FOR CREDITOR USE ONLY LOAN # _

LOAN APPLICATION

BANK OF

FOR CREDITOR USE ONLY
APPLICATION DATE
APPL COMPLETED DATE
CLOSING DATE
CLOSING TIME

OFFICER		1 2	$\mathbf{Q}(0)$			
NMLS # LINE #			TOOM		APPL COMPLETED DATE	
APPROVED BY	LINE BAL \$	BO B	D.O. Day 207		CLOSING DATE	
DECLINED BY			P.O. Box 367 Berryville, AR 72616		CLOSING TIME	
	100-100	TYPE OF AF				
Check only one of the three	types:			- By signing below, you intend to		
Individual Credit - You a				= y algumig solom, you mand t	o upply for joint crount.	
Individual Credit - You a	are relying on my incon ome or assets from othe	ne or assets as well as er sources.	APPLICANT	JOINT A	APPLICANT	
AMOUNT REQUESTED	FOR HOW LONG	PAYMENT DATE DESIRED	WANT TO REPAY	PROCEEDS OF LOAN TO		
\$	MONTHS					
		APPLICANTIN	IEORIN/ATTON			
APPLICANT			SSN#	Date of Birth		
APPLICANT PHYSICA	AL ADDRESS			Own Rent	Yrs. There	
APPLICANT MAILING	ADDRESS		WODK	CountyCEL	1	
EMAIL	FIONE		WORK	Drivor's License #	.L	
		Position	V	Driver's License # 'rs. There Phone		
Gross Salary \$		Per	No. Dependents	Ages		
is any income listed in	this Section likely	to be reduced before the	e credit is paid off?	□No □Yes Explain		
Have you previously re	eceived credit from	rus? 🔲 No 🗅 Yes - Wh	en?			
Previous Address		Pm _ ***		Own	Yrs. There	
Name and address of	other centeet:	Position	Yrs.	There Phone		
ivame and address of	other contact	ININT APPLICANT OR OTH	Helati(onship Phone	f:	
JOINT APPLICANT				Date of Birth:		
JOINT APPLICANT P	HYSICAL ADDRI	ESS		☐ Own ☐ Rent	Yrs There	
JOINT APPLICANT N	NAILING ADDRES	58		County		
JUINT APPLICANT P	HONE HOME		WORK	CFI	1	
Present Empleyer		B ::		Driver's License # 'rs. There Phone		
Gross Salany \$	······································	Position	No Donordonto	rs. There Phone		
Is any income listed in	this Section likely	to be reduced before the	No. Dependents _	AgesNo □Yes Explain		
Have you previously re	eceived credit from	us? I No I Yes - Wh	e credit is paid oil? ien?	UNO UTES Explain		
Previous Address					Yrs. There	
Previous Employer		Position		There Phone		
Name and address of	other contact:		Relation	onshipPhone#	t:	
Complete only if for joint or	secured credit, or applicant i	MARITAL resides in a community property state o	STATUS or is relying on property located	in such a state as a basis for repayment	of the credit requested.	
APPLICANT	☐ MARRIED	☐ SEPARATED	UNMARBIED (IN	CLUDING SINGLE, DIVORCED AND WID	OWED	
OTHER PART	Y MARRIED	☐ SEPARATED		CLUDING SINGLE, DIVORCED AND WID		
ALIMONY, CHILD	SUPPORT, OR SEPA	RATE MAINTENANCE INCOM	E NEED NOT BE REV	FALED IF YOU DO NOT WIS	H TO HAVE IT	
CONSIDERED AS A	A BASIS FOR REPAYIN	NG THIS OBLIGATION. ALIMO WRITTENAGREEMENT	ONY, CHILD SUPPORT,	SEPARATE MAINTENANCE REC	CEIVED UNDER:	
Comple	ete the following info	rmation about both the Appl	licant and Joint Applica	ant or Other Party (if applicate	ble):	
Are you obligated to mak	e Alimony, Support o	or Maintenance payments?	□ No □		/-	
If yes, to (Name & Address	s)			Amount per mont	th \$	
Are you a co-maker, endors	ser, or guarantor on ar	ny loan or contract? \square No \square	Yes If yes, for whom?	To whom	?	
Have you been declared I	juagments against y hankrupt in the last 7	Ou? UNO UYES If yes,	to whom owed?	Amount: S	<u> </u>	
riave you been declared i	bankrupt in the last 7	years: GINO GITES Tea	IIISUOAN SII IEORMATION	nce bankruptcy with BANK OF	1889?⊔ Yes ⊔ No	
Other Income \$		PerSour	ce(s)			
Banks you have accou	ınts with:					
ASSETS			LIABILI	TIFS		
Description		\$ Value	Whom (Monthly Pymt.	
				7 0		
	TOTAL LIABILITIES					

ave applied for an extension of credit with you. You are soliciting, offering, or selling me an insurance product or annuity in connection with this extension of credit. FEDERAL LAW PROHIBITS YOU FROM NDITIONING THE EXTENSION OF CREDIT ON EITHER:

