

Citizens Bank of Rogersville 1001 W. Center St. • PO Box 50 • Rogersville, MO 65742

			CREL	וכ	I APPLIC	AH	ON									
TYPE OF CREDIT REQUESTED IMPORTANT: Check (√) the appropriate boxes below and complete the applicable sections.								Feder inform	IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several							
= =	INDIVIDUAL CREDIT - Relying solely on my income or assets quest							stions and to provide one or more forms of identification alfill this requirement. In some instances we may use								
UNSECURED INDIVIDUAL CREDIT - Relying on my income or assets as well as income or assets from other sources outs							outsid	itside sources to confirm the information. The information								
JOINT CREDIT - We intend to apply for joint credit (initials) you provide is protected by our privacy policy and federal AMOUNT REQUESTED FOR HOW LONG PAYMENT DATE DESIRED WANT TO REPAY PROCEEDS OF LOAN TO BE USED FOR											and federal law.					
\$	1 OKTIOW LONG	HOW LONG PAYMENT DATE DESIRED WANT TO REPAY PROCEEDS						LLDO	DO OF LOAN TO BE USED FOR							
SECTION A - INDIVIDUAL APPLICANT INFORMATION																
NAME (Last, First, Middle)																
BIRTH DATE	CELL PHONE NO.				SOCIAL SECURITY NO.				NO. DEPENDENTS AGES OF DE				DEPENDENTS			
HOME/SECONDARY PHONE NO. (If Any) EMAIL ADDRESS																
ADDRESS (Street, City, State & Zip) (Physical/Mailing - List both if different)								С	COUNTY Do y			u 🗌 or 🦳	own rent?	HOW LONG		
PREVIOUS ADDRESS (Street, City, State & Zip) (Complete if less than 2 years at present address)							С	OUNTY		Do you	u 📗	own rent?	HOW LONG			
EMPLOYER (Company Na	ame & Address)													HOW LONG		
BUSINESS PHONE	Ext. POSITION OR TITLE				2· ¢	SALARY PER MONTH										
PREVIOUS EMPLOYER (Company Name & Address) (Complete only if current employer is less than 2 years) HOW											HOW LONG					
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU RELATIONSHIP TELEPHONE NO. (Include Area Code)																
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:																
OCCINCTO OF CHILININ	OOME									\$						
Is any income listed in this Section likely to be reduced before the credit request is paid off? No Yes (Explain) Have you previously received credit									d credit	from us?						
SECTION B - JOINT APPLICANT OR OTHER PARTY INFORMATION Complete only if: for joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state.											state.					
NAME (Last, First, Middle))															
BIRTH DATE	TH DATE CELL PHONE NO.				SOCIAL SECURITY NO.				NO. DEPENDENTS AG			AGE	AGES OF DEPENDENTS			
RELATIONSHIP TO APPLICANT (If Any) PRESENT ADDRESS (Street, City, State & Zip) HOW									HOW LONG							
HOME/SECONDARY PHONE NO. (If Any) EMAIL ADDRESS																
EMPLOYER (Company Na	ame & Address)													HOW LONG		
BUSINESS PHONE	Ext. POSITION OR TITLE					CBOSS	o. e	SALARY PER MONTH NET: \$								
GROSS: \$ NET: \$ PREVIOUS EMPLOYER (Company Name & Address) (Complete only if current employer is less than 2 years)									HOW LONG							
Alimony, child support, o	or separate mainten	ance inco	me need not be re	evea	led if you do not wis	h to have	it consi	dered a	as a basis f	or repa	ying thi	is ob	ligation	l 1.		
Alimony, child support, separate maintenance received under: Court Order Written Agreement Oral Understanding																
SOURCES OF OTHER INCOME AMOUNT PER MONTH \$								NTH								
Is any income listed in this Section likely to be reduced before the credit request is paid off? No Yes (Explain) Have you previously received cred No Yes - When?							d credit	from us?								
									'					(nogo 1 of 2)		

If Section B has been completed, this Please mark Applicant-related inforr		leted giving inform	ation about both the Ap	oplicant and Joir			
ASSETS OWNED (Use separate sheet if necessary	·)						
DESCRIPTION OF ASSETS		NAME IN WHICH THE ACCOUNT IS CARRIED				JECT TO DEBT?	VALUE
CHECKING ACCOUNT NUMBER(S) (where)				\$			
SAVINGS ACCOUNT NUMBER(S) (where)							
REAL ESTATE (location, date acquired)							
AUTOMOBILES (make, model, year)							
TOTAL ASSETS							\$
MORTGAGE/RENT							1
CREDITOR		N WHICH THE NT IS CARRIED	ORIGINAL AMOUNT		PRESENT BALANCE	MONTHLY PAYMENTS	
LANDLORD OR MORTGAGE HOLDER	Rent Payment Mortgage			(OMIT R	ENT)	(OMIT RENT)	\$
OTHER DEBTS							
NAME & ADDRESS OF (ACCOUNT NUMBER			MONTHS LEFT TO PAY	UNPAID BALANCE	
				\$			\$
			\$			\$	
				\$			\$
				\$			\$
				\$			\$
Complete the follow Are you obligated to make Alimony, Support or Maintena If yes, to (Name & Address) Are you a co-maker, endorser or guarantor on any loan of Are there any unsatisfied judgments against you?	contract?	Yes If yes, for	whom?		_ Amt. p	per month \$	
Have you been declared bankrupt in the last 10 years?	☐ No ☐ Yes If	yes, where?				Yea	ar?
Complete	SECTION only if credit is to be sec	N D - SECUR cured. Briefly descri		given as security	<i>ı</i> .		
PROPERTY DESCRIPTION							
NAMES & ADDRESSES OF ALL CO-OWNERS OF THE	PROPERTY						
IF THE SECURITY IS REAL ESTATE, GIVE THE FULL	NAME OF YOUR SPOU	JSE (if any)					
SIGNATURES - I certify that everything I have st approved. By signing below I authorize Lender to record with Lender. I understand that I must update	check my credit and	employment his	tory and to answer	questions othe	ers may	is application whe ask Lender about	ther or not it is my credit
Applicant's Signature	 ate	Other 9	e Applica	Date			