

UTAH INDEPENDENT BANK CONSUMER LOAN APPLICATION

IMPORTANT: Read these Directions before completing this Application:

Check If you are applying for individual credit in your own name and are relying on your own income or assets and not the Appropriate income or assets of another person as the bases for repayment of the credit requested, complete Sections A, C and D.

Box If you are applying for joint credit with another person, complete all sections.
We intend to apply for joint credit.

Applicant's Signature

Co-Applicant's Signature

Amount of Loan Request \$ _____ Specific Purpose of Loan: _____

Payable in _____ monthly installments beginning _____ Proposed Collateral: _____

SECTION A: APPLICANT INFORMATION	Full Name:	Social Security Number:	
		Drivers License Number:	
Date of Birth:	Phone:	Cell Phone:	E-mail address:
Mailing Address:		City/State/Zip:	
Street Address:		City/State/Zip:	
Previous Address/City/State/Zip:		How long at current address:	
Employer:	Phone No.:	How Long:	
Take Home Pay: \$	Per	Pay dates:	Number of Dependents and ages:
Previous Employer:			
Closest Relative(incl. address)		Phone No.:	Relationship:
Note: Alimony, child support and separate maintenance payment income need not be revealed if you do not wish to have it considered as a basis for repaying this credit			
Other Income: Source:		Amount \$	Per
Where do you bank? Institution:		No. Yrs.:	Type of accounts:
SECTION B: CO-APPLICANT INFORMATION	Full Name:	Social Security Number:	
		Drivers License Number:	
Date of Birth:	Phone:	Cell Phone:	E-mail address:
Mailing Address:		City/State/Zip:	
Street Address:		City/State/Zip:	
Previous Address/City/State/Zip:		How long at current address:	
Employer:	Phone No.:	How Long:	
Take Home Pay: \$	Per	Pay dates:	Number of Dependents and ages:
Previous Employer:			
Closest Relative(incl. address)		Phone No.:	Relationship:
Note: Alimony, child support and separate maintenance payment income need not be revealed if you do not wish to have it considered as a basis for repaying this credit			
Other Income: Source:		Amount \$	Per
Where do you bank? Institution:		No. Yrs.:	Type of accounts:

SECTION C:

Have you been declared bankrupt in the last 7 years? Yes No **If yes, enter date:** _____

Have you had a car or other merchandise repossessed? Yes No **If yes, by whom and when:** _____

Applicant: Please initial your preference regarding voluntary insurance: ___ Credit life ___ Credit Disability
___ Credit Life and Disability (life coverage required with disability) ___ Involuntary Unemployment ___ None

Co-Applicant: Please initial your preference regarding voluntary insurance: ___ Credit life ___ Credit Disability
___ Credit Life and Disability (life coverage is required with disability) ___ Involuntary Unemployment ___ None

The above insurance product is not a deposit, nor is it insured or guaranteed by the FDIC, Utah Independent Bank, or any Federal Government Agency. We may not condition your extension of credit on either: your purchase of an insurance product from us, your agreement not to obtain insurance from unaffiliated entity, or a prohibition on your obtaining insurance from an unaffiliated entity.

My (Our) signature(s) below certify(ies) that the insurance disclosure (above) was given to me (us) both orally and in writing at the time of this application and prior to the sale of any insurance. I/We also hereby affirm that the information contained in this application (front and back) is true, complete and correct. I/We understand that lender is relying on this information if it makes the requested loan. Lender is authorized to make any investigation of my/our credit either directly or through any agency employed by the bank for that purpose. Lender may disclose to appropriate credit reporting agencies, its experience with my/our accounts. I/We understand that the bank will retain this financial statement whether or not credit is granted.

Applicant _____ Date _____ Co-Applicant _____ Date _____

PLEASE COMPLETE THE REQUIRED INFORMATION ON THE REVERSE SIDE

STATEMENT OF FINANCIAL CONDITION

ASSETS		AMOUNT	LIABILITIES	PMT AMT	BALANCE
Cash	Deposits with Lender		Landholder/Mortgage Holder: <input type="checkbox"/> Renting <input type="checkbox"/> Buying		
	Other institutions:				
Stocks & Bonds			Payable to:		
Tax	Tax Refund Due		Secured by:		
Insurance	Cash Value		Payable to:		
Accounts Receivable			Secured by:		
			Payable to:		
Real Estate	Residence		Secured by:		
	Unimproved Land		Payable to:		
	Income Properties		Secured by:		
Autos & Other Titled			Payable to:		
			Secured by:		
Other Assets			Payable to:		
			Secured by:		
TOTAL ASSETS		\$	TOTAL PAYMENTS	\$	
			TOTAL LIABILITIES		\$
			NET WORTH (Assets - Liabilities)		\$

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I/We have applied for a loan from Utah Independent Bank (“Lender”). As part of the application process, Lender, may verify information contained in my/our loan application and in other documents required in connection with the loan, either before or after the loan is closed.

I/We authorize you to provide to Lender, any and all information and documentation that they may request. Such information may include, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns.

Lender may address and send this authorization to any person or company named in the loan application.

A copy of this authorization may be accepted as an original.

Your prompt reply to Utah Independent Bank is appreciated.

_____ Date _____
Applicant

_____ Date _____
Co-Applicant