## **CONSUMER LOAN APPLICATION**

Credit Requested Is:	Home Equity Loan Collateral Secured Loan Personal Unsecured Loan							Account Requested: Individual Joint							
Amount Requested Description of Collateral Offered \$										We in		apply for jo Initial	oint cre	∍dit	
Purpose of Credit Request				Applic	ant				Co-Applicant						
If the Applicant is married, he or c) you are relying on prope	or she n	nay apply for indiversely	vidual c	redit. For l	Marita for re	Status, check one it	f a) you are applyir t requested.	ng for	a secured cre	dit; b) you re	eside in a	commun	nity proper	ty stat	.e;
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Applica				PPLICANT II		ON		Co-App	olican	t			
Applicant Role:	Во	rrower	Co-Sigr	ner [	Gua	rantor	Applicant Role:			Sorrower		o-Signer		Guarar	ntor
Applicant Name (include Jr. or Sr. if applicable)  Applicant Name (include Jr. or Sr. if applicable)  Co-Applicant Name (include Jr. or Sr. if applicable)															
Social Security Number Home Phone (incl. area code) DOB (mm-dd-yyyy)								Social Security Number Home Phone (incl. area code)				OB (m	nm-dd-yyyy)		
Email Address															
☐ Married ☐ Dependents (not listed by Co-Applican ☐ Separated ☐ single, divorced, widowed) ☐ no. ☐ ages							☐ Married     Dependents (not listed include single, divorced, widowed)       ☐ Separated     ☐ Unmarried (include single, divorced, widowed)     no.     ages						by Applicant)		
Citizenship: U.S. Cit	tizen	Permanent Re	esident	Alien	□ No	on-Resident Alien	Citizenship: U.S. Citizen Permanent Resident Al				en Non-Resident Alien				
Present Address (street, city,	state, ZI	P) sir	nce				Present Address (street, city, state, ZIP) since								
Mailing Address, if different for	rom Pres	sent Address					Mailing Address, if different from Present Address								
Former Address (street site	atata 71	D) fro		f residing a		ent address for less th					feer				
Former Address (street, city,	state, Zi				to		Former Address	`		<u></u>	from	n		0	
		Applica	nt	EMP	LO۱	MENT / INC	OME INFO	RM	ATION	Co-App	olican	<u>t</u>			
Name & Address of Employer		[	Self	Employed		Yrs. on this job	Name & Address	of Er	mployer			Self	Employed		Yrs. on this job
						Full time									Full time
Position/Title & Type of Business  Business Phone (incl. area code)  Position/Title & Type of Business  Business Phone (incl. area code)  Position/Title & Type of Business						e (incl. area code)									
Gross Monthly Income	\$						Gross Monthly In	ncome	\$						
Name & Address of Employer		I	Self	Employed		Dates	Name & Address	of Er	mployer			Self	Employed		Dates
						from to									from to
Position/Title & Type of Busines	s			Business	Phone	(incl. area code)	Position/Title &	Туре	of Business				Business	Phone	e (incl. area code)
Name & Address of Employer		[	Self	Employed		Dates	Name & Address	of Er	mployer			Self	Employed	$\neg$	Dates
from					from	from						from			
				T		to									to
Position/Title & Type of Business Business P			Phone	one (incl. area code) Position/Title & Type o			of Business Phone (incl. area code					(incl. area code)			
NOTICE: Alimony, Child Suppor	t or Sepa	arate Maintenance	Incom	e need not	be rev	ealed if you do not v	vish to have it con	sidere	ed as a basis fo	or repaying t	this obliga	ation.		_	
Other Income					\$		Other Income							\$	
Other Income			\$		Other Income						\$				
Other Income					\$		Other Income							\$	
						HOUSING IN	FORMATIC	N							
Own Rent since Monthly Housing/Rent Present Value Date Purchased \$															
					C/	ASH ASSET	INFORMAT	101	<b>(</b>						
Financial Institution Name Saving Account Balance \$ \$ \$ \$															
I/We hereby apply for the loan or credit described in this application. I/We certify that I/we made no misrepresentations in this loan application or in any related documents, that all information is true an complete, and that I/we did not omit any important information. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. Lender is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by Lender for that purpose. Lender may disclose to any other interested parties information as to Lender's experiences or transactions with my/our account. I/We understand that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted. These representations and authorizations extend not only to Lender, but also to any insurer of the loan and to any investor to whom Lender may sell all or any part of the loan. I/We further authorize Lender to provide to any such insurer or investor any information and documentation that they may request with respect to my/our application, credit or loan.															
x							x								
Applicant						Date	Co-Applica	nf						Date	

