

TWO RIVER COMMUNITY BANK CONSUMER LINES & LOANS APPLICATION

If this is an application for joint credit, Applicant and Co-Applicant each agree that we intend to apply for joint credit (sign below):

X	_____	X	_____
Borrower		Co-Borrower	
PURPOSE	Auto Loan \$ _____	Term	_____
	Personal (Unsecured) Loan \$ _____	Term	_____
	Personal (Secured) Loan \$ _____	Term	_____
	Overdraft Protection Line \$ _____	Term	_____

APPLICANT: Complete this section. Also If this is a joint application "Co-Applicant" section should be completed.
If you are relying on income from another person or source for repayment of this loan, see "Other Income" notice below.

Name (First, Middle, Last) _____ Date of Birth _____
Home Address _____ City _____ State _____ Zip _____
Phone/Cell _____ Social Security # _____ # of Years at this Address _____ Own or Rent _____
Email Address _____ Rent/Mortgage Payment _____ Mortgage Holder or Landlord _____

EMPLOYMENT: Name of Employer _____ # of Years _____
Address of Employer _____ City _____ State _____ Zip _____
Telephone _____ Position Held _____ Monthly Income _____
Prior Employer and Address if less than five (5) years with present Employer _____

CO-APPLICANT: Complete this section. Also if this is a joint application "Co-Applicant" section should be completed.
If you are relying on income from another person or source for repayment of this loan, see "Other Income" notice below.

Name (First, Middle, Last) _____ Date of Birth _____
Home Address _____ City _____ State _____ Zip _____
Phone/Cell _____ Social Security # _____ # of Years at this Address _____ Own or Rent _____
Email Address _____ Rent/Mortgage Payment _____ Mortgage Holder or Landlord _____

EMPLOYMENT: Name of Employer _____ # of Years _____
Address of Employer _____ City _____ State _____ Zip _____
Telephone _____ Position Held _____ Monthly Income _____
Prior Employer and Address if less than five (5) years with present Employer _____

OTHER INCOME: List all other sources of income, i.e. Social Security, pension, etc.

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. If you wish to rely on such income, you must provide us with the name, address, and phone number of the persons(s) who will be making payment to you in the "Provider" section below. Use additional page if needed.

Applicant Other Income _____
Source _____ Provider _____
Co-Applicant Other Income _____
Source _____ Provider _____

DEBT: Include bank, finance company, credit card, personal debts, pension plan loans, alimony, support payment and court judgments. Attach additional sheet if necessary. If none, state 'None'.

Name & Address of Creditor (s) _____
In what name _____ Account # _____ Unpaid balance _____ Monthly Payment _____
Name & Address of Creditor (s) _____
In what name _____ Account # _____ Unpaid balance _____ Monthly Payment _____

PLEASE READ & SIGN: below and "you and your" refer to the lender. I declare that information in this application is true and complete. No suits, judgments, bankruptcy proceedings, or legal claims are now pending against me. You may investigate the information in the application. I authorize any individual or consumer reporting agency to give you additional information. This application will remain your property. If I ask, the Bank will tell me if it has obtained a credit report and the name of the credit reporting company that supplied the information.

SIGNATURE OF APPLICANT: _____ Date _____
SIGNATURE OF CO-APPLICANT: _____ Date _____

