



CO-MAKERS APPLICATION

OFFICE

INITIAL

DATE

MARITAL STATUS

(Do not complete if this is an application for individual unsecured credit.)

Married Separated Unmarried (including single, divorced, and widowed)

CO-MAKERS FOR:

I/WE HAVE KNOWN APPLICANT FOR _____ YRS. RELATIONSHIP TO APPLICANT _____

| | | | |
|-----------------------------------|---------------------------|---------------------|--------------------------------|
| APPLICANTS NAME (1) | DATE OF BIRTH (mo day yr) | SOCIAL SECURITY NO. | HOME PHONE NO. |
| APPLICANTS NAME (2) | | SOCIAL SECURITY NO. | NO. DEPENDENTS Include Self |
| HOME ADDRESS (no. and street) | (City) | (County) | (State) (Zip) |
| PREVIOUS ADDRESS (no. and street) | (City) | (County) | (State) (Zip) |
| | | | HOW LONG THERE? Yrs. |
| | | | HOW LONG THERE? Yrs. |

| | | | |
|-------------------------------|---------------------------|--|--------------|
| EMPLOYMENT OR BUSINESS | | YOUR NEAREST RELATIVE (Not living with you) | |
| EMPLOYED BY (1) | DEPARTMENT AND SUPERVISOR | NAME | RELATIONSHIP |
| EMPLOYER'S ADDRESS | | ADDRESS | PHONE NO. |

| | | | |
|------------------------|---|-----------------------------|------------------------|
| POSITION OR TITLE | DEPARTMENT AND SUPERVISOR | BANK REFERENCES | |
| BUSINESS PHONE NO. | HOW LONG THERE? Yrs. | MONTHLY SALARY | OTHER MONTHLY INCOME * |
| | | CHECKING ACCOUNT NO. (Bank) | (Balance) \$ |
| SOURCE OF OTHER INCOME | LIST ONLY INCOME TO BE USED FOR REPAYMENT OF LOAN | SAVINGS ACCOUNT NO. (Bank) | (Balance) \$ |

| | | | |
|-------------------|----------------------|--------------------------|------------------------|
| PREVIOUS EMPLOYER | HOW LONG THERE? Yrs. | MONTHLY SALARY | OTHER MONTHLY INCOME * |
| ADDRESS | | OTHER ACCOUNT NO. (Bank) | (Balance) \$ |

| | | | |
|--------------------|---------------------------|--------------------------|--------------|
| EMPLOYED BY (2) | DEPARTMENT AND SUPERVISOR | OTHER ACCOUNT NO. (Bank) | (Balance) \$ |
| EMPLOYER'S ADDRESS | | | |

| | | | |
|---------------------------------|---------------------------|----------------|------------------------|
| IF YOU OWN AN AUTOMOBILE | | | |
| POSITION OR TITLE | DEPARTMENT AND SUPERVISOR | YEAR | FINANCED BY |
| BUSINESS PHONE NO. | HOW LONG THERE? Yrs. | MONTHLY SALARY | OTHER MONTHLY INCOME * |
| | | MAKE | AMOUNT OWING \$ |
| | | | MONTHLY PAYMENTS \$ |

* 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: court order written agreement oral understanding

| | | | | |
|--|------|---------|-----|------------------------|
| APPLICANT #1 DRIVER'S LICENSE # | NAME | ADDRESS | ZIP | MONTHLY (RENT) PYMT \$ |
| LANDLORD (if renting) <input type="checkbox"/> | | | | |
| MORTGAGE HELD BY <input type="checkbox"/> | | | | |

| | | | | | | |
|--|-------------------------------------|------------|----------------|----------|-------------------|----------------------|
| REAL ESTATE OWNED (If none, please state "None") | NAME(S) IN WHICH PROPERTY IS TITLED | LOCATED AT | DATE PURCHASED | VALUE \$ | BALANCE OF MTG \$ | MONTHLY MTG PYMT. \$ |
|--|-------------------------------------|------------|----------------|----------|-------------------|----------------------|

LIST ALL OBLIGATIONS (other than above)—Installment Accounts, Credit Cards, Debts to Banks, Credit Unions, Finance

| NAME OF BANK OR COMPANY | ADDRESS | ACCOUNT NO. | ORIGINAL AMOUNT | UNPAID BALANCE | M. PYMT. |
|-------------------------|---------|-------------|-----------------|----------------|----------|
| | | | | | |
| | | | | | |
| | | | | | |

Use reverse side for additional information

Have you ever had any suits, judgments, garnishments, bankruptcy or other legal proceeding against you? _____
 Are you a co-maker, endorser, or guarantor on any loan or contract? _____
 Do you have any other obligations such as alimony, child support, separate maintenance, etc.? _____
 If answer is yes to any of the above three questions, give particulars on reverse.

As co-maker, I/we understand I/we am responsible for the payment of this loan should the primary borrower default on the payments.
 I/We hereby acknowledge that if this loan is updated by the primary maker of the note and the bank, that my/our responsibility on this obligation is extended to the new maturity under the extension agreement.
 I/We hereby certify that the above statements as well as those on the reverse side are true and correct and are made for the purpose of co-signing a loan or loans from you. I/We authorize you to obtain any information that you may require concerning the above statements. This application shall remain your property whether the loan is granted or not.

WARNING Any person who knowingly makes a false statement or a misrepresentation in this application or causes such a false statement or misrepresentation to be made shall be subject to a fine of not more than \$5000 or by imprisonment for not more than 2 years, or both, under provisions of the United States Criminal Code.

Applicant's signature (1) _____

Applicant's signature (2) _____