

CONSUMER LOAN APPLICATION

CREDIT REQUESTED					
Account Requested <input type="checkbox"/> Individual <input type="checkbox"/> Joint We intend to apply for joint credit.	Amt. Requested	# of Payments	Preferred Pmt. Amt.	Preferred Pmt. Day	Market Survey
Specific Purpose of Loan					
Collateral Offered					
Applicant Co-Applicant					

COMPLETION INSTRUCTIONS FOR APPLICANT

Complete the Applicant Information section for the first Applicant. Mark the appropriate box to indicate whether the Applicant is applying as a Borrower, Cosigner, Guarantor, Grantor (of collateral), or Other for a different capacity. If the Applicant is married, he or she may apply for individual credit.

APPLICANT INFORMATION: <input type="checkbox"/> Borrower <input type="checkbox"/> Cosigner <input type="checkbox"/> Guarantor <input type="checkbox"/> Grantor <input type="checkbox"/> Other					
Applicant's Full Name (First M.I. Last)		Social Security Number		Former Names and Aliases	
Home Phone	Date of Birth	Driver's License Number	Ages of Dependents	Years of Education	Years in Current Profession

ADDRESS INFORMATION		
Home Address (Street, City, State, Zip Code) (If rural, show Road and Box No)		Since <input type="checkbox"/> Own <input type="checkbox"/> Rent
Mailing Address (Street or P.O. Box, City, State, Zip Code)		
Previous Home Address (Street, City, State, Zip Code)		From To

EMPLOYMENT INFORMATION					
Applicant's Employer (If Self-Employed, Name and Nature of Business)			Business Address (Street, City, State, Zip Code)		
Type of Business	Supervisor	Phone Number	Title / Position	Since	Salary per
Second Employer (If Self-Employed, Name and Nature of Business)			Business Address (Street, City, State, Zip Code)		
Type of Business	Supervisor	Phone Number	Title / Position	Since	Salary per

PERSONAL REFERENCES			
Name	Address (Street or P.O. Box, City, State, Zip Code)	Phone Number	Relationship

COMPLETION INSTRUCTIONS FOR CO-APPLICANTS

(a) If you are applying for joint credit or will be permitted to use the account, complete the Co-Applicant Information section as a Borrower. (b) If the Applicant is applying for individual credit, but relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete the Co-Applicant Information section, to the extent possible, providing information about the person on whose alimony, support, or maintenance payments or income or assets the Applicant is relying. (c) If the Applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested, complete the Co-Applicant Information section with regard to the Applicant's spouse.

CO-APPLICANT INFORMATION: <input type="checkbox"/> Borrower <input type="checkbox"/> Cosigner <input type="checkbox"/> Guarantor <input type="checkbox"/> Grantor <input type="checkbox"/> Other					
Co-Applicant's Full Name (First M.I. Last)		Social Security Number		Former Names and Aliases	
Home Phone	Date of Birth	Driver's License Number	Ages of Dependents	Years of Education	Years in Current Profession

ADDRESS INFORMATION		
Home Address (Street, City, State, Zip Code) (If rural, show Road and Box No)		Since <input type="checkbox"/> Own <input type="checkbox"/> Rent
Mailing Address (Street or P.O. Box, City, State, Zip Code)		
Previous Home Address (Street, City, State, Zip Code)		From To

EMPLOYMENT INFORMATION					
Co-Applicant's Employer (If Self-Employed, Name and Nature of Business)			Business Address (Street, City, State, Zip Code)		
Type of Business	Supervisor	Phone Number	Title / Position	Since	Salary per
Second Employer (If Self-Employed, Name and Nature of Business)			Business Address (Street, City, State, Zip Code)		
Type of Business	Supervisor	Phone Number	Title / Position	Since	Salary per

PERSONAL REFERENCES			
Name	Address (Street or P.O. Box, City, State, Zip Code)	Phone Number	Relationship

QUESTIONS			Explanation (Please use an attached sheet if necessary.)
Applicant (1) <input type="checkbox"/> Yes <input type="checkbox"/> No	Co-Applicant (2) <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any outstanding judgments against you?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been declared bankrupt?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you party to a lawsuit?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you obligated on any loan resulting in judgment, foreclosure or title transfer?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you delinquent/in default on any Federal debt, financial obligation, bond, or loan guarantee?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you obligated to pay alimony, child support, or separate maintenance?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is any part of the down payment borrowed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a co-maker or an endorser on a loan?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had merchandise repossessed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been denied credit with this lender?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. citizen? If no, are you a resident alien? If no, are you a non-resident alien?	

