



Please deliver to your local branch or call  
1-888-418-5333 for mailing and email information.

### CONSUMER CREDIT APPLICATION AND FINANCIAL STATEMENT

Check  If you are applying for individual credit in your own name and relying on your own income or assets and appropriate  If you are applying for joint credit with another person, complete all sections providing information about the joint applicant

We intend to apply for joint credit \_\_\_\_\_ Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

If you are applying for individuals 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, complete all sections to the extent possible, providing information about the person on whose alimony, support, or maintenance payments or income or assets you are relying.

Personal Loan  Personal Information for Business Loan

Specific Purpose of Loan: \_\_\_\_\_ For \$ \_\_\_\_\_

#### APPLICANT INFORMATION

Applicant's Full Name			Driver's License State & No.			Date of Birth		Social Security No.						
Applicant's Home Address			City		State		Zip Code		How long? Yrs. Mos.					
Home Phone No.		Cell Phone No.		Email Address				No. of Dependents						
Previous Address (if at current address less than 2 years)			Complete Previous Street Address:			City		State		Zip		How long? Yrs. Mos.		
Personal Reference (Other than Co-Applicant)		Name		Address		City		State		Zip		Relation		Yrs Known

#### EMPLOYMENT INFORMATION

Applicant's Employer (If Self-Employed, Name and Nature of Business)			How Long? Years/Mos.		What is your job?		
Business Address			Business Phone No.		Monthly Income \$		
Other Income Source:					Other Income (Per Month) \$		

#### BANKING RELATIONSHIP

Where do you Bank?	Branch	No. Yrs.	Type of Account	<input type="checkbox"/> Checking #	<input type="checkbox"/> Savings #	<input type="checkbox"/> Bank Card #	<input type="checkbox"/> Loan #
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**NOTE: You need not complete this box if you do not wish to have this income considered as a basis for repaying this obligation.**

• Amount of Alimony, Child Support and Maintenance Payment Income: \$ \_\_\_\_\_ Per Month

• Name and Address of Payer of Any Alimony, Child Support, or Maintenance Payment: \_\_\_\_\_  
Disclosed Above and Relied Upon as a Source of Repayment.

#### JOINT APPLICANT OR OTHER PARTY INFORMATION

Co-Applicant's Full Name			Driver's License State & No.			Date of Birth		Social Security No.						
Co-Applicant's Home Address			City		State		Zip Code		How long? Yrs. Mos.					
Home Phone No.		Cell Phone No.		Email Address				No. of Dependents						
Co-Applicant's Previous Address (if at current address less than 2 years)			Complete Previous Address:			City		State		Zip		How long? Yrs. Mos.		
Personal Reference (Other than Co-Applicant)		Name		Address		City		State		Zip		Relation		Yrs Known

#### EMPLOYMENT INFORMATION

Co-Applicant's Employer (If Self Employed, Name & Nature of Business)			How Long? Years/Mos.		What is your Job?		
Business Address			Business Phone No.		Monthly Income \$		
Other Income Source:					Other Income (Per Month) \$		

#### BANKING RELATIONSHIP

Where do you Bank?	Branch	No. Yrs.	Type of Account	<input type="checkbox"/> Checking #	<input type="checkbox"/> Savings #	<input type="checkbox"/> Bank Card #	<input type="checkbox"/> Loan #
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• Amount of Alimony, Child Support and Maintenance Payment Income: \$ \_\_\_\_\_ Per Month

• Name and Address of Payer of Any Alimony, Child Support, or Maintenance Payment: \_\_\_\_\_  
Disclosed Above and Relied Upon as a Source of Repayment.

**DISCLOSURES AND SIGNATURES**

**FEDERAL CREDIT APPLICATION INSURANCE DISCLOSURE**

I have applied for an extension of credit with you. You are soliciting, offering, or selling an insurance product or annuity in connection with this extension of credit, **FEDERAL LAW PROHIBITS YOU FROM CONDITIONING THE EXTENSION OF CREDIT ON EITHER:**

1. My purchase of an insurance product or annuity from you or from any of your affiliates; or
2. My agreement not to obtain or a prohibition on me from obtaining an insurance product or annuity from an unaffiliated entity;

By signing below I acknowledge that I have received a copy of this disclosure on today's date. Unless this disclosure is provided electronically or I have applied for credit by mail, I also acknowledge that you have provided this disclosure to me orally.

I (we) hereby affirm that the information contained in this application, including the information on the reverse side, is true, complete and correct and that Lender is relying on this information if it makes the requested loan. Lender is authorized to make any investigation of my/our credit and/or employment status either directly or through any agency employed by Lender. Lender may disclose to any other interested parties Lender's experience with my/our loan account. Lender may keep this application even if it decides not to approve the loan.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

OTHER SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
(WHERE APPLICABLE)

**PLEASE COMPLETE THE FINANCIAL STATEMENT BELOW**

**Personal Financial Statement**

ASSETS			AMOUNT/VALUE
<b>CASH</b>	Deposits with Cache Valley Bank		\$
	Deposit at Other Institutions		\$
<b>INVESTMENTS</b>	Marketable Securities (Stocks, Mutual Funds, Etc.)		\$
	Retirement Plan / 401 K Vested Amount		\$
	Other:		\$
<b>TAX</b>	Tax Refund Due		\$
<b>VEHICLES</b>	Year: _____	Make: _____ Model: _____	\$
	Year: _____	Make: _____ Model: _____	\$
	Year: _____	Make: _____ Model: _____	\$
<b>REAL ESTATE</b>	Residence(s)	Location: _____	\$
	Unimproved Land	Location: _____	\$
	Income Properties	Location: _____	\$
			\$
<b>MISC ASSETS</b>			\$
			\$
<b>TOTAL ASSETS</b>			<b>\$ -</b>

**LIST ALL CURRENT CREDITORS BELOW**  
**INCLUDE ALIMONY, CHILD SUPPORT, MAINTENANCE PAYMENTS AND UNPAID TAXES, IF ANY**

Residence: <input type="checkbox"/> Mobile Home <input type="checkbox"/> Apartment <input type="checkbox"/> Home <input type="checkbox"/> Mobile Home	Creditor's Name	Account #	Original Balance	Present Balance	Monthly Payment
<b>Housing/Rent/Home Mortgage</b>					
<b>Real Estate Loan(s)</b>					
<b>Credit Card(s)</b>					
<b>Vehicle Loan(s)</b>					
<b>Other Loans</b>					
<b>Taxes Due</b>					
<b>Alimony / Child Support</b>					

<b>TOTALS</b>	Original Balance:		Present Balance:		Monthly Payment:
	\$	-	\$	-	\$ -

Have you declared bankruptcy in the last 14 years? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, when? _____	Have you ever had a car or other merchandise repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, by whom and when? _____
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**INSURANCE INFORMATION**

Coverages: <input type="checkbox"/> Vehicle <input type="checkbox"/> Home/Real Estate <input type="checkbox"/> Other:	
Insurance Company:	Insurance Agent or Agency:
Address:	Address:
Policy No.:	Telephone:
Effective Date:	

**COLLATERAL**

Describe with VIN # or Serial #'s	
Estimated Value: \$	
Source:	

