

## Loan Application/Personal Financial Statement



www.bankofadvance.com

**Advance Lending Center**  
 205 S. Ash  
 P.O. Box 400  
 Advance, MO 63730  
 Phone: (573) 722-3518  
 Fax: (573) 722-2500

**Bowen Banking Center**  
 415 W. 5th  
 P.O. Box 215  
 Bowen, IL 62316  
 Phone: (217) 842-5234  
 Fax: (217) 842-5232

Application Date: \_\_\_\_\_

Amount of Loan Request: \_\_\_\_\_

Payment Date Requested: \_\_\_\_\_

Purpose: \_\_\_\_\_

**Chaffee Banking Center**  
 102 E. Yoakum  
 P.O. Box 7  
 Chaffee, MO 63740  
 Phone: (573) 887-3551  
 Fax: (573) 887-6008

**Dexter Banking Center**  
 1428 W. Bus. Hwy 60  
 P.O. Box 829  
 Dexter, MO 63841  
 Phone: (573) 624-1500  
 Fax: (573) 624-3909

**Please tell us about yourself and co-applicant, if applicable**

Applicant's Name			Co-applicant's Name		
Home Address Number and Street			Home Address Number and Street		
City, State, Zip Code		County/Country	City, State, Zip Code		County/Country
E-mail Address		Cell Phone No.	E-mail Address		Cell Phone No.
Social Security Number	Home Phone No.	Date of Birth	Social Security Number	Home Phone No.	Date of Birth
Driver's License No.	No. Dependents	Age of Dependents	Driver's License No.	No. Dependents	Age of Dependents
Applicant's Previous Home Address					Yrs/Mos
Business Name or Employer		Self Employed (Additional Info Required)		Co-applicant's Employer	
Business Address Number and Street		Yrs/Mos		Business Address Number and Street	
City, State, Zip Code		Business Phone		City, State, Zip Code	
Position		Personal Monthly Employment Income		Position	
Previous Employer		Yrs/Mos		Previous Employer	

**About Applicant/Co-applicant Other Monthly Income**

You need not disclose alimony, child support or separate maintenance income unless you want us to consider it for purposes of this application.

Monthly Interest & Dividend	Rental Income \$	Other Monthly Income \$	Please describe the sources of Other Income.
Income \$			

**Marital Status**

Do not complete if this is an Application for Individual unsecured credit.

Applicant	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced and widowed)
Co-Applicant	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced and widowed)

**About Your Existing Loans and Accounts**

Rent Home  
 Own Home in the following name(s):

Monthly Rent or Payment \$	Purchase Price \$	Original Loan Amount \$	Balance Owing \$	Present Value \$	Date Purchased
Name and address of Mortgage Holder or Landlord					
Name of My Bank			Checking Account No.	Savings Account No.	
Have you ever had a judgment filed against you or declared bankruptcy?			Date: (Attach details)		
<input type="checkbox"/> Yes <input type="checkbox"/> No			Monthly child support or separate maintenance payment \$		
Name of nearest relative not living with you:		Address	Phone No.	Relationship	

ASSETS		OBLIGATIONS		
Description	Amount		Amount Owed	Monthly Pmts
1. Cash, Complete Schedule 1 (on back)	\$	10. Bank Loans-Unsecured	\$	\$
2. Stocks or Bonds Complete Schedule 2 (on back)	\$	11. Bank Loans- Secured	\$	\$
3. Real Estate Complete Schedule 3 (on back)	\$	12. Real Estate Loans Complete Schedule 3 (on back)	\$	\$
4. Automobile(s) Complete Schedule 4 (on back)	\$	13. Auto Loans or Lease Pmts Complete Schedule 4 (on back)	\$	\$
5. Cash Value of Life Insurance (face value) \$ Complete Schedule 5 (on back)	\$	14. Life Ins. Loans Complete Schedule 5 (on back)	\$	\$
6. Notes Receivable	\$	15. Credit Cards Complete Schedule 7 (on back)	\$	\$
7. IRA, Keogh or Retirement Funds Complete Schedule 6 (on back)	\$	16. Other Liabilities Complete Schedule 9 (on back)	\$	\$
8. Other Assets Complete Schedule 8 (on back)	\$		\$	\$
9. Networth of Business (attach financial statement)	\$		\$	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES</b>	\$	\$
		<b>NET WORTH</b>	\$	

Please attach any additional information that will be helpful in approving your application.  
I/We represent that this application is complete and accurate and fully reflects my/our financial condition on the date shown below. I/We authorize Lender to obtain a credit report and any other information it deems necessary about my/our credit worthiness. I/We agree to notify Lender immediately, in writing, of any adverse change in my/our financial condition. I/We understand that Lender will retain this applicaiton whether or not it is approved. Lender may share transaction and experience information about me/us with its affiliates/subsidiaries. \_\_\_Lender does not share other information such as applicaiton or consumer report information. \_\_\_Lender may share other information such as application or consumer report information unless I/We direct Lender not to do so by initialing here. \_\_\_\_\_

We intend to apply for joint credit. \_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
X Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
X Co-Applicant's Signature

\_\_\_\_\_  
Date

**ASSETS AND LIABILITIES SCHEDULE**

**SCHEDULE 1 - CASH DEPOSITS**

FINANCIAL INSTITUTION	ACCOUNT NUMBER	AMOUNT
		\$
		\$
		\$
		\$
<b>TOTAL</b>		\$

**SCHEDULE 2 - STOCKS AND BONDS OWNED**

NO. OF SHARES	COMPANY	REGISTERED IN NAME(S) OF:	MKT VALUE PER SHARE	MARKET VALUE
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
<b>TOTAL</b>				\$

**SCHEDULE 3 - REAL ESTATE OWNED**

DESCRIPTION OF PROPERTY	ORIGINAL LOAN AMOUNT	EQUITY	MARKET VALUE	MONTHLY PMT	PRESENT BALANCE
<b>TOTAL</b>					

**SCHEDULE 4 - AUTOMOBILES AND OTHER TITLED VEHICLES**

YEAR	MAKE	MODEL	VALUE	MONTHLY PMT	PRESENT BALANCE
<b>TOTAL</b>					

SCHEDULE 5 - LIFE INSURANCE				
COMPANY	BENEFICIARY	FACE VALUE	CASH VALUE OF LIFE INSURANCE	POLICY LOANS
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
TOTAL		\$	\$	\$

SCHEDULE 6 - IRA, KEOGH OR RETIREMENT FUNDS		
FINANCIAL INSTITUTION	VESTED INTEREST	
	\$	
	\$	
	\$	
	\$	
TOTAL		\$

SCHEDULE 7 - CREDIT CARDS			
COMPANY	ACCOUNT NUMBER	MONTHLY PMTS	PRESENT BALANCE
TOTAL			\$

SCHEDULE 8 - OTHER ASSETS		
DESCRIPTION	VALUE	
	\$	
	\$	
	\$	
	\$	
TOTAL		\$

SCHEDULE 9 - OTHER LIABILITIES			
DESCRIPTION	SECURITY	MONTHLY PMT	PRESENT BALANCE
		\$	\$
		\$	\$
		\$	\$
		\$	\$
TOTAL		\$	\$