

# TWO RIVER COMMUNITY BANK CONSUMER LINES & LOANS APPLICATION

If this is an application for joint credit, Applicant and Co-Applicant each agree that we intend to apply for joint credit (sign below):

Borrower _____	Co-Borrower _____
PURPOSE _____	Auto Loan \$ _____ Term _____
_____	Personal (Unsecured) Loan \$ _____ Term _____
_____	Personal (Secured) Loan \$ _____ Term _____
_____	Overdraft Protection Line \$ _____ Term _____

APPLICANT: Complete this section. Also if this is a joint application "Co-Applicant" section should be completed.  
 If you are relying on income from another person or source for repayment of this loan, see "Other Income" notice below.

Name (First, Middle, Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Please circle one: Married Divorced Separated Single  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_ # of Years at this Address \_\_\_\_\_ Own or Rent \_\_\_\_\_  
 Rent/Mortgage Payment \_\_\_\_\_ Mortgage Holder or Landlord \_\_\_\_\_

EMPLOYMENT: Name of Employer \_\_\_\_\_ # of Years \_\_\_\_\_  
 Address of Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Position Held \_\_\_\_\_ Monthly Income \_\_\_\_\_  
 Prior Employee and Address if less than five (5) years with present Employer \_\_\_\_\_

CO-APPLICANT: Complete this section. Also if this is a joint application "Co-Applicant" section should be completed.  
 If you are relying on income from another person or source for repayment of this loan, see "Other Income" notice below.

Name (First, Middle, Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Please circle one: Married Divorced Separated Single  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_ # of Years at this Address \_\_\_\_\_ Own or Rent \_\_\_\_\_  
 Rent/Mortgage Payment \_\_\_\_\_ Mortgage Holder or Landlord \_\_\_\_\_

EMPLOYMENT: Name of Employer \_\_\_\_\_ # of Years \_\_\_\_\_  
 Address of Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Position Held \_\_\_\_\_ Monthly Income \_\_\_\_\_  
 Prior Employee and Address if less than five (5) years with present Employer \_\_\_\_\_

OTHER INCOME: List all other sources of income, i.e. Social Security, pension, etc.  
 NOTICE: Alimony, child support, or separate, or separate maintenance income need not be revealed. If you do not wish to have it considered as a basis for repaying this obligation. If you wish to rely on such income, you must provide us with the name, address, and phone number of the persons(s) who will be making payment to you in the "Provider" section below. Use additional page if needed.

Applicant Other Income \_\_\_\_\_  
 Source \_\_\_\_\_ Provider \_\_\_\_\_  
 Co-Applicant Other Income \_\_\_\_\_  
 Source \_\_\_\_\_ Provider \_\_\_\_\_

DEBT: Include bank, finance company, credit card, personal debts, pension plan loans, alimony, support payment and court judgements. Attach additional sheet if necessary. If none, state 'None'.

Name & Address of Creditor (s) \_\_\_\_\_  
 In what name \_\_\_\_\_ Account # \_\_\_\_\_ Unpaid balance \_\_\_\_\_ Monthly Payment \_\_\_\_\_  
 Name & Address of Creditor (s) \_\_\_\_\_  
 In what name \_\_\_\_\_ Account # \_\_\_\_\_ Unpaid balance \_\_\_\_\_ Monthly Payment \_\_\_\_\_

PLEASE READ & SIGN: below and "you and your" refer to the lender. I declare that information in this application is true and complete. No suits, judgements, bankruptcy proceedings, or legal claims are now pending against me. You may investigate the information in the application. I authorize any individual or consumer reporting agency to give you additional information. This application will remain your property. If I ask, the Bank will tell me if it has obtained a credit report and the name of the credit reporting company that supplied the information.

SIGNATURE OF APPLICANT: \_\_\_\_\_ Date \_\_\_\_\_  
 SIGNATURE OF CO-APPLICANT: \_\_\_\_\_ Date \_\_\_\_\_