HOME IMPROVEMENT LOAN APPLICATION

TYPE OF APPLICATION:

☐ Application for **INDIVIDUAL CREDIT**

☐ Application for **JOINT CREDIT with** _____
NAME OF CO-APPLICANT OR CO-SIGNER

If you live in Idaho or Washington, or this is a joint application, check one of the following:

☐ Married ☐ Separated ☐ Unmarried

AMOUNT OF REQUEST: **$**_____

Preferred Payment Date: _____ Automatic Payment ☐ Yes ☐ No

from Banner Bank Acct. # _____

Do you have a first mortgage on your home? ☐ Yes ☐ No

Do you have a checking/ savings account? ☐ Yes ☐ No

Purpose of Loan: (How will you spend proceeds?)

INFORMATION REGARDING APPLICANT

FIRST NAME	MIDDLE INITIAL	LAST	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER
STREET ADDRESS	HOW LONG? YRS. MOS.		HOME PHONE	DATE OF BIRTH
CITY	STATE		ZIP CODE	☐ RENT ☐ OWN / Monthly Payment: $
PRESENT EMPLOYER	OCCUPATION		BUSINESS PHONE & EXT.	DATE OF EMP.
EMPLOYER ADDRESS, CITY, STATE , ZIP				GROSS MONTHLY INCOME

OTHER INCOME: ***Alimony, child support or separate maintenance income need not be revealed unless you wish to use it as a basis for repaying this obligation.***

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	DRIVERS LICENSE NUMBER
STREET ADDRESS	HOW LONG? YRS. MOS.		HOME PHONE	DATE OF BIRTH
CITY	STATE		ZIP CODE	☐ RENT ☐ OWN / Monthly Payment: $
PRESENT EMPLOYER	OCCUPATION		BUSINESS PHONE & EXT.	DATE OF EMP.
EMPLOYER ADDRESS, CITY, STATE, ZIP				GROSS MONTHLYINCOME

OTHER INCOME: ***Alimony, child support or separate maintenance income need not be revealed unless you wish to use it as a basis for repaying this obligation.***

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 <u>NOT</u> conditioned on the purchase of any debt cancellation product.

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

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lenders compliance with the equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may discriminate neither on the basis of this information, nor on whether you choose to furnish it. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish this information, please check the box below. (Lender must review this material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

BORROWER	☐ I DO NOT WANT TO FURNISH THIS INFORMATION.			**CO-BORROWER**	☐ I DO NOT WANT TO FURNISH THIS INFORMATION.		
Ethnicity:	☐ Hispanic or Latino	☐ Not Hispanic or Latino		**Ethnicity**	☐ Hispanic or Latino	☐ Not Hispanic or Latino	
Race:	☐ American Indian or Alaska Native	☐ Asian	☐ Black or African American	**Race:**	☐ American Indian or Alaska Native	☐ Asian	☐ Black or African American
	☐ Native Hawaiian or Other Pacific Islander	☐ White			☐ Native Hawaiian or Other Pacific Islander	☐ White	
Sex:	☐ Female	☐ Male		**Sex:**	☐ Female	☐ Male	

BRANCH USE ONLY (PLEASE COMPLETE ALL FIELDS BELOW)

TO BE COMPLETED BY INTERVIEWER:	Interviewer's Name (Print or Type)	
This application was taken by:		
☐ Face to face interview ☐ Mail ☐ Telephone ☐ Internet	Interviewer's Signature Date	
	Interviewer's Phone Number (include area code)	