



HOME IMPROVEMENT LOAN APPLICATION

TYPE OF APPLICATION:	
<input type="checkbox"/> Application for INDIVIDUAL CREDIT <input type="checkbox"/> Application for JOINT CREDIT with _____ <div style="text-align: center; font-size: small;">NAME OF CO-APPLICANT OR CO-SIGNER</div> <p style="font-size: x-small;">If you live in California, Idaho or Washington, or this is a joint application, check one of the following:</p> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried	AMOUNT OF REQUEST: \$ _____ Preferred Payment Date: _____ Automatic Payment <input type="checkbox"/> Yes <input type="checkbox"/> No from Banner Bank Acct. # _____ Do you have a first mortgage on your home? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do you have a checking / savings account? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Purpose of Loan (How will you spend the proceeds): _____	

INFORMATION REGARDING APPLICANT			
FIRST NAME	MIDDLE INITIAL	LAST	SOCIAL SECURITY NUMBER
STREET ADDRESS		HOW LONG? YRS. MOS.	HOME PHONE
CITY		STATE	DATE OF BIRTH
PRESENT EMPLOYER		OCCUPATION	BUSINESS PHONE & EXT.
EMPLOYER ADDRESS, CITY, STATE, ZIP		GROSS MONTHLY INCOME	
OTHER INCOME: <i>Alimony, child support or separate maintenance income need not be revealed unless you wish to use it as a basis for repaying this obligation.</i>		SOURCE:	AMOUNT: \$
PERSONAL REFERENCE:			
LIST PARENTS OR CLOSEST RELATIVE	STREET ADDRESS, CITY, STATE	RELATIONSHIP	EMPLOYED BY (OR HOME PHONE)

INFORMATION REGARDING CO-APPLICANT			
FIRST NAME	MIDDLE INITIAL	LAST	SOCIAL SECURITY NUMBER
STREET ADDRESS		HOW LONG? YRS. MOS.	HOME PHONE
CITY		STATE	DATE OF BIRTH
PRESENT EMPLOYER		OCCUPATION	BUSINESS PHONE & EXT.
EMPLOYER ADDRESS, CITY, STATE, ZIP		GROSS MONTHLY INCOME	
OTHER INCOME: <i>Alimony, child support or separate maintenance income need not be revealed unless you wish to use it as a basis for repaying this obligation.</i>		SOURCE:	AMOUNT: \$
PERSONAL REFERENCE:			
LIST PARENTS OR CLOSEST RELATIVE	STREET ADDRESS, CITY, STATE	RELATIONSHIP	EMPLOYED BY (OR HOME PHONE)

I/we certify that the information presented here, including any provided tax returns or separate financial statements is accurate and complete. I/we understand that Banner Bank will rely on this information in order to assess my/our credit application. I/we authorize Banner Bank to request any information that is deemed necessary to assess this application or to service my/our credit file in the future. I/we authorize any third party to release information (including but not limited to verification of income and employment, credit history, loan or credit balance, account balance, tax returns, or any other information) to Banner Bank at their request, now or in the future.

By signing below I/we acknowledge that the extension of credit is NOT conditioned on the purchase of any debt cancellation product.

By: _____ Date: _____ By: _____ Date: _____

BRANCH USE ONLY (PLEASE COMPLETE ALL FIELDS BELOW)	
TO BE COMPLETED BY INTERVIEWER:	Interviewer's Name (Print or Type)
This application was taken by:	Interviewer's Signature Date
<input type="checkbox"/> Face to face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Phone Number (include area code)