

Consumer Loan Application

IMPORTANT: Check(✓) the appropriate boxes below and complete the applicable sections.



Basic Loan Information

<input type="checkbox"/> Secured	<input type="checkbox"/> Unsecured	<input type="checkbox"/> Credit Life Insurance	<input type="checkbox"/> Accident and Health
Amount Requested	For How Long	Payment Date Desired (Month/Date)	Want to Repay <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____
Proceeds of Loan to be Used for:			

Primary Applicant Information

Name (last, first, middle)		Telephone No. (include area code)	
Address (street, city, state, zip)			
Date of Birth	Social Security No.	<input type="checkbox"/> own <input type="checkbox"/> lives w/parent	How Long
Previous Address (street, city, state, zip) If Less Than 3 Years at Current		<input type="checkbox"/> rent <input type="checkbox"/> own <input type="checkbox"/> lives w/parent	How Long
		<input type="checkbox"/> rent	

Employment Information

Employer (company name)	How Long
Employer Address (street, city, state, zip)	Telephone No. (include area code)
Position	Salary per Month Gross \$
Previous Employer (company name)	
Previous Employer Address (street, city, state, zip)	Previous Position
	How Long

Other Information

Sources of Other Income	Amount per Month
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, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding	
Name and Address of Nearest Relative Not Living With You	Relationship
	Telephone No. (include area code)
Have you ever had any judgements filed against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No

Assets Owned/Creditors Owed

Checking Account Number(s)	Where	<input type="checkbox"/> Joint <input type="checkbox"/> Individual	Amount
Savings Account Number(s)	Where	<input type="checkbox"/> Joint <input type="checkbox"/> Individual	Amount
Certificate of Deposit(s)	Where	<input type="checkbox"/> Joint <input type="checkbox"/> Individual	Amount
Mortgage Holder/Landlord Name and Address		<input type="checkbox"/> Joint <input type="checkbox"/> Individual	Mortgage/Rental Monthly Payment \$
Name of Other Creditors Owed	Balance		Monthly Payment
2			
3			

Description of Collateral

Make	Model	Year	VIN
Mileage	Options	<input type="checkbox"/> New <input type="checkbox"/> Used	List Price or Cost
Other Security/Collateral (fully describe)			Down Payments/Trade-In

I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

Applicant Signature

Date

Joint Applicant Information

Name (last, first, middle)		Telephone No. (include area code)	
Address (street, city, state, zip)			
Date of Birth	Social Security No.	<input type="checkbox"/> own <input type="checkbox"/> rent	<input type="checkbox"/> lives w/parent <input type="checkbox"/> How Long
Previous Address (street, city, state, zip) If Less Than 3 Years at Current		<input type="checkbox"/> own <input type="checkbox"/> rent	<input type="checkbox"/> lives w/parent <input type="checkbox"/> How Long

Joint Applicant Employment Information

Employer (company name)	How Long
Employer Address (street, city, state, zip)	Telephone No. (include area code)
Position	Salary per Month Gross \$
Previous Employer (company name)	
Previous Employer Address (street, city, state, zip)	Previous Occupation How Long

Joint Applicant Other Information

Sources of Other Income	Amount Per Month
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, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding	
Name and Address of Nearest Relative Not Living With You	Relationship Telephone No. (include area code)
Have you ever had any judgements filed against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No

Joint Applicant Assets Owned/Creditors Owed

Checking Account Number(s)	Where	<input type="checkbox"/> Joint <input type="checkbox"/> Individual	Amount
Savings Account Number(s)	Where	<input type="checkbox"/> Joint <input type="checkbox"/> Individual	Amount
Certificate of Deposit(s)	Where	<input type="checkbox"/> Joint <input type="checkbox"/> Individual	Amount
Mortgage Holder/Landlord Name and Address		<input type="checkbox"/> Joint <input type="checkbox"/> Individual	Mortgage/Rental Monthly Payment \$
Name of Other Creditors Owed	Balance		Monthly Payment
2			
3			

I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

Joint Applicant Signature _____ Date _____

For Bank Use Only

Checks Payable To:			
Checks Payable To:			
Originated By	Responsibility Code	Branch	
Approved By	Auto Debit <input type="checkbox"/> Yes <input type="checkbox"/> No	Rate Term	
<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	Payment Amount \$	Date Closing	Time Closing
<input type="checkbox"/> Credit Life <input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Accident and Health	Payment Frequency	Gross Annual Income: \$
Census Tract	Employment Verification (contact person)	Month/Year of Hire	



CHEMICAL BANK
SHORELINE

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