

# HORIZON BANK

**IMPORTANT APPLICANT INFORMATION:** Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

<b>TYPE OF CREDIT REQUESTED:</b>					
IMPORTANT: Select the appropriate boxes below and complete the applicable sections.					
<input type="checkbox"/> SECURED		<input type="checkbox"/> INDIVIDUAL CREDIT - Relying Solely on My Income or Assets		<input type="checkbox"/> JOINT CREDIT - We Intend to Apply for Joint Credit (initials) _____	
<input type="checkbox"/> UNSECURED		<input type="checkbox"/> INDIVIDUAL CREDIT - Relying on My Income or Assets as Well As Income or Assets from Other Sources			
Amount Requested	For How Long	Want to Repay	Proceeds of Loan To Be Used For:		
\$ _____					
<b>Please tell us about yourself and co-applicant, if applicable</b>					
Applicant Name			Co-Applicant Name		
Home Address, Number, and Street		Yrs/MOs	Home Address, Number, and Street		Yrs/MOs
City, State, Zip Code		County	City, State, Zip Code		County
Social Security Number	Home Phone	Date of Birth	Social Security Number	Home Phone	Date of Birth
Driver's License No.	No. Dependents	Dep. Ages	Driver's License No.	No. Dependents	Dep. Ages
Applicant's Previous Address			Co-Applicant's Previous Address		
<b>About Your Job(s)</b>					
Applicant Business Name or Employer Self Employed?(Additional Info Required)			Co-Applicant's Business Name or Employer Self Employed?(Additional Info Required)		
Business Address, Name, and Street		Yrs/MOs	Business Address, Name, and Street		Yrs/MOs
City, State, Zip Code		Bus. Phone	City, State, Zip Code		Bus. Phone
Position	Personal Monthly Emp. Income		Position	Personal Monthly Emp. 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.			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.		
Previous Employer	Other Monthly Income		Previous Employer	Other Monthly Income	
<b>About Your Existing Loans and Accounts</b>					
<input type="checkbox"/> Rent Home <input type="checkbox"/> Own Home					
Monthly Rent/Payment	Purchase Price	Original Loan Amount	Balance Owing	Present Value	Date Purchased
Name and Address of Mortgage Holder or Landlord					
Name of My Bank		Checking Account No.	Savings Account No.		
Have you ever had a judgement filed against you or declared bankruptcy?		<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No (attach details)	Monthly Child Support Payment		
Name of the Nearest Relative Not Living With You		Address	Phone No.	Relationship	
<b>Assets</b>			<b>Obligations</b>		
Assets	Value	Description	Amount Owed	Monthly Payment	
Cash in Banks		Unsecured Bank Loans			
Stocks or Bonds		Secured Bank Loans			
Automobiles		Auto Loans			
Real Estate		Total Real Estate Obligations			
Life Insurance (Face Value)		Life Insurance Loans			
\$ _____		Credit Card Debt			
Retirement Funds, IRA's		Other Obligations			
Other Assets					
Other Assets					
<b>TOTAL ASSETS</b>		\$ _____	<b>TOTAL OBLIGATIONS</b>		\$ _____
			<b>NET WORTH</b>		\$ _____

I/We represent that this application is complete and accurate and fully reflects my/our financial condition on the date shown below. I/We authorize Lender to obtain a credit report and any other information it deems necessary about my/our credit worthiness. I/We agree to notify Lender immediately, in writing, of any adverse change in my/our financial condition. I/We understand that Lender will retain this Application whether or not it is approved. Lender may share information about you with other organizations that are its affiliates unless you direct Lender not to do so. If you do not want Lender to share such information with its affiliates, please initial here \_\_\_\_\_.

\_\_\_\_\_  
X Applicant's Signature Date

\_\_\_\_\_  
X Co-Applicant's Signature Date

Please attach any additional information that will be helpful in approving your application