



Retail Loan Application

THE Farmers Bank

The Farmers Bank, Frankfort, IN
9 E. Clinton St.
Frankfort, IN 46041
765-654-8731 "Lender"

Amount Requested: _____
Payment Date: _____
Purpose: _____

To be completed by Interviewer:	
This application taken by:	
<input type="checkbox"/>	Face to Face Interview
<input type="checkbox"/>	Mail
<input type="checkbox"/>	Telephone
<input type="checkbox"/>	Internet

Please tell us about yourself and co-applicant, if applicable

Applicant's Name			Co-Applicant's Name		
Home Address		Yrs/Mos	Home Address		Yrs/Mos
City, State, Zip		County	City, State, Zip		County
Email Address		Cell Phone No.	Email Address		Cell Phone No.
Social Security Number	Home Phone	Date of Birth	Social Security Number	Home Phone	Date of Birth
Driver's License No.	Issue Date	Expiration Date	Driver's License No.	Issue Date	Expiration Date
Previous Home Address:			Previous Home Address:		
Employer Name		<input type="checkbox"/> <<<< Check if Self-Employed	Employer Name		<input type="checkbox"/> <<<< Check if Self-Employed
Business Address		Yrs/Mos	Business Address		Yrs/Mos
City, State, Zip		Business Phone No.	City, State, Zip		Business Phone No.
Position	Personal Monthly Income	\$	Position	Personal Monthly Income	\$
Other Income	Source	\$	Other Income	Source	\$
Previous Employer		Yrs/Mos	Previous Employer		Yrs/Mos
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: <input type="checkbox"/> court order; <input type="checkbox"/> written agreement; <input type="checkbox"/> oral understanding.			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: <input type="checkbox"/> court order; <input type="checkbox"/> written agreement; <input type="checkbox"/> oral understanding.		
Name of Nearest Relative Not Living With You		Address	Phone Number	Relationship	

Marital Status

Do Not Complete if this is an application for individual unsecured credit

Applicant	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (included single, divorced, and widowed)
Co-Applicant	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (included single, divorced, and widowed)

About Your Existing Loans and Accounts

<input type="checkbox"/> Rent Home	Monthly Mortgage or Rent Payment	Balance Owing	Estimated Present Value	Dated Purchased
<input type="checkbox"/> Own Home	\$	\$	\$	
Name and address of mortgage holder or Landlord:				

Name of My Bank	Checking Acct. Number	Savings Acct. Number
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Have you ever had a judgment filed against you or declared bankruptcy? Yes No If yes, the date?

Assets		Loans and Other Obligations		
		Credit Cards	Balance	Monthly Payments
Cash In Banks	\$ _____	Name _____	\$ _____	\$ _____
Stocks or Bonds	\$ _____	Name _____	\$ _____	\$ _____
Automobiles	\$ _____	Name _____	\$ _____	\$ _____
Real Estate	\$ _____	Auto Loans		
Retirement Funds	\$ _____	Name _____	\$ _____	\$ _____
Other	\$ _____	Name _____	\$ _____	\$ _____
		Real Estate Loans (not shown above)		
		Name _____	\$ _____	\$ _____
		Name _____	\$ _____	\$ _____
		Unsecured & Other Debts		
		Name _____	\$ _____	\$ _____
		Name _____	\$ _____	\$ _____
		Monthly child support or separate maintenance payments \$ _____		

Application Insurance Disclosure

- ☐ An insurance product offered by Lender is not a deposit or other obligation of, or guaranteed by, Lender or an affiliate of Lender.
- ☐ This insurance is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States*, Lender or an affiliate of Lender.
- ☐ Lender may not condition an extension of credit on either:
 - Applicant's purchase of an insurance product or annuity from Lender or any of its affiliates, or;
 - Applicant's agreement NOT to obtain, or a prohibition on applicant from obtaining, and insurance product or annuity from an unaffiliated entity.

* Flood Insurance may be insured by a Federal Agency.

I/We represent that this application is complete and accurate and fully reflects my/our financial condition on the date shown below. I/We authorize lender to obtain a credit report and any other information it deems necessary about my/our credit worthiness. I/We agree to notify Lender immediately, in writing, of any adverse changes in my/our financial condition. I/We understand that Lender will retain this Application whether or not it is approved. Lender may share transaction and experience information about me/us with its affiliates/subsidiaries.

Lender does not share other information such as application or consumer credit report. Lender may share other information such as application or consumer report information unless I/We direct Lender not to do so by initialing here. _____

We intend to apply for joint credit. _____
Applicant Co-Applicant

x _____ Date: _____ x _____ Date: _____
Applicant's Signature Co-Applicant's Signature