

THE NATIONAL BANK OF ADAMS COUNTY OF WEST UNION
WEST UNION OH 45693-1307

IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

TYPE OF CREDIT REQUESTED IMPORTANT: Check (✓) the appropriate boxes below and complete the applicable sections.				FOR CREDITOR USE	
<input type="checkbox"/> SECURED	<input type="checkbox"/> INDIVIDUAL CREDIT - relying solely on my income or assets			DATE _____	CLASS NO. _____
<input type="checkbox"/> UNSECURED	<input type="checkbox"/> INDIVIDUAL CREDIT - relying on my income or assets as well as income or assets from other sources.			ACCOUNT NO. _____	
<input type="checkbox"/> JOINT CREDIT - We intend to apply for joint credit. (initials) _____				APPROVED <input type="checkbox"/> BY _____	
				DECLINED <input type="checkbox"/> BY _____	
AMOUNT REQUESTED	FOR HOW LONG	PAYMENT DATE DESIRED	WANT TO REPAY	PROCEEDS OF LOAN TO BE USED FOR:	
\$ _____			<input type="checkbox"/> MONTHLY <input type="checkbox"/>		

NAME (Last, First, Middle)

BIRTH DATE	TELEPHONE NO.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	NO. OF DEP.	AGES OF DEPENDENTS
ADDRESS (Street, City, State & Zip)				COUNTY	Do you <input type="checkbox"/> own or <input type="checkbox"/> rent? HOW LONG
PREVIOUS ADDRESS (Street, City, State & Zip) (Complete if less than 3 years at present address)				COUNTY	Did you <input type="checkbox"/> own or <input type="checkbox"/> rent? HOW LONG
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	TELEPHONE NO. (Include Area Code)		
EMPLOYER (Company Name & Address)					HOW LONG
BUSINESS PHONE Ext.	POSITION OR TITLE	HOW OFTEN PAID	TAKE HOME SALARY PER MONTH \$		
PREVIOUS EMPLOYER (Company Name & Address)					HOW LONG
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					
SOURCES OF OTHER INCOME				AMOUNT PER MONTH \$	
Is any income listed in this Section likely to be reduced before the credit request is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)				Have you previously received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?	

NAME (Last, First, Middle)

BIRTH DATE	TELEPHONE NO.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	NO. OF DEP.	AGES OF DEPENDENTS
RELATIONSHIP TO APPLICANT (If Any)		PRESENT ADDRESS (Street, City, State & Zip)			HOW LONG
EMPLOYER (Company Name & Address)					HOW LONG
BUSINESS PHONE Ext.	POSITION OR TITLE	HOW OFTEN PAID	TAKE HOME SALARY PER MONTH \$		
PREVIOUS EMPLOYER (Company Name & Address)					HOW LONG
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					
SOURCES OF OTHER INCOME				AMOUNT PER MONTH \$	
Is any income listed in this Section likely to be reduced before the credit request is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)				Has Joint Applicant or Other Party ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?	

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

ASSETS OWNED (Use separate sheet if necessary.)			
DESCRIPTION OF ASSETS	NAME IN WHICH THE ACCOUNT IS CARRIED	SUBJECT TO DEBT?	VALUE
CHECKING ACCOUNT NUMBER(S) (where)			\$
SAVINGS ACCOUNT NUMBER(S) (where)			
CERTIFICATE OF DEPOSIT(S) (where)			
MARKETABLE SECURITIES (issuer, type, no. of shares)			
REAL ESTATE (location, date acquired)			
LIFE INSURANCE (issuer, face value)			
AUTOMOBILES (make, model, year)			
OTHER (list)			
TOTAL ASSETS			\$

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages and other obligations. Use separate sheet if necessary.)					
CREDITOR	ACCOUNT NUMBER	NAME IN WHICH THE ACCOUNT IS CARRIED	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENTS
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		(OMIT RENT) \$	(OMIT RENT) \$	(OMIT RENT) \$
AUTOMOBILES (describe)					
TOTAL DEBTS			\$	\$	\$

Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable):

Are you obligated to make Alimony, Support or Maintenance Payments? ☐ No ☐ Yes

If yes, to (Name & Address) _____ Amt. per month \$ _____

Are you a comaker, endorser, or guarantor on any loan or contract? ☐ No ☐ Yes If yes, for whom? _____ To whom? _____

Are there any unsatisfied judgments against you? ☐ No ☐ Yes If yes, whom owed? _____ Amount \$ _____

Have you been declared bankrupt in the last 10 years? ☐ No ☐ Yes If yes, where? _____ Year? _____

PROPERTY DESCRIPTION
NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY
IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (if any).