



TAMUNING CENTER

126 Chalan San Antonio, Tamuning, Guam 96913

DEDEDO CENTER

Phone: 647-6820 * Fax: 646-1249

Consumer Loan Application

Phone: 635-7320 * Fax: 637-3102

CHECK APPROPRIATE BOX

- If you are applying for individual credit in your own name and are relying on your own income or assets.
- If you are applying for joint credit with another person.
- If you are applying for individual credit but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested.

Date _____ PL PLS AL
 Amount of Loan Request _____ Length of Loan _____ Market _____ Purpose of Loan _____
 \$ _____

APPLICANT

NAME _____ Age _____
 Date of Birth _____ S.S.No. _____ D.L. No. _____
 Employer _____
 Emp. Address _____
 Type of Business _____
 No. of Years Employed _____ Bus. Phone _____
 Position Occupied _____
 If less than 2 years at present employment
 Previous Employer _____
 Years Employed _____ Position _____
 U.S. Citizen _____ P.R. No. _____

JOINT APPLICANT

NAME _____ Age _____
 Date of Birth _____ S.S.No. _____ D.L. No. _____
 Employer _____
 Emp. Address _____
 Type of Business _____
 No. of Years Employed _____ Bus. Phone _____
 Position Occupied _____
 If less than 2 years at present employment
 Previous Employer _____
 Years Employed _____ Position _____
 U.S. Citizen _____ P.R. No. _____

Home Address _____ Since _____ Home Phone _____
 Mailing Address _____ Cell Phone _____
 Former Address (2 Years Coverage) _____ For how long? _____
 Marital Status (complete for joint or secured credit) Married Separated Unmarried (including single, divorced, and widowed)
 Ages of Dependants other than Spouse _____ E-Mail Address _____
 Present Residence: Own Buying Renting for _____ Mo. from _____ Address _____
 FMV (IF OWNED) \$ _____ Live/Parents, Relative, In-Laws _____

MONTHLY INCOME

| | APPLICANT | JOINT APPLICANT |
|---------------------------|-----------------|-----------------|
| Gross Wages | \$ _____ | \$ _____ |
| Retirement | \$ _____ | \$ _____ |
| Social Security | \$ _____ | \$ _____ |
| Welfare | \$ _____ | \$ _____ |
| Other Income | \$ _____ | \$ _____ |
| Total | \$ _____ | \$ _____ |

\$ _____
JOINT INCOME

You need not reveal alimony, child support, or maintenance income, if you do not want to be considered in evaluating this application.

Are you a co-maker, endorser, or grantor on any loan or contract? _____

Are there any judgments unsatisfied or lawsuits pending against you? _____

Have you gone through bankruptcy within the last 14 years? _____

BANK REFERENCES

Name of Bank _____ Branch _____ CHECKING SAVINGS
 Name of Bank _____ Branch _____ CHECKING SAVINGS

PERSONAL REFERENCES

Nearest Relative _____ Home Address _____ Phone _____ Relationship _____
 Other Reference _____ Home Address _____ Phone _____ Relationship _____

AUTO(S) Year _____ Make _____ Model _____
 Year _____ Make _____ Model _____

| LIST BELOW ALL DEBTS NOW OWING (Include banks, credit cards, loan companies, and other large monthly payments for medical expenses, alimony, or child support. | ADDRESS OR OFFICE | BALANCE NOW OWING | MONTHLY PAYMENT |
|--|--|--------------------|-----------------|
| <input type="checkbox"/> Home Loan Loan No. _____ Lender or Landlord _____ | | | |
| <input type="checkbox"/> Rent | | | |
| Other Mortgages | | | |
| Auto Loan or Lease | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Paid Loans within 2 years | | | |
| | | | |
| Are all obligation listed <input type="checkbox"/> Yes <input type="checkbox"/> No | Is any obligation past due? <input type="checkbox"/> Yes <input type="checkbox"/> No | TOTAL MO. PAYMENTS | \$ |

| ASSETS OWNED (USE SEPARATE SHEET IF NECESSARY) | | | | |
|--|-------|-------------|----------------|---------|
| DESCRIPTION OF ASSETS | VALUE | LIEN HOLDER | UNPAID BALANCE | REMARKS |
| CASH IN BANKS | | | | |
| CASH VALUE LIFE INSURANCE | | | | |
| MAKE MODEL YEAR | | | | |
| AUTOMOBILE { | | | | |
| REAL ESTATE { | | | | |
| MARKETABLE SECURITIES (Insurer No. of Shares) | | | | |
| OTHERS | | | | |
| TOTAL ASSETS | | | | |

Everything that I have stated in this application is correct to the best of my knowledge.
 I understand that you will retain this application and supporting documents whether or not it is approved.
 You are authorized to check my credit and employment history and to answer questions about your credit experience with me.
 I allow you to contact me at the telephone numbers, including via text messages, and email address above for marketing and collection purposes.

NOTICE OF NEGATIVE INFORMATION
 We may report information about your account to credit bureaus.
 Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

 Applicant's Signature Date Other Signature (Where applicable) Date

Interviewed by _____ Referred by _____

CREDIT INSURANCE APPLICATION
 (COVERAGE AVAILABLE TO PERSONS WHO HAVE NOT REACHED THEIR 65TH BIRTHDAY)

Is Applicant Under 65 years of age? Yes No

Is Co-Applicant Under 65 years of age? Yes No

| | |
|--|---|
| <input type="checkbox"/> Single Life and Single Disability ** (SD) | <input type="checkbox"/> Joint Life* and Single Disability (SD) |
| <input type="checkbox"/> Single Life Only (SL) | <input type="checkbox"/> Joint Life* Only (JL) |

* Joint Life coverage provides life insurance for both the Applicant and the Co-Applicant.
 ** Disability insurance is for the Applicant only with the first Monthly Benefit payable on 30th day of continuous disability

_____ I want the insurance checked above, and authorize the Lender to include the cost in the loan.
 _____ I do not desire this insurance coverage.

 Date Signature of Applicant Signature of Joint Applicant (If Joint Life wanted)