

Peoples Community Bank

JOINT CREDIT APPLICATION
 INDIVIDUAL CREDIT APPLICATION

AMOUNT REQUESTED \$		PURPOSE				TERM Months	
If you are applying for an Auto Loan, please complete		MAKE	MODEL	YEAR	<input type="checkbox"/> NEW <input type="checkbox"/> USED	DEALER	PURCHASE PRICE \$

PERSONAL INFORMATION

Name		LAST	FIRST	MIDDLE	BIRTHDATE		SOCIAL SECURITY #		
Present Address		STREET	CITY	STATE	ZIP CODE	# OF YRS.	PHONE #	<input type="checkbox"/> BUYING <input type="checkbox"/> RENTING <input type="checkbox"/> LIVE WITH PARENTS	
Previous Address		STREET	CITY	STATE	ZIP CODE	# OF YRS.	# DEPENDENTS	AGE OF DEPENDENTS	
Present Employer		COMPANY NAME			ADDRESS		# OF YRS.	PHONE #	SALARY OR WAGES \$ <input type="checkbox"/> Gr. <input type="checkbox"/> Mo. <input type="checkbox"/> Net <input type="checkbox"/> Yr.
Previous Employer		Previous salary per month \$ (gross)			# OF YRS.	CURRENT OCCUPATION			
NOTE: 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.					OTHER INCOME: \$		SOURCE OF OTHER INCOME:		
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU						RELATIONSHIP		PHONE #	
NAME AND ADDRESS OF PERSONAL REFERENCE								PHONE #	
Bank		NAME			ADDRESS		CHECKING ACCOUNT #	SAVINGS ACCOUNT #	

FOR JOINT ACCOUNTS ONLY

NOTE: This information need be supplied only if (A) Spouse of Co-applicant will be contractually liable for the loan or (B) you are relying on the income of Spouse or Co-applicant as a basis for repayment of the loan or (C) you have indicated above that you want us to consider income from alimony, child support or separate maintenance as a source of repayment.

Name		LAST	FIRST	MIDDLE	BIRTHDATE		SOCIAL SECURITY #		
Present Address		STREET	CITY	STATE	ZIP CODE	# OF YRS.	PHONE #	<input type="checkbox"/> BUYING <input type="checkbox"/> RENTING <input type="checkbox"/> LIVE WITH PARENTS	
Present Employer		COMPANY NAME			ADDRESS		# OF YRS.	PHONE #	SALARY OR WAGES: \$ <input type="checkbox"/> Gr. <input type="checkbox"/> Mo. <input type="checkbox"/> Net <input type="checkbox"/> Yr.
NOTE: 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.					OTHER INCOME: \$		SOURCE OF OTHER INCOME:		
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU						RELATIONSHIP		PHONE #	
NAME AND ADDRESS OF PERSONAL REFERENCE								PHONE #	
Bank		NAME			ADDRESS		CHECKING ACCOUNT #	SAVINGS ACCOUNT #	

PREVIOUS CREDITORS

PREVIOUS CREDITORS (Name and City)		HIGH BALANCE	DATE PAID	EDUCATION	(Circle highest grade completed) DEGREE? YES NO			
					HIGH SCHOOL 7 8 9 10 11 12	<input type="checkbox"/>	<input type="checkbox"/>	
					COLLEGE 1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	
				GRADUATE 1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>		

PERSONAL FINANCIAL STATEMENT

ASSETS		LIABILITIES				
DESCRIPTION	Cash/Market Value	NAME AND CITY OF CREDITOR	Present Balance	Monthly Payment	Account Number	Original Amount
Checking & Savings Acc'ts.		Automobile(s) (make/model/year)				
Stocks and bonds		VISA/Master Card				
Cash Value Life ins. (net)		Retail stores (revolving)				
Real Estate owned		Mortgages payable on Real Estate				
Investment in own business		Other debts (itemize)				
Automobile(s) (make/model/year)						
Other assets (itemized)						
		Total Liabilities				
		Net Worth (Assets minus Liabilities)				
Total Assets		Total Liabilities plus Net Worth				

NOTE:
If any of the above credit has been carried in another name, please so indicate.

OTHER INFORMATION

CREDIT HISTORY	Were you ever bankrupt? (Omit if more than 10 years ago.) Are there any lawsuits, garnishments, unsatisfied judgements or repossessions against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
AUTOMATIC PAYMENT AUTHORIZATION	When payment is due, Bank is authorized to charge my checking account for payment. Account No. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
CREDIT LIFE AND DISABILITY	The purchase of Credit Life and Disability Insurance from this bank is not required to obtain this loan. I desire: <input type="checkbox"/> Credit Life <input type="checkbox"/> Joint Life <input type="checkbox"/> Credit Life and Disability <input type="checkbox"/> Joint Credit Life and Disability	
CREDIT CARDS	Would you like this application to also be used for obtaining a: VISA MasterCard	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
AUTHORIZATION AND ACKNOWLEDGEMENTS	I/We authorize and instruct any person or consumer reporting agency to complete and furnish Bank any information that such person or agencies may have or obtain in response to such credit inquiries and agree that such information, along with this application, shall remain your property whether or not credit is extended. I/We hereby certify that the foregoing information is true, correct and complete to the best of my/our knowledge.	
Applicant's Signature _____	Date _____	Co-Applicant's Signature _____ Date _____

CONSUMER CREDIT DISCLOSURE

TO CREDIT APPLICANT:

PEOPLES COMMUNITY BANK ADVISES YOU THAT PEOPLES COMMUNITY BANK MAY NOT CONDITION THE EXTENSION OF CREDIT ON THE FOLLOWING:

- * YOUR PURCHASE OF INSURANCE OR AN ANNUITY FROM PEOPLES COMMUNITY BANK OR ANY OF ITS AFFILIATES;
- * YOUR AGREEMENT TO NOT OBTAIN INSURANCE OR AN ANNUITY FROM AN ENTITY NOT AFFILIATED WITH PEOPLES COMMUNITY BANK.

IN ADDITION, PEOPLES COMMUNITY BANK MAY NOT PROHIBIT YOU FROM OBTAINING INSURANCE OR AN ANNUITY FROM AN ENTITY NOT AFFILIATED WITH PEOPLES COMMUNITY BANK.

INSURANCE AND ANNUITIES:

- * ARE NOT INSURED BY THE FEDERAL DEPOSIT INSURANCE CORPORATION (FDIC) OR ANY OTHER AGENCY OF THE UNITED STATES; PEOPLES COMMUNITY BANK OR ANY AFFILIATE OF PEOPLES COMMUNITY BANK.
- * ARE NOT A DEPOSIT TO OR OBLIGATION OF PEOPLES COMMUNITY BANK.
- * ARE NOT GUARANTEED BY PEOPLES COMMUNITY BANK OR ANY OF ITS AFFILIATES;
- * MAY GO DOWN IN VALUE.

PLEASE SIGN TO ACKNOWLEDGE THE WRITTEN AND VERBAL RECEIPT OF THIS DISCLOSURE.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____