### ASSETS AND LIABILITIES ADDENDUM TO CONSUMER LOAN APPLICATION

Applicant: Application Number:

Α	ssets	Liabilities	Liabilities					
Checking and Savings Accounts		Name and Address of Creditor						
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance				
				•				
Acct. No.	\$	Acct. No.	\$	\$				
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance				
	,							
Acct. No.	\$	Acct. No.	\$	\$				
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance				
				_				
Acct. No.	\$	Acct. No.	\$	\$				
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance				
Acct. No.	\$	Acct. No.	\$	\$				
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance				
And No.	I.	And Mr.	T <sub>0</sub>					
Acct. No.	\$	Acct. No.	\$	\$				
Stocks and Bonds Assets	Cook on Market Value	Name & Address of Company	Payment	Balance				
Number Description	Cash or Market Value	<del> </del>						
	\$	<del></del>						
	\$	Acct. No.	\$	\$				
	\$	Name & Address of Company	Payment	Balance				
Life Insurance - Face Value	\$		1.0,					
Real Estate Owned Assets	\$							
Vested Interest in Retirement Funds	\$							
Net Worth of Business Owned	\$	Acct. No.	\$	\$				
Automobiles Owned:		Name & Address of Company	Payment	Balance				
Year Make and Model	Cash or Market Value							
	\$							
	\$							
	\$	Acct. No.	\$	\$				
	\$	Name & Address of Company	Payment	Balance				
Other Assets Owned:	T							
Description	Cash or Market Value							
	\$		Τ.	T.				
	\$	Acct. No.	\$	\$				
	\$	Alimony/Child Support/Separate Maintenance Owed to	\$					
	\$	lab Delated Survey	-					
	\$	Job Related Expense	\$					
LIQUID ASSETS	\$	TOTAL MONTHLY PAYMENTS	\$					
TOTAL ASSETS		TOTAL LIABILITIES						
NET WORTH		TOTAL LIABILITIES	Ψ					

<sup>&</sup>quot;\*" indicates obligations satisfied at or before loan closing.

	· · · · · · · · · · · · · · · · · · ·	application Number:
PERSONAL F	REFERENCES Co-Applicar	it
Relationship	Name	Relationship
Phone	Address	Phone
Relationship	Name	Relationship
Phone	Address	Phone
Relationship	Name	Relationship
Phone	Address	Phone
	Relationship  Phone  Relationship  Phone  Relationship	PERSONAL REFERENCES Co-Applican Relationship Name  Phone Address  Relationship Name  Phone Address  Relationship Name

REFERENCES ADDENDUM TO CONSUMER LOAN APPLICATION

LaserPro, Ver. 16.1.10.003 Copr. D+H USA Corporation 1997, 2016. All Rights Reserved. - H:\CFI\LPL\COLALNAP.FC

### PURCHASE OF INSURANCE DISCLOSURE

Applicant:	Lender:	First Robinson Savings Bank, N.A.
		First Vincennes Savings Bank
		615 Kimmel Road

Vincennes, IN 47591

### **IMPORTANT**

# DO NOT SIGN THIS FORM UNTIL YOU CAREFULLY READ IT AND UNDERSTAND ITS CONTENT

### Purpose.

You are purchasing an insurance product or annuity from Lender in connection with your loan. Federal law requires Lender to provide you with the following disclosures.

### Insurance Disclosures.

Not Guaranteed by the Bank or an Affiliate of the Bank.

The insurance product or annuity is not a deposit or other obligation of, or guaranteed by, the Bank or an affiliate of the Bank.

Not FDIC Insured.

The insurance product or annuity is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, the Bank, or an affiliate of the Bank.

### Acknowledgment.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ	, RECEIVED AND	UNDERSTAND	THIS INSURANCE	E DISCLOSURE.
APPLICANT:				
x		_		
Applicant	Date	-		

# PURCHASE OF INSURANCE DISCLOSURE (Continued)

Page 2

BY SIGNING BELOW I ACKNOWLEDGE ON BEHALF OF THE LENDER THAT AN ORAL DISCLOSURE OF INSURANCE WAS DULY MADE TO THE APPLICANT AND THAT APPLICANT ACKNOWLEDGED RECEIPT OF THE DISCLOSURE.					
LENDER:					
FIRST ROBINSON SAVINGS BANK, N.A.					
XAuthorized Signer	Date				
Title:					

LaserPro, Ver. 16.1.10.003 Copr. D+H USA Corporation 1997, 2016. All Rights Reserved. - H:\CFI\LPL\B72.FC