

CONSUMER LOAN APPLICATION

FOUNDATION SAVINGS BANK
25 GARFIELD PLACE • CINCINNATI, OHIO 45202

Account Number _____
Census Tract _____

LOAN REQUEST

PURPOSE OF LOAN _____ AMOUNT REQUESTED \$ _____ MONTHS NEEDED _____

PERSONAL INFORMATION

This application is designed to be completed by the applicant(s) with the lender's assistance.

The Co-Applicant section and all other Co-Applicant questions should be completed to the extent possible if: (1) co-applicant will be jointly obligated with you on the loan; (2) you will be relying on income or assets of the co-applicant as a basis for repayment of the loan; (3) you are relying on income from alimony, child support or separate maintenance from the co-applicant or other party; or (4) you are married to the co-applicant and reside in, or the property is located in, a community property State. If you are married, your spouse need not be jointly obligated with you on the loan and need not sign as a co-applicant unless item (2) above applies or unless the spouse's signature is required under state law to create a valid lien, pass clear title or waive inchoate rights to property.

APPLICANT					CO-APPLICANT				
FULL NAME					FULL NAME				
DATE OF BIRTH					DATE OF BIRTH				
PRESENT ADDRESS - <input type="checkbox"/> Own <input type="checkbox"/> Rent Years Phone					PRESENT ADDRESS - <input type="checkbox"/> Own <input type="checkbox"/> Rent Years Phone				
PREVIOUS ADDRESS (complete if less than 2 years at present address)					PREVIOUS ADDRESS (Complete if less than 2 years at present address)				
MARITAL STATUS		DEPENDENTS			MARITAL STATUS		DEPENDENTS		
COMPLETE FOR SECURED LOANS ONLY <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried - (Includes Single, Divorced or Widowed)		Do Not Include Co-Applicant			COMPLETE FOR SECURED LOANS ONLY <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried - (Includes Single, Divorced or Widowed)		Do Not Include Applicant or Dependents Listed by Applicant		
		NO.	AGES				NO.	AGES	
SOCIAL SECURITY NO.					SOCIAL SECURITY NO.				
NAME AND ADDRESS OF EMPLOYER - How Long Phone					NAME AND ADDRESS OF EMPLOYER - How Long Phone				
Type of Business Position/Title					Type of Business Position/Title				
PREVIOUS EMPLOYER - How Long (Complete if current job held less than two years)					PREVIOUS EMPLOYER - How Long (Complete if current job held less than two years)				
Type of Business Position/Title					Type of Business Position/Title				
Are there any unsatisfied judgments against you? Yes <input type="checkbox"/> No <input type="checkbox"/>					Are there any unsatisfied judgments against you? Yes <input type="checkbox"/> No <input type="checkbox"/>				
In the last 7 years, have you been declared bankrupt? Yes <input type="checkbox"/> No <input type="checkbox"/>					In the last 7 years, have you been declared bankrupt? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Did you ever have credit in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/>					Did you ever have credit in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes, what name:					If Yes, what name:				

IF SELF EMPLOYED, PLEASE SUBMIT BALANCE SHEET, PROFIT AND LOSS STATEMENT, AND COPY OF LATEST FEDERAL TAX RETURN

ASSETS				INCOME			
DEPOSITS IN CHECKING & SAVINGS ACCOUNTS				AMOUNT OR VALUE			
Name of Institution Type Account No.				VERIFICATIONS REQUESTED <input checked="" type="checkbox"/>			
				Applicant Co-Applicant			
				Monthly Income			
				Applicant Co-Applicant			
				Base Earnings <input type="checkbox"/> Gross <input type="checkbox"/> Net			
				Overtime			
				Bonuses-Commissions			
				Dividends-Interest			
Net worth of Business Owned - Attach Current Financial Statement				Other-Optional-See Remarks			
Vehicles - List Make Year Fully Paid							
1) <input type="checkbox"/> Yes <input type="checkbox"/> No							
2) <input type="checkbox"/> Yes <input type="checkbox"/> No							
Personal Property - Furniture, Art, Jewelry, etc.							
Stocks-Bonds-Name Number @ Value Ea. Pledged							
<input type="checkbox"/> Yes <input type="checkbox"/> No							
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Real Estate Owned							
TOTAL ASSETS				TOTAL INCOME			
				Income Remarks - Note: Income from Alimony, Child Support or Maintenance Payments need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.			

LIABILITIES - OBLIGATIONS - CREDIT REFERENCES

NOTE: LIST ALL PERSONAL, TRUST PARTNERSHIP, OR CORPORATE DEBTS. IF RECENTLY PAID OFF, LIST FOR CREDIT REFERENCE. INCLUDE DEBTS FOR 1ST AND 2ND LIEN LOANS (MORTGAGE OR TRUST DEED), AUTOS, APPLIANCES, FURNITURE, PERSONAL LOANS AND NOTES, CO-SIGNED NOTES, ALIMONY, SUPPORT PAYMENTS, AND CHARGE ACCOUNTS.

