last, First, Middle)		BIRTH DATE	HOME PHONE	CELL PHONE
DRIVERS LICENSE NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION	SOCIAL SECURITY NO. or TAX I.D NO.

PHYSICAL RESIDENTIAL OR BUSINESS STREET ADDRESS AND MAILING ADDRESS (Street, PO Box, City, State, & Zip) or; IF MILITARY, APO OR FPO ADDRESS or; IF N/A, NEXT OF KIN OR FRIEND			HOW LONG AT PRESENT ADDRESS?
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PREVIOUS ADDRESS (Street, City, State, & Zip)	HOW LONG AT PREVIOUS ADDRESS?	EMAIL ADDRESS
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PRESENT EMPLOYER (Company Name & Address)	OCCUPATION / POSITION OR TITLE	HOW LONG WITH PRESENT EMPLOYER?	BUSINESS #
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PREVIOUS EMPLOYER (Company Name & Address)	HOW LONG WITH PREVIOUS EMPLOYER?
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YOUR PRESENT <b>GROSS</b> SALARY OR COMMISSION	YOUR PRESENT <b>NET</b> SALARY OR COMMISSION	NO. DEPENDENTS	AGES OF DEPENDENTS
\$ PER	\$ PER		

**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	SOURCES OF OTHER INCOME	Have you ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?
\$ PER		

Is any income listed in this Section likely to be reduced before the credit requested is paid off?  No  Yes (Explain)

NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP	TELEPHONE NO. (Include Area Code)
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**SECTION B - INFORMATION REGARDING JOINT APPLICANT OR OTHER PARTY (Use separate sheets if necessary.)**

FULL NAME (Last, First, Middle)		RELATIONSHIP TO APPLICANT (If any)	BIRTH DATE	HOME PHONE	CELL PHONE
DRIVERS LICENSE NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION	SOCIAL SECURITY NO. or TAX I.D NO.	

PHYSICAL RESIDENTIAL OR BUSINESS STREET ADDRESS AND MAILING ADDRESS (Street, PO Box, City, State, & Zip) or; IF MILITARY, APO OR FPO ADDRESS or; IF N/A, NEXT OF KIN OR FRIEND			HOW LONG AT PRESENT ADDRESS?
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PREVIOUS ADDRESS (Street, City, State, & Zip)	HOW LONG AT PREVIOUS ADDRESS?	EMAIL ADDRESS
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PRESENT EMPLOYER (Company Name & Address)	OCCUPATION / POSITION OR TITLE	HOW LONG WITH PRESENT EMPLOYER?	BUSINESS #
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PREVIOUS EMPLOYER (Company Name & Address)	HOW LONG WITH PREVIOUS EMPLOYER?
--	----------------------------------

YOUR PRESENT <b>GROSS</b> SALARY OR COMMISSION	YOUR PRESENT <b>NET</b> SALARY OR COMMISSION	NO. DEPENDENTS	AGES OF DEPENDENTS
\$ PER	\$ PER		

**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	SOURCES OF OTHER INCOME	Has Joint Applicant or Other Party ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?
\$ PER		

Is any income listed in this Section likely to be reduced before the credit requested is paid off?  No  Yes (Explain)

NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP	TELEPHONE NO. (Include Area Code)
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**SECTION C - MARITAL STATUS (Complete first line only if this is an Application for individual credit.)**

APPLICANT <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Including single, divorced, or widowed)
OTHER PARTY <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Including single, divorced, or widowed)

**SECTION D - ASSET & DEBT INFORMATION**

If Section B has been completed, this Section should be completed, giving information about both the Applicant and Joint Applicant or Other Person. Please mark

Applicant-related information with an "A". If Section B was not completed, only give information about the Applicant in this Section.

**ASSETS OWNED (Use separate sheet if necessary.)**

DESCRIPTION OF ASSETS	VALUE	NAMES OF OWNERS
CASH / BANK ACCOUNTS	\$	
AUTOMOBILES & OTHER ASSETS		
1. ....		
2. ....		
3. ....		
4. ....		
CASH VALUE OF LIFE INSURANCE (Issuer, Face Value)		
REAL ESTATE (Location, Date Acquired)		
MARKETABLE SECURITIES		
<b>TOTAL ASSETS</b>	<b>\$</b>	

**OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages, etc. Use separate sheet if necessary)**

CREDITOR	TYPE OF DEBT OR ACCOUNT NUMBER	NAME IN WHICH ACCOUNT IS CARRIED	ORIGINAL DEBT (Omit Rent)	PRESENT BALANCE (Omit Rent)	MONTHLY PAYMENTS
LANDLORD OR MORTGAGE HOLDER - OTHER REAL ESTATE	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		\$	\$	\$
<b>TOTAL DEBTS</b>			<b>\$</b>	<b>\$</b>	<b>\$</b>

Are you the co-maker, endorser, or guarantor on any loan or contract?  No  Yes - For Whom? \_\_\_\_\_ To Whom?

Are there any unsatisfied judgments against you?  No  Yes - Amount \$ \_\_\_\_\_ If "Yes", To Whom Owed? \_\_\_\_\_

Have you been declared bankrupt in the last 7 years?  No  Yes - Where? \_\_\_\_\_ Year? \_\_\_\_\_

OTHER OBLIGATIONS (For example, liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary.)

**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 the **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 or annuity from us or any of our affiliates; or, (2) Your agreement not to obtain, or a prohibition on you 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 employment history and answer questions about your credit experience with me. Unless I have purchased you will retain this Application whether or not it is approved. You are authorized to check my credit and the insurance product(s) by mail or if the Credit Disclosures are provided electronically, by signing below,

I acknowledge that I have received the Credit Disclosures orally at the time I have applied for credit and fully understand the disclosures noted above. I am also being provided with a copy of these disclosures and I acknowledge receipt by my signature.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ OTHER SIGNATURE (Where Applicable) \_\_\_\_\_ DATE \_\_\_\_\_

**X** **X**

**To be Completed by Bank**  In a face-to-face interview  By the applicant and submitted by fax or mail  In a telephone interview  By applicant and submitted via e-mail or the Internet

Loan Originator's Signature \_\_\_\_\_ Loan Originator's Name (print or type) \_\_\_\_\_ Loan Originator Identifier \_\_\_\_\_ Loan Originator's Phone Number (including area code) \_\_\_\_\_

Loan Origination Company's Name **FREEDOM BANK** Loan Origination Company Identifier **#407791** Loan Origination Company's Address \_\_\_\_\_

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# FREEDOM

B A N K

## Jasper

75 South US 231  
P.O. Box 607  
Jasper, IN 47546  
Phone 812.634.0091  
Fax 812.634.0097



## Huntingburg

1405 N. Main St.  
P.O. Box 177  
Huntingburg, IN 47542  
Phone 812.683.8998  
Fax 812.683.8558



## Dale

10 E. Medcalf St.  
P.O. Box 723  
Dale, IN 47523  
Phone 812.937.4000  
Fax 812.937.4110



## Rockport

2596 W. Ridgeway Dr.  
P.O. Box 9  
Rockport, IN 47635  
Phone 812.649.9000  
Fax 812.649.8558



### FEDERAL CONSUMER CREDIT DISCLOSURES

**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 the 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 or annuity from us or any of our affiliates; or, (2) Your agreement not to obtain, or a prohibition on you from obtaining, an insurance product or annuity from an unaffiliated entity.

### INSTRUCTIONS

After completing this application please mail or deliver to one of our locations listed above. If you need assistance in completing this application please feel free to call us at one of the phone numbers listed above.

*We sincerely appreciate the opportunity to serve you.*

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