



LINCOLN SAVINGS BANK

CREDIT APPLICATION - CONSUMER LOAN

Thank you for your interest in a consumer loan from Lincoln Savings Bank. You can type your responses directly on the form, then save and / or print the application. To save, you can either go to File > Save / Save As OR click the "Save a Copy" button above (if available). You can send, fax or drop off your completed application at any Lincoln Savings Bank location. For a list of locations, visit our website at www.MyLSB.com/Locations/.

NOTE: Please DO NOT email your completed application, as email is not a secure form of communication.

SECTION A - LOAN INFORMATION

TYPE OF CREDIT REQUESTED <input type="checkbox"/> SECURED <input type="checkbox"/> INDIVIDUAL CREDIT <input type="checkbox"/> UNSECURED <input type="checkbox"/> INDIVIDUAL CREDIT WITH CO-SIGNOR <input type="checkbox"/> JOINT CREDIT		LOAN PURPOSE: <input type="checkbox"/> VEHICLE <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> PERSONAL <input type="checkbox"/> BOAT <input type="checkbox"/> RV <input type="checkbox"/> OTHER (IF OTHER, DESCRIBE): _____		
REQUESTED LOAN AMOUNT: \$ _____	LOAN TERM: <input type="checkbox"/> MONTHS <input type="checkbox"/> YEARS	REQUESTED PAYMENT DATE : _____	PURCHASE PRICE: \$ _____	STATUS: <input type="checkbox"/> NEW <input type="checkbox"/> PRE-OWNED <input type="checkbox"/> REFINANCE
LOAN DETAILS: (MUST BE PROVIDED FOR VEHICLE OR OTHER TITLE LOAN)				
YEAR: _____	MAKE: _____	MODEL: _____		

SECTION B - INDIVIDUAL APPLICANT INFORMATION

NAME (Last, First, Middle Initial): _____		BIRTHDATE: _____		SOCIAL SECURITY NUMBER: _____	
DRIVER'S LICENSE NO.: _____	STATE: _____	EXPIRATION DATE: _____	HOME PHONE: _____		CELL PHONE: _____
ADDRESS (Street, City, State and Zip): _____				COUNTY: _____	
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT	MONTHLY MORTGAGE / RENT PAYMENT: \$ _____	HOW LONG? _____	EMAIL ADDRESS: _____		
PREVIOUS ADDRESS (Street, City, State and Zip - Complete if less than 3 years at present address): _____			COUNTY: _____	DID YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOW LONG? _____
EMPLOYER (Company Name and Address): _____					HOW LONG? _____
WORK PHONE: _____	EXT.: _____	POSITION OR TITLE: _____	SALARY PER MONTH: GROSS: \$ _____ NET: \$ _____		
PREVIOUS EMPLOYER (Company Name and Address): _____					HOW LONG? _____
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU: _____		RELATIONSHIP _____		PHONE: (WITH AREA CODE) _____	
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. Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
SOURCES OF OTHER INCOME: _____				AMOUNT PER MONTH: \$ _____	
Is any income listed in this Section likely to be reduced before the credit request is paid off?: <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain) _____			Have you previously received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When? _____		
ARE YOU A PERMANENT RESIDENT OF THE UNITED STATES? <input type="checkbox"/> No <input type="checkbox"/> Yes If "No", what is the expiration date of your current VISA? _____			# DEPENDENTS: _____	AGES OF DEPENDENTS: _____	



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SECTION C - JOINT APPLICANT OR CO-SIGNOR Joint Applicant Co-Signor

NAME (Last, First, Middle):			BIRTHDATE:		SOCIAL SECURITY NUMBER:	
DRIVER'S LICENSE NO.:		STATE:	HOME PHONE:		CELL PHONE:	
PRESENT ADDRESS (Street, City, State and Zip):						COUNTY:
DO YOU:	MONTHLY MORTGAGE / RENT PAYMENT:		HOW LONG?	EMAIL ADDRESS:		
<input type="checkbox"/> OWN <input type="checkbox"/> RENT	\$					
EMPLOYER (Company Name and Address):						HOW LONG?
WORK PHONE:		EXT.:	POSITION OR TITLE:		SALARY PER MONTH:	
					GROSS: \$ NET: \$	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU:				RELATIONSHIP	PHONE: (WITH AREA CODE)	
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. Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding						
SOURCES OF OTHER INCOME:					AMOUNT PER MONTH:	
					\$	
Is any income listed in this Section likely to be reduced before the credit request is paid off?:				Has joint applicant or other party ever received credit from us?		
<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)				<input type="checkbox"/> No <input type="checkbox"/> Yes - When?		
ARE YOU A PERMANENT RESIDENT OF THE UNITED STATES?					# DEPENDENTS:	AGES OF DEPENDENTS:
<input type="checkbox"/> No <input type="checkbox"/> Yes If "No", what is the expiration date of your current VISA?						

SECTION D - MARITAL STATUS

(Do not complete if this is an application for individual unsecured credit.)

Applicant: Married Separated Unmarried (including single, divorced and widowed)

Other Party: Married Separated Unmarried (including single, divorced and widowed)

SECTION E - FINANCIAL STATEMENT

ASSETS:	Description	Value
Checking Account(s) and Cash on hand		\$
Savings (CD, money market, savings, etc.)		\$
Retirement account(s)		\$
Securities (stocks, bonds, funds)		\$
Life Insurance (cash surrender value only)		\$
Real Estate		\$
Other Assets		\$
Total Assets Value		\$



L I N C O L N S A V I N G S B A N K
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REGULATION B Notice of Intent to Apply for Joint Credit

Please complete this section only if you are applying for joint credit. Individual credit applications may disregard.

Notice

We intend to apply for joint credit.

Acknowledgement

By signing below, we acknowledge the intention to apply for joint credit on today's date.

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date