CONSUMER LOAN APPLICATION

Credit Requested Is:	Home Equity Loan Collateral Secured Loan Personal Unsecured Loan									Account Requested: Individual Joint						
Amount Requested	Description of Collateral Offered								We intend to apply for joint credit Initial							
Purpose of Credit Request										Applic	cant				Co-Applicant	
If the Applicant is married, he or c) you are relying on prope	or she n	nay apply for indi	vidual c	redit. For	Marita	I Status, check one is	a) you are applyir	ng for	r a secured cred	dit; b) you r	eside i	n a commu	nity pro	perty stat	e;	
or c) you are relying on prope	nty iii a C	Applica		as a pasis		PPLICANT II		ON		Co-Ap	plic	ant				
Applicant Role:	Пво	rrower	Co-Sigr	ner		rantor	Applicant Role:			orrower	<u></u>	Co-Signer		Guarar	ntor	
Applicant Name (include Jr. o	or Sr. if a	pplicable)					Co-Applicant Na	ıme (i	include Jr. or S	r. if applical	ble)					
Social Security Number	Home Phone (incl. area code)				DOB	(mm-dd-yyyy)	Social Security Number			Home Phone (incl. area code)			ode)	DOB (mm-dd-yyyy)		
Email Address							Email Address			_						
Married	narried (ir	nclude	Dep	endents (n	ot liste	ed by Co-Applicant)	Married		- Unmarried	include		Depen	dents (n	ot listed l	by Applicant)	
Separated sing	le, divorc	ed, widowed)	no). a	ages		Separated Unmarried (include single, divorced, widowed) no. ages									
Citizenship: U.S. Ci Present Address (street, city,		Permanent R	tesident nce	Alien	∐ No	on-Resident Alien	Citizenship: Present Address		U.S. Citizen eet, city, state,			Resident Ali since	en	∐ Non-	Resident Alien	
Mailing Address, if different f	rom Pres	sent Address					Mailing Address	, if di	fferent from Pr	esent Addre	ess					
			If	f residing a	t prese	ent address for less th	nan two years, cor	mplet	e the following	:						
Former Address (street, city,	state, ZI	P) fro	om		to		Former Address	(stree	et, city, state, 2	ZIP)	f	rom		to		
		Applica	int	EMP	LO۱	MENT / INC	OME INFO	RN	IATION	Co-Ap	plic	ant				
Name & Address of Employer				Employed		Yrs. on this job	Name & Address						Employ	ed	Yrs. on this job	
						Full time									Пеннен	
					D.		Position/Title & Type of Business Busin					ness Phone (incl. area code)				
Position/Title & Type of Busines	SS			Business	Phone	e (incl. area code)	Position/Title &	туре	of Business				Busine	ess Phone	e (Inci. area code)	
Gross Monthly Income	\$						Gross Monthly I	ncom	ie \$							
Name & Address of Employer				Employed	red Dates		Name & Address of Employer				Self	Employ	ed	Dates		
						from									from	
				1		to									to	
Position/Title & Type of Busines	SS			Business	Phone	e (incl. area code)	Position/Title &	Гуре	of Business				Busine	ess Phone	e (incl. area code)	
Name & Address of Employer			Self	Employed	ed Dates		Name & Address	Self Employe			ed	Dates				
						from									from	
						to									to	
Position/Title & Type of Business Busines				Business	Phone	e (incl. area code)	Position/Title & Type of Business						Busine	ess Phone	ss Phone (incl. area code)	
NOTICE: Alimony, Child Support	rt or Sepa	arate Maintenance	e Incom	e need not	be rev	realed if you do not v	l vish to have it con	sider	ed as a basis fo	or repaying	this of	oligation.				
Other Income					\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Other Income			-1-7-3		J		\$		
Other Income					\$		Other Income							\$		
Other Income					\$	HOUSING IN	Other Income	MC	***************************************					\$		
Own Rent since						Monthly Housing/I			Present Valu	е	***************************************		Date	Purchase	d	
☐ Own ☐ Rent since						\$			\$							
English et et et					U/	ASH ASSET	INFORMAT	IO								
Financial Institution Name									Saving Acco \$	unt Balance	,		\$	king Acco	ount Balance	
I/We hereby apply for the loan																
complete, and that I/we did not with other parties and to make				-			-			-						
as to Lender's experiences or tra	ansaction	ns with my/our a	ccount.	I/We unde	erstand	d that Lender will reta	ain this application	and	any other cred	it information	on Len	nder receive	s, even	if no loan	or credit is grante	
These representations and author to provide to any such insurer of						•	•			•	ı or an	y part of th	e ioan.	i/vve furt	rier authorize Lende	
x							x									
Applicant						Date	Co-Applica	nt					_	Date	9	

INTERVIEW	ER INFORMATION		
Originator Name		Phone Number 405-341-6650	Ext.
Originator NMLSR Identifier	Originator License State and Number		
Company Name CITIZENS BANK OF EDMOND			
Company NMLSR Identifier 476821	Company License State and Number		
Company Address (street, city, state, ZIP) 1 EAST 1ST ST, EDMOND, OK 73034			

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