

# CONSUMER LOAN APPLICATION

## CREDIT REQUESTED

Account Requested <input type="checkbox"/> Individual <input type="checkbox"/> Joint We intend to apply for joint credit.	Amt. Requested	# of Payments	Preferred Pmt. Amt.	Preferred Pmt. Day	Market Survey
Specific Purpose of Loan					
Collateral Offered					
Applicant      Co-Applicant					

## COMPLETION INSTRUCTIONS FOR APPLICANT

Complete the Applicant Information section for the first Applicant. Mark the appropriate box to indicate whether the Applicant is applying as a Borrower, Cosigner, Guarantor (of collateral), or Other for a different capacity. If the Applicant is married, he or she may apply for individual credit.

## APPLICANT INFORMATION:      Borrower   Cosigner   Guarantor   Grantor   Other

Applicant's Full Name (First M.I. Last)			Social Security Number		Former Names and Aliases	
Home Phone	Date of Birth	Driver's License Number	Ages of Dependents	Years of Education	Years in Current Profession	

## ADDRESS INFORMATION

Home Address (Street, City, State, Zip Code) (If rural, show Road and Box No)				Since	<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Mailing Address (Street or P.O. Box, City, State, Zip Code)						
Previous Home Address (Street, City, State, Zip Code)					From	To

## EMPLOYMENT INFORMATION

Applicant's Employer (If Self-Employed, Name and Nature of Business)			Business Address (Street, City, State, Zip Code)			
Type of Business	Supervisor	Phone Number	Title / Position	Since	Salary per	
Second Employer (If Self-Employed, Name and Nature of Business)			Business Address (Street, City, State, Zip Code)			
Type of Business	Supervisor	Phone Number	Title / Position	Since	Salary per	

## PERSONAL REFERENCES

Name	Address (Street or P.O. Box, City, State, Zip Code)	Phone Number	Relationship

## COMPLETION INSTRUCTIONS FOR CO-APPLICANTS

(a) If you are applying for joint credit or will be permitted to use the account, complete the Co-Applicant Information section as a Borrower. (b) If the Applicant is applying for individual credit, but 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 the Co-Applicant Information section, to the extent possible, providing information about the person on whose alimony, support, or maintenance payments or income or assets the Applicant is relying. (c) If the Applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested, complete the Co-Applicant Information section with regard to the Applicant's spouse.

## CO-APPLICANT INFORMATION:      Borrower   Cosigner   Guarantor   Grantor   Other

Co-Applicant's Full Name (First M.I. Last)			Social Security Number		Former Names and Aliases	
Home Phone	Date of Birth	Driver's License Number	Ages of Dependents	Years of Education	Years in Current Profession	

Home Address (Street, City, State, Zip Code) (If rural, show Road and Box No)				Since	<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Mailing Address (Street or P.O. Box, City, State, Zip Code)						
Previous Home Address (Street, City, State, Zip Code)					From	To

**EMPLOYMENT INFORMATION**

Co-Applicant's Employer (If Self-Employed, Name and Nature of Business)			Business Address (Street, City, State, Zip Code)		
Type of Business	Supervisor	Phone Number	Title / Position	Since	Salary per
Second Employer (If Self-Employed, Name and Nature of Business)			Business Address (Street, City, State, Zip Code)		
Type of Business	Supervisor	Phone Number	Title / Position	Since	Salary per

**PERSONAL REFERENCES**

Name	Address (Street or P.O. Box, City, State, Zip Code)	Phone Number	Relationship

**QUESTIONS**

Applicant (1)	Co-Applicant (2)	Explanation (Please use an attached sheet if necessary.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any outstanding judgments against you?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been declared bankrupt?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you party to a lawsuit?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you obligated on any loan resulting in judgment, foreclosure or title transfer?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you delinquent/in default on any Federal debt, financial obligation, bond, or loan guarantee?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you obligated to pay alimony, child support, or separate maintenance?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is any part of the down payment borrowed?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a co-maker or an endorser on a loan?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had merchandise repossessed?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been denied credit with this lender?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. citizen?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you a resident alien?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you a non-resident alien?

**PREVIOUS CREDIT REFERENCES**

Names Credit Listed In	Loan Purpose	Creditor Name and Address	Account Number	Highest Balance	Date Paid
<input type="checkbox"/> App <input type="checkbox"/> CoApp <input type="checkbox"/> Other				\$	
<input type="checkbox"/> App <input type="checkbox"/> CoApp <input type="checkbox"/> Other					
<input type="checkbox"/> App <input type="checkbox"/> CoApp <input type="checkbox"/> Other					
<input type="checkbox"/> App <input type="checkbox"/> CoApp <input type="checkbox"/> Other					

**SCHEDULE OF OTHER INCOME**

NOTICE: 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  Court Order  Written Agreement  Oral Understanding  Other

PARTIES INCOME TYPES: A=Alimony/Child Support B=Bonuses C=Commissions I=Interest & Dividends O=Overtime R=Retirement X=Other

App	CoA	Joint	Type	Description	Amount	Frequency





# INSURANCE DISCLOSURE FOR CREDIT APPLICATION

**Applicant:**

**Lender:**

Community Bank of the South  
Main Office  
3016 Atlanta Road  
Smyrna, GA 30080  
(770) 436-4567

## IMPORTANT

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

### Purpose.

You have submitted an application for a loan. In connection with your loan application, Lender may be soliciting, offering to sell, or will sell you an insurance product or annuity. Federal law requires Lender to provide you with the following disclosures.

### Credit Disclosures.

1. Lender, as a condition of granting you a loan, cannot require that you purchase an insurance product or annuity from Lender or any of its affiliates.
2. Lender, as a condition of granting you a loan, cannot require your agreement not to obtain or prohibit you from obtaining an insurance product or annuity from an unaffiliated entity.

### Acknowledgment.

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, RECEIVED AND UNDERSTAND THIS INSURANCE DISCLOSURE.**

**APPLICANT:**

X    
Applicant Date