



Your locally owned community bank

DENALI STATE BANK



Equal Housing Lender
MEMBER FDIC

CONSUMER LOAN APPLICATION

(DSB Rev. 3/09)

By submitting this application, you certify that everything stated herein is correct. You also authorize us to check your credit and employment history. USA PATRIOT ACT- To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act, a Federal Law, requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account, including business accounts. What this means for you: we will ask for a government issued, photo ID that will allow us to identify you.

Amount Requested: _____ **Term Requested:** _____ **Auto Pay:** Yes, DSB Acct# _____ No

Specific Loan Purpose: _____

Collateral Offered: _____

Insurance Company: _____ **Insurance Agent:** _____

Would you like optional Payment Protection Insurance: Yes No **Desired Monthly Payment Day :** _____

APPLICANT				CO-APPLICANT			
Full Legal Name (PLEASE INCLUDE MIDDLE NAME)				Full Legal Name (PLEASE INCLUDE MIDDLE NAME)			
Physical Address				Physical Address			
City		State	Zip	City		State	Zip
Mailing Address (if different than Physical Address)				Mailing Address (if different than Physical Address)			
City		State	Zip	City		State	Zip
Home Phone		Cell Phone		Work Phone		Work Phone	
Social Security Number			Date of Birth	Social Security Number			Date of Birth
Marital Status (Do not complete if this is an application for individual unsecured credit) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Including single, divorced, and widowed)				Marital Status (Do not complete if this is an application for individual unsecured credit) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Including single, divorced, and widowed)			
Email Address:				Email Address:			
Name of nearest relative not living with you		Relationship		Name of nearest relative not living with you		Relationship	
Address		Phone Number		Address		Phone Number	

EMPLOYMENT INFORMATION							
Employer		How Long	Yrs. in the same field	Employer		How Long	Yrs. in the same field
Position/Title (If Military, Grade & Rotation Date)			Gross Monthly Income	Position/Title (If Military, Grade & Rotation Date)			Gross Monthly Income

*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.

*Source of Other Monthly Income _____ Other Monthly Income _____ *Source of Other Monthly Income _____ Other Monthly Income _____

ASSETS		Balance or Value	LIABILITIES		Monthly Payment	Current Balance
Total Checking & Savings		\$	Rent		\$	
Total Investments (IRA's, Stocks, Bond & Retirement funds)		\$	Total Revolving Debt (Credit Cards)		\$	\$
Total Auto's and Recreational Vehicle Values		\$	Total Installment Debt (Auto's Etc.)		\$	\$
Total Real Estate Values		\$	Total Real Estate Debt		\$	\$
Other Assets		\$	Other Monthly Debts		\$	\$
Total Assets (A)		\$	Total Monthly Payments		\$	
Do you have other credit applications pending? Are You Party to a Lawsuit? Do you have current or paid judgments against you? Have you ever filed for Bankruptcy? If Yes, Date: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Liabilities (Sum of all balances) (B)		\$	
			NET WORTH (A) Minus (B)		\$	

IMPORTANT: DO NOT SIGN THIS FORM UNTIL YOU CAREFULLY READ IT AND UNDERSTAND ITS CONTENT

Purpose: You have submitted an application for a loan. In connection with your loan application, Lender may be soliciting, offering to sell, or will sell you an insurance product or annuity. Federal law requires Lender to provide you with following disclosures.

- Credit Disclosure:**
- Lender, as a condition of granting you a loan, cannot require that you purchase an insurance product or annuity from Lender or any of its affiliates.
 - Lender, as a condition granting you a loan, cannot require your agreement not to obtain or prohibit you from obtaining an insurance product or annuity from an unaffiliated entity.

The undersigned hereby declare and represent that they have read the foregoing Application, that all statements made therein are complete and true to their knowledge, that all financial and credit information of value to the consideration of this Loan Request has been given and that the statements are made and information given as an inducement to the Lender to grant the Loan for which this Application is made. The Applicant(s) authorize the Lender, or his Agent, to verify the information contained herein and to make such additional normal inquires as reasonably may be related to or associated with this Application, from credit bureaus and from employers, creditors, and references listed on this Application, and agree that such information, along with this Application, shall remain the Lender's property. The undersigned acknowledge receipt of the Personal Privacy Statement.

We are applying for Joint Credit. Please initial: _____
Applicant Co-Applicant

X _____ X _____
Applicant's Signature Date Co-Applicant's Signature Date

FOR OFFICIAL USE ONLY

Date Received:	Received: <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Internet	Status: <input type="checkbox"/> Approved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Declined
Applicant I.D. Verified By:	I.D. Type/Number	State
Applicant I.D. Verified By:	I.D. Type/Number	State
	Issue Date:	Expiration Date:
	Issue Date:	Expiration Date: