

6401 W. Clearwater Ave Kennewick, WA 99336 509 783-3435 Fax 509 783-4705 www.community1st.com

## **CONSUMER LOAN APPLICATION**

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- You may apply for a loan by yourself or with another person. If you are applying with another person who is not your spouse or who lives at a different address, that person must fill out a separate application to be submitted together with your application.
- Provide information about your spouse if you are relying on your spouse's income to repay this loan.
- You do not have to include income from alimony, child support or maintenance unless you want us to consider it for this loan.

Please complete all information on front and back for Applicant and Co-Applicant, if appropriate

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Loan Request: \$									
Term (# months) of Loan:	Collate	eral Of	fered:						
Payment Date: 5th 10th 15	5th 20th 2	25th		Loan I	Purpos	e:			
Applicant Information:									
Name	Street Address (How Long?)				City/State/Zip			Social Security Number	
Residence: Own Rent Parents Other	Mailing Address (if different)				Email Address			Home Phone Number	
Other Names Used For Credit	Prior Address (How Long?yrs.				City/State/Zip			Cell Phone Number	
Marital Status: Married Separated Unmarried (Single, Divorced & Widowed)	Date of Birth		Driver'	's Lic #		State	Ехр	Date	Issue Date
Employer (How Long?yrs.)	Employer's Address				City/State/Zip			Position / Self Emp?	
Prior Employer (How Long?yrs.)	Prior Employer's Address				City/State/Zip			Current Work Phone #	
Relative Not Living With You / Relation	Relative's Address				City/State/Zip			Relative's Phone #	
Is this a Joint Application?: No If Yes, Co-Applicant must initial he		-	-		s a sepa	arate applicatio	n has b	een cor	mpleted.
Co-Applicant Information:	(A co-applicant I	living at	a differe	ent addre	ss must	complete a sepa	rate app	lication.	)
Name	Date of Birth		Driver'	's Lic#		State	Exp	Date	Issue Date
Other Names Used For Credit	Prior Address (I	How Lor	ng?	yrs.)	City/Sta	te/Zip		Social S	Security Number
Employer (How Long?yrs.)	Employer's Address				City/State/Zip			Cell Phone Number	
Prior Employer (How Long?yrs.)	Prior Employer's Address				City/State/Zip			Current Work Phone #	
Relative Not Living With You / Relation	Relative's Address				City/State/Zip			Relative's Phone #	
Other Information:						Income Info	rmatio	on (Mo	onthly):
1. Are you a defendant in any legal action or suit? 2. Do you guarantee any debt not shown in this application? 3. Have you ever declared Bankruptcy? If yes, what yr.? Yes No 4. Are any assets held separately?  If you answer "Yes" to any of the above, please attach an explanation.					Applicant Salary (Gross) \$  Co-Applicant Salary (Gross) \$  OT/Commission/Bonus \$  Other (Describe) \$  Total Monthly Income \$				
I/We certify that all statements made in this authorize Community First Bank to obtain s any credit reporting agency. I/We agree the willful misrepresentation on this ap	such information or at the application s	verificat shall rem	tion as re ain the B	quired co Bank's pro	ncerning perty wh	the statements mether it is approve	ade in the	is applica	ation and from
☐ I authorize Community First I		-		-		ent from my CF me as the loan	•	_	<b>-</b> /
Signature of Applicant	Date		1			Co-Applicant			Date



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Financial Information:		As of					
YOUR ASSETS	Market Value	YOUR DEBTS	Monthly Payment	Balance Owing			
Cash in Bank (List)		Credit Cards/Unsecured Loans (Inclu	ude Bank Name & A	ccount Number)			
Money Market/CD's							
Stocks/Bonds/Investments*							
Cash Value Life Insurance							
IRA Keogh/Retirement*							
		Rent Payment					
Real Estate Owned*:		Real Estate Loans*:					
1. Address:		1. Lender:					
Yr. Purchased Cost:		Account Number:	-				
2. Address:		2. Lender:					
Yr. Purchased Cost:		Account Number:	-				
3. Address:		3. Lender:					
Yr. Purchased Cost:		Account Number:	_				
Autos/Boats/RVs		Consumer Loans					
Yr./Make/Model		List Bank & Account Number	T				
1.		1.					
2.		2.					
3.		3.					
4.		4.					
Other Assets:		Other Debt:	T				
Furniture/Household Goods							
Other* (Describe)							
		Alimony, Child Support or Maintenance					
		Total Monthly Payments:					
Total Assets:		Total Debts:					
		Net Worth: (Assets minus Debts)	-				
*Plassa attach a	dditional schedules if	necessary to provide adequate detail fo	r our analysis				
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Important Inf	ormation About l	New Procedures For Opening	an Account				
	Mandated by	the USA PATRIOT ACT					
	•						
	_	rism and money laundering activities,					
•		obtain, verify, and record information	n that identifies	eacn			
person who opens an accou			1	5.d			
		count, we will ask for your name, add					
	ow us to identify you.	We may also ask to see your driver	r's license or ot	ner			
identifying documents.							
	FO	R BANK USE ONLY					
Collection of Government Monit		completion of HMDA worksheet is requ	ired if:				
Loan proceeds will be us							
Loan proceeds will be us	-	-					
-	-	secured by a dwelling (regardless if the	original loan wa	s for			
-	nsumer purposes.)		<b>J</b>				
		Application Taken By					
Date Application Taken or Recei		Application Taken By:					
Application Taken: In	person Interview	By Mail By Telephone		OFAC			