My purchase of an insurance product or annuity from you or from any of your affiliates; or My agreement not to obtain, or a prohibition on me from obtaining, an insurance product or annuity from an unaffiliated entity.

Signing, I acknowledge that I have received a copy of this form on today's date. Unless this disclosure is provided electronically or I have applied for credit by mail, I also acknowledge that you have provided this closure to me orally.

NET WORTH

TOTAL ASSETS

My agreement not to obtain, or a promission of the form on today's date. Unless this disclosure is provided electronically or I have applied for credit by main, I also about provided scope this form on today's date. Unless this disclosure to me orally.

Everything that I / we have stated on the front and back of this application is correct to the best of my / our knowledge. I / we understand that you will retain this application whether or not it is approved. You are authorized to theck my credit and employment history and to answer questions about your credit experience with me. I / we fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the facts as applicable under the provisions of Title 18. United States Code, Section 101.

BANK OF 1889 INSTITUTION WORKSHEET (FOR CREDITOR USE ONLY)

			OTHER CREDITS					
			_ EOD CODETELLER A		RELCODE			
PURPOSE C	SODE PURPOS	SE	(3)	W HCE	MISC			
			APM Type:	_ Index Ma				
Amount Req	uested	\$						
Fees	LSI	\$		Floor				
	Direct Lien	\$	VARType:	Index	Margin			
	DFA Fee	\$	Periodic Cap	Floor	Ceiling			
				% AF	PR%			
	UCC	\$	Line Amount includi	ng this debt: \$				
	LPF	\$						
	Mortgage Filing	\$	Hepayment	NICERUP COMPANY				
	Origination Fee%	\$	••••••••••••••••••••••••••••••••••••••	Amtz				
	Title Company			700				
\$	Owner's Policy		Maturity Date: Loan Disbursement	::				
\$	_ Lender's Policy		DepositAcc	t#:				
	Title Search Closing Fee		Loan Check: Y / N Check #:					
	_ Closing Protection							
\$			Other: Payment	SERVEN NO.	A STATE OF THE STA			
\$	Other Title Company TOTAL	\$		NO Account	#			
			ACH VEC D		*			
	Release Fee	\$						
	Prop Ins	\$		₹	#			
	Initial Escrow	\$	Coupon Book:	YES 🔲 NO 🖵				
	Flood		Bill by Notice:	YES 🔲 NO 🖵				
\$	Certification		Int:	Total Loan Including	Int.:			
\$	Life of Loan Flood TOTAL	\$		RENEWAL/ EXTENSION				
				ORIGINAL AMOUNT				
Other	Appraisal	\$						
Other	0 17 0	Φ.						
	Credit Report	\$	Line Amou	DDITIONAL APPROVAL (AS REQUIRED)			
Loan #		\$	RE LTV: _	%				
Other		\$	Flood Polic	y Waived	3000			
Other \$			Other Police	Other Policy Evention:				
CR Life: Y / N Secondary Beneficiary:				Other Policy Exception:				
Company: _	ericholary:		Other					
\$	Single / Joint Code: A & H Code:		Other	-				
\$	A & H Code: Credit Ins Total:	\$	Loan Assistant:	Date Load	ed:			
			Checked by:					
TOTAL LOA	N AMOUNT	\$	APPLICANTS					
Purchase Yes / No	SECURITY DI	ESCRIPTION	COST	VALUE	VALÜE			
		i - v						
			TOTAL					
Collateral Location: County State			Ins. Company	File T	itle: Y / N or HOLD			
Real Estate: ROR: Y / N Date: HMDA: Y / N			Y / N Geo Code:	Geo Code: File UCC: Y of Prev.				
				e\$% DTI				
		Evention /	xpenses \$	=DS	CR			
C.	889 Deposit Customer: Y	N Exception /	Recognition / Denial					
BANK OF 1	889 Exception:							
neason for	=xcepiion/necognition/Den	ıaı						