PURPOSE	(A)-Applicant; (CA)-Co-Applicant; (JT)-Jointly	OWED TO (NAME & ADDRESS)	OFFICE USE VERIFICATION REQUESTED <input checked="" type="checkbox"/>	ACCOUNT NUMBER	MONTHLY PAYMENT	BALANCE / Pay Out of Loan <input checked="" type="checkbox"/>	
						OWED	
					\$	If Balance	<input type="checkbox"/>
					\$	is Zero	<input type="checkbox"/>
					\$	Indicate	<input type="checkbox"/>
					\$	Date	<input type="checkbox"/>
					\$	Closed in	<input type="checkbox"/>
					\$	This Space	<input type="checkbox"/>
TOTAL LIABILITIES					\$	\$	<input type="checkbox"/>

1) ATTACH ADDITIONAL LIST IF MORE SPACE NEEDED.
2) IF ANY OBLIGATION IS PAST DUE - ATTACH LETTER OF EXPLANATION.

REAL ESTATE OWNED

ADDRESS OF RESIDENCE PROPERTY		MORTGAGE HOLDER		ADDRESS OF MORTGAGE HOLDER		ACCOUNT NUMBER
PRESENT VALUE	DATE PURCHASED	PURCHASE PRICE	BALANCE FINANCED	MONTHLY PAYMENT	PRESENT BALANCE	

INSURANCE

LIFE INSURANCE—COMPANY NAME AND ADDRESS	(A)—Applicant; (CA)—Co-Applicant; (JT)—Jointly		
	TYPE	FACE AMOUNT	CASH VALUE

INSURANCE ON AUTOMOBILE	Carrier:	Policy #:
Agent:	Address:	Phone:

PERSONAL REFERENCES

NAME OF NEAREST RELATIVE NOT OR PERSONAL LIVING WITH YOU REFERENCE	RELATIONSHIP	ADDRESS	CITY	STATE	PHONE

AGREEMENT

The undersigned hereby declare and represent that they have read the foregoing Application, that all statements made therein are complete and true to their knowledge, that all financial and credit information of value to the consideration of this Loan Request has been given and that the statements are made and information given as an inducement to the Lender to grant the Loan for which this Application is made. The Applicant(s) authorize the Lender, or his Agent, to verify the information contained herein and to make such additional normal inquiries as reasonably may be related to or associated with this Application, from credit bureaus and from employers, creditors, and references listed on this Application, and agree that such information, along with this Application, shall remain the Lender's property.

The undersigned understand that the selection of a dealer or contractor is their responsibility and that this financial institution in no way guarantees equipment, materials or workmanship and that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, as applicable under the provisions of Title 18, United States Code, Section 1014.

Accepted: _____

Applicant _____	Date _____	Co-Applicant _____	Date _____
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Driver's License No. _____ Driver's License No. _____

LENDER USE

DISBURSEMENT DETAILS

Loan Proceeds	\$ _____
Official Fees	\$ _____
Credit Life Ins. Premium	\$ _____
Credit Disability Ins. Premium	\$ _____
Other	\$ _____
Amount Financed	\$ _____
FINANCE CHARGE	\$ _____
Service Charge	\$ _____
Interest	\$ _____
Total of Payments	_____
ANNUAL PERCENTAGE RATE	_____ %

DESCRIPTION OF COLLATERAL

New } Year _____ Make _____
 Used } Model _____
 Serial Number _____
 Color _____ Body Style _____
 No. of Cylinders _____ License Plate # _____
 Sales Price \$ _____ Invoice \$ _____
 Down Payment \$ _____ Trade-In \$ _____
 Loan Requested \$ _____ % to Price _____
 Dealer Name: _____
 Address: _____
 Phone _____ Salesman: _____
 OTHER COLLATERAL: _____

If secured by collateral, has an insurance loss payable been requested? Yes No

Is there a copy of the Insurance Policy in the file? Yes No

LOAN DISPOSITION

Loan Approved – Rejected – Amount \$ _____

Special Conditions: _____

Interest Rate: _____ % Simple Add-on Discount

Term: _____ months – Payment \$ _____ – 1st Due: _____

Security: _____

Customer Notified _____ Dealer Notified _____

Approved by _____ Date _____

BUDGET ANALYSIS

① Total Monthly Income	\$ _____
Total Housing Expense	\$ _____
Payments on All Debts	\$ _____
Payment for This Loan	\$ _____
② Total All Payments	\$ _____
Debt to Income Ratio (Line 2 Divided by Line 1)	_____ %
Comments: _____	_____