

First Heritage Bank 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 only sections A and D.

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

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, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections except E 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. If the requested credit is to be secured, then complete Section E.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING 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: \$ _____ Payment Date Desired: _____

Proceeds of Credit to Be Used For: _____

SECTION A: INFORMATION REGARDING APPLICANT

Full Name (Last, First, Middle): _____

Date of birth: _____ SSN or Tax ID: _____ Phone: _____

Drivers License No: _____ State: _____ Date of Issuance: _____ Date of Expiration: _____

Current address: _____

City: _____ State: _____ ZIP Code: _____

Own Rent (Please circle) Monthly payment or rent: _____ How long at address? _____

Previous address: _____

City: _____ State: _____ ZIP Code: _____

Owned Rented (Please circle) Monthly payment or rent: _____ How long at address? _____

Present Employer: _____ Occupation: _____ Position or Title: _____

How long with Present Employer? _____ Name of Supervisor: _____

Previous Employer: _____ How long with Previous Employer? _____

Present Gross Salary or Commission: \$ _____ per Present Net Salary or Commission: \$ _____ per

No. Dependents: _____ Ages of Dependents: _____

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: _____

Have you ever received credit from us? No Yes - When? _____ Is any income listed in this Section likely to be reduced before the credit requested is paid off? No Yes (Explain) _____

Checking Acct # _____ Where? _____ Savings Acct # _____ Where? _____

Name of nearest relative not residing with you: _____ Relationship: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

SECTION B: INFORMATION REGARDING JOINT APPLICANT OR OTHER PARTY

Full Name (Last, First, Middle): _____ Relationship to Applicant (if any): _____

Date of birth: _____ SSN or Tax ID: _____ Phone: _____

Drivers License No: _____ State: _____ Date of Issuance: _____ Date of Expiration: _____

Current address:				
City:		State:		ZIP Code:
Own	Rent	(Please circle)		Monthly payment or rent:
How long at address?				
Previous address:				
City:		State:		ZIP Code:
Owned	Rented	(Please circle)		Monthly payment or rent:
How long at address?				
Present Employer:			Occupation:	Position or Title:
How long with Present Employer?			Name of Supervisor:	
Previous Employer:			How long with Previous Employer?	
Present Gross Salary or Commission: \$			per	Present Net Salary or Commission: \$
				per
No. Dependents:		Ages of Dependents:		
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: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding				
Other Income: \$		Sources of Other Income:		
per				
Has joint applicant or other party ever received credit from us?			Is any income listed in this Section likely to be reduced before the credit requested is paid off?	
<input type="checkbox"/> No <input type="checkbox"/> Yes – When?			<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)	
Checking Acct #		Where?		Savings Acct #
				Where?
Name of nearest relative not residing with you:			Relationship:	
Address:				Phone:
City:		State:		ZIP Code:
SECTION C: MARTIAL STATUS (DO NOT COMPLETE 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	SUBJECT TO DEBT Yes/No	NAMES OF OWNERS
Cash				
Automobiles (Make, Model, Year)				
1. _____				
2. _____				
3. _____				
Cash Value of Life Insurance (Issuer, Face Value)				
Real Estate (Location, Date Acquired)				
Marketable Securities (Issuer, Type, No. of Shares)				
Other (List)				
TOTAL ASSETS		\$		
OUTSTANDING DEBTS (Include charge account, installment contracts, credit cards, rent, mortgages, etc. Use separate sheet if necessary)				
CREDIT CARDS				
Name	Account no.	Current Balance	Monthly Payment	Past Due?

MORTGAGE

Mortgage Company	Account no.	Current Balance	Monthly Payment	Past Due?

AUTO LOANS

Auto loans	Account no.	Balance	Monthly Payment	Past Due?

My Auto Insurance Agent Is: (Name & Address)

CREDIT REFERENCES (Paid Off Accounts)

Name in Which Account is Carried	Account no.	Balance	Date Paid Off

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 10 years? No Yes - Where? Year?

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

SECTION E: SECURED CREDIT (COMPLETE ONLY IF CREDIT IS TO BE SECURED.) BRIEFLY DESCRIBE THE PROPERTY TO BE GIVEN AS SECURITY.

Property Description:

Name & Addresses of all Co-Owners of the Property:

If the security is real estate, give the full name of your spouse (if any):

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.

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. I authorize *First Heritage Bank* to verify the information provided on this form and check my credit and employment history and answer questions about your credit experience with me.

Unless I have purchased 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 disclosure.

Signature of applicant X	Date
Signature of co-applicant, if for joint account X	Date

CUSTOMER COPY – PLEASE RETAIN THIS PORTION FOR YOUR RECORDS



620 Fourth Street, PO Box 188
Centralia, KS 66415-0188
(785) 857-3341 - (785) 857-3342 fax

6501 Main Street
Corning, KS 66417
(785) 868-2410 - (785) 868-2241 fax

906 North Street, PO Box 188
Seneca, KS 66538-0188
(785) 336-3516 - (785) 336-6304 fax

300 Main Street, PO Box 106
Vermillion, KS 66544-0106
(785) 382-6221 – (785) 382-6219 fax

FEDERAL CONSUMER CREDIT DISCLOSURE

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.

Thank you for expressing interest in applying to First Heritage Bank for one of our loan products. We look forward to meeting your financing needs.

Instructions

Please complete this application and return it to one of our convenient locations or you can mail it to our main office listed below. If you have any questions please feel free to call the loan department at (785)857-3341.

**First Heritage Bank
Attn: Loan Department
Box 188
Centralia, KS 66415**

CUSTOMER COPY – PLEASE RETAIN THIS PORTION FOR YOUR RECORDS