PREVIOUS CREDIT REFERENCES						
Names	Credit Listed In	Loan Purpose	Creditor Name and Address	Account Number	Highest Balance	Date Paid
<input type="checkbox"/> App <input type="checkbox"/> CoApp <input type="checkbox"/> Other					\$	
<input type="checkbox"/> App <input type="checkbox"/> CoApp <input type="checkbox"/> Other						
<input type="checkbox"/> App <input type="checkbox"/> CoApp <input type="checkbox"/> Other						
<input type="checkbox"/> App <input type="checkbox"/> CoApp <input type="checkbox"/> Other						

SCHEDULE OF OTHER INCOME						
NOTICE: 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 <input type="checkbox"/> Other						
PARTIES INCOME TYPES: A=Alimony/Child Support B=Bonuses C=Commissions I=Interest & Dividends O=Overtime R=Retirement X=Other						
App	CoA	Joint	Type	Description	Amount	Frequency

SCHEDULE OF EXPENSES						
EXPENSE TYPES: D=Dues/Homeowner Association H=Hazard Insurance P=Private Mortgage Insurance R=Rent T=Taxos (Property) U=Utilities A=Alimony/Child Support C=Child/Dependent Care E=Estimated Living Expenses F=Federal & State Taxes I=Insurance Payments M=Medical O=Other						
PARTIES						
App	CoA	Joint	Type	Description	Amount	Frequency

SCHEDULE OF LIABILITIES (NON-REAL ESTATE)										
PARTIES LIABILITY TYPES: A=Automobile Loans I=Installment/Revolving T=Third Party Obligations (As Co-Maker or Guarantor) O=Other										
App	CoA	Joint	Type	Creditor Name	Account Number	Original Balance	Current Balance	Payments Remaining	Payment Amount	Per

SCHEDULE OF ASSETS (NON-REAL ESTATE)								
CASH / ACCOUNTS								
PARTIES ACCOUNT TYPES: C=Checking T=Time Certificate of Deposit I=IRA/SEP M=Money Market Account S=Savings O=Other								
App	CoA	Joint	Type	Description	Financial Institution	Account Number	Current Balance	Subject to Debt

STOCKS / BONDS							
App	CoA	Joint	Description	Broker / Company	Account Number	Value	Subject to Debt

FOR LENDER'S USE ONLY				
Officer No. / Name	Approved By	Concurrence By (If Needed)	Committee Date	Decision Date
Branch	Application Date	Application No.	Commitment No.	Loan No.
Originator Name		Loan Origination Company's Name		
Mortgage Loan Originator Unique Identifier, if applicable:		Mortgage Loan Origination Company Identifier, if applicable:		
Decision and Comments: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Incomplete <input type="checkbox"/> Counteroffer <input type="checkbox"/> Conditional Approval <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other: _____				

INSURANCE DISCLOSURE FOR CREDIT APPLICATION

Applicant:

Lender: Thayer County Bank
a Nebraska Banking Corporation
402 Lincoln Avenue
P.O. Box 109
Hebron, NE 68370-0109
(402) 768-6027

IMPORTANT

**DO NOT SIGN THIS FORM UNTIL YOU CAREFULLY
READ IT AND UNDERSTAND ITS CONTENT**

Purpose.

You have submitted an application for a loan. In connection with your loan application, Lender may be soliciting, offering to sell, or will sell you an insurance product or annuity. Federal law requires Lender to provide you with the following disclosures.

Credit Disclosures.

1. Lender, as a condition of granting you a loan, cannot require that you purchase an insurance product or annuity from Lender or any of its affiliates.
2. Lender, as a condition of granting you a loan, cannot require your agreement not to obtain or prohibit you from obtaining an insurance product or annuity from an unaffiliated entity.

Acknowledgment.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, RECEIVED AND UNDERSTAND THIS INSURANCE DISCLOSURE.

APPLICANT:

X _____
Applicant Date

