

# Consumer Loan Application



**First National Bank**  
ALASKA  
MEMBER FDIC

APPLICATION NUMBER

**Important Information About Procedures For Opening A New account:**  
To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

**What this means to you:** When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or identifying documents.

- I am applying for individual credit.  
 We are applying for joint credit. Please initial below.

\_\_\_\_\_  
Applicant

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

<b>Amount Requested \$</b>	<b>Term Mo/Yr</b>	<b>Purpose</b>
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APPLICANT				CO-APPLICANT			
FIRST NAME	MIDDLE NAME	LAST NAME	JR/SR	FIRST NAME	MIDDLE NAME	LAST NAME	JR/SR
MAILING ADDRESS			E-MAIL ADDRESS	MAILING ADDRESS			E-MAIL ADDRESS
CITY		STATE	ZIP	CITY		STATE	ZIP
PHYSICAL ADDRESS			TIME AT ADDRESS (MM/YY)	PHYSICAL ADDRESS			TIME AT ADDRESS (MM/YY)
CITY		STATE	ZIP	CITY		STATE	ZIP
FORMER ADDRESS (IF LESS THAN 2 YEARS AT CURRENT ADDRESS)				FORMER ADDRESS (IF LESS THAN 2 YEARS AT CURRENT ADDRESS)			
CITY		STATE	ZIP	CITY		STATE	ZIP
SOCIAL SECURITY NO.		HOME PHONE/CELL NUMBER		SOCIAL SECURITY NO.		HOME PHONE/CELL NUMBER	
DATE OF BIRTH		NO. OF DEPENDENTS (INCLUDING SELF)		DATE OF BIRTH		NO. OF DEPENDENTS (INCLUDING SELF)	
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP	NAME OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP
ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			PHONE NUMBER	ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			PHONE NUMBER

APPLICANT OCCUPATION				CO-APPLICANT OCCUPATION			
<i>Please provide two years of income tax returns if self-employed or seasonally employed.</i>							
EMPLOYER				EMPLOYER			
ADDRESS			WORK PHONE NUMBER	ADDRESS			WORK PHONE NUMBER
HOW LONG YEARS	MONTHS	POSITION		HOW LONG YEARS	MONTHS	POSITION	
FORMER EMPLOYER/POSITION		HOW LONG YEARS	MONTHS	FORMER EMPLOYER/POSITION		HOW LONG YEARS	MONTHS

INCOME			
<i>List sources of income below. Income from alimony or child support payments need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.</i>			
GROSS MONTHLY SALARY		GROSS MONTHLY SALARY	
BONUS AND COMMISSIONS		BONUS AND COMMISSIONS	
RENTAL INCOME		RENTAL INCOME	
DIVIDEND INCOME		DIVIDEND INCOME	
OTHER		OTHER	
<b>TOTAL</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>



**REAL ESTATE OWNED**

NOTE: Attach additional sheets if necessary. Indicate in whose name the account is held: (A) Applicant (C) Co-Applicant (J) Joint

(A) (C) (J)	Description	Purchase Date	Mortgage Holder	Current Value	Current Balance	Rental Income	Monthly Payment
			Total	\$	\$	\$	\$

**FINANCIAL STATEMENT**


(A) (C) (J)	Assets	Current Value	(A) (C) (J)	Debt Outstanding	Monthly Payment	Balance
	CASH IN FIRST NATIONAL BANK ALASKA			MONTHLY RENT/MORTGAGE PAYMENT		
	CASH IN OTHER INSTITUTIONS (NAME OF INSTITUTION)					
	MARKET VALUE OF STOCKS/BONDS					
	TOTAL CURRENT VALUE OF REAL ESTATE (SEE REAL ESTATE OWNED)			OTHER REAL ESTATE LOANS		
	AUTOMOBILE              YR      MAKE			AUTO LOAN		
	AUTOMOBILE              YR      MAKE			AUTO LOAN		
	BOAT/RECREATIONAL VEHICLE    YR      MAKE			CREDIT CARD (LIST)		
	PROFIT SHARING/RETIREMENT					
	PERSONAL PROPERTY					
	OTHER ASSETS (DESCRIBE)			TAXES		
				ALIMONY/CHILD SUPPORT		
				OTHER DEBT		
				TOTAL		
					\$	\$
		TOTAL	\$	NET WORTH (ASSETS MINUS DEBT)	\$	\$

**ADDITIONAL INFORMATION**

Are you a co-maker, endorser, or guarantor on any loan or contract?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If "yes," for whom?	To whom owed?
Is there any unsatisfied judgment against you?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Amount \$	If "yes," to whom owed?
Have you ever had credit in another name?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If "yes," list names.	When?
Have you been declared bankrupt in the last 7 years?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If "yes," where?	Year?
Describe the property to be given as security, if any:			
If the security is your primary residence, give the full name of your spouse, if any:			

Everything that I/we have stated in 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 check my/our credit and employment history and to answer questions about your credit experience with me/us.

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

For Bank Use Only	Date Rec'd	Closed <input type="checkbox"/>	Declined <input type="checkbox"/>	Withdrawn <input type="checkbox"/>	Rec'd from: In Person <input type="checkbox"/>	Mail <input type="checkbox"/>	Fax <input type="checkbox"/>	Internet <input type="checkbox"/>	Bank <input type="checkbox"/>	
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