

SECTION D – LIABILITIES AND INDEBTEDNESS

(Use Additional Sheet If Needed)

List below all indebtedness to banks, credit unions, stores, finance companies, individuals and other creditors, including obligations to pay alimony, child support, separate maintenance, rent, mortgages, etc.

CREDITOR	TYPE OF DEBT OR ACCOUNT NUMBER	ORIGINAL DEBT	PRESENT AMOUNT OWED	COLLATERAL	MONTHLY PAYMENT
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
TOTAL LIABILITIES FROM ADDITIONAL SHEET			\$		\$
TOTALS			LIABILITIES \$		MONTHLY PAYMENTS \$
			MONTHLY DEBT TO INCOME %	ASSETS TO LIABILITIES %	

SECTION E - JOINT APPLICANT, USER OR OTHER PARTY

(Use Additional Sheet If Needed)

NAME (Please print full name)	HOME PHONE	CELL PHONE	BIRTH DATE	SOCIAL SECURITY NUMBER
PRESENT STREET ADDRESS	YEARS THERE:		DRIVERS LICENSE NUMBER - STATE	
CITY AND STATE	ZIP		E-MAIL ADDRESS	
IMMEDIATE PREVIOUS ADDRESS	YEARS THERE:		NO. OF DEPENDENTS - LIST BY AGE	
CITY AND STATE	ZIP		ARE YOU A U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No	
RELATIONSHIP TO APPLICANT	<input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> CO-SIGNER <input type="checkbox"/> GUARANTOR <input type="checkbox"/> ENDORSER			

TWO NEAREST RELATIVES NOT LIVING WITH YOU OTHER THAN A PRESENT OR FORMER SPOUSE	NAME	ADDRESS	CITY, STATE ZIP	PHONE
1.				
2.				

MY PRINCIPAL FINANCIAL INSTITUTION IS:	Checking Account No.	Savings Account No.	Cert. of Deposit	Safe Deposit	Loan
OTHER FINANCIAL INSTITUTIONS USED:	Checking Account No.	Savings Account No.	Cert. of Deposit	Safe Deposit	Loan

PRESENT EMPLOYER	SALARY AND WAGES \$		Monthly Income \$
EMPLOYER ADDRESS	BUSINESS PHONE	OTHER INCOME: From Whom or Describe: <i>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.</i>	
	DATE OF EMPLOY		\$
POSITION OR TITLE	SUPERVISOR		\$
PREVIOUS EMPLOYER AND ADDRESS			\$
			\$
POSITION OR TITLE	YEARS EMPLOYED	TOTAL MONTHLY INCOME	\$

Is any income listed in this Section likely to be reduced in the next two years or before the credit requested is paid off? No Yes (Explain in detail, use separate sheet if needed):

If you have chosen to disclose income from alimony, child support or separate maintenance, is such income pursuant to:	HOW LONG RECEIVED?	HOW OFTEN?	FROM WHOM?
<input type="checkbox"/> Written Agreement <input type="checkbox"/> Court Decree <input type="checkbox"/> Other			

Have you ever been bankrupt or had any judgments or garnishments against you? No Yes When?

Are you a co-maker, endorser, or guarantor on any loan or contract? No Yes For Whom? To Whom? Amount? \$

SECTION F – MARITAL STATUS

Complete this Section ONLY if the loan requested is to be secured, or you reside in a community property state, or you are relying on property located in a community property state to repay the loan.

APPLICANT: Married Separated Unmarried (including single, divorced and widowed) OTHER PARTY: Married Separated Unmarried (including single, divorced and widowed)

SIGNATURES

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not loan is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

APPLICANT SIGNATURE _____ CO-APPLICANT/CO-SIGNER/GUARANTOR/ENDORSER SIGNATURE (Where Applicable) _____

X _____ DATE _____ X _____ DATE _____

MORTGAGE LOAN ORIGINATOR INFORMATION

THIS INFORMATION APPLIES TO CONSUMER LOANS SECURED BY A DWELLING (OTHER THAN HOME EQUITY LINE OF CREDIT OR CREDIT SECURED BY TIMESHARE PLAN INTEREST)

Loan Originator's Name	Loan Originator Identifier	Loan Originator's Phone Number (including area code)
		573-893-5665
Loan Origination Company's Name	Loan Origination Company Identifier	Loan Origination Company's Address
Farmers Bank of Lohman	460991	103 Lomo Dr Jefferson City, MO 65109