



# KearneyTrust

COMPANY

Banking You Can Trust.™

## LEISURE LINE CREDIT APPLICATION

### TYPE OF CREDIT REQUESTED

IMPORTANT: Check (✓) the appropriate boxes below and complete the applicable sections.

- INDIVIDUAL CREDIT - relying solely on my income or assets
- INDIVIDUAL CREDIT - relying on my income or assets as well as income or assets from other sources
- JOINT CREDIT

I would like a line of credit in the amount of

\$ \_\_\_\_\_

#### Bank use only

- Declined Date \_\_\_\_\_
- Approved Line \$ \_\_\_\_\_ Initials \_\_\_\_\_

### SECTION A - INDIVIDUAL APPLICANT INFORMATION

NAME (Last, First, Middle)			TELEPHONE NO		DRIVER'S LICENSE NO.		SOCIAL SECURITY NO.		
MAILING ADDRESS			CITY		STATE	ZIP	BIRTH DATE	NO. OF DEPENDENTS	AGES OF DEPENDENTS
PHYSICAL ADDRESS (Street) (If different)			CITY		STATE	ZIP	COUNTY	Do you <input type="checkbox"/> own or <input type="checkbox"/> rent?	HOW LONG?
PREVIOUS ADDRESS (Street) (Complete if less than 3 years at present address)			CITY		STATE	ZIP	COUNTY	Did you <input type="checkbox"/> own or <input type="checkbox"/> rent?	HOW LONG?
EMPLOYER (Company Name & Address)								HOW LONG?	
BUSINESS PHONE		Ext.	POSITION OR TITLE			HOW OFTEN PAID		GROSS SALARY PER MONTH	
								\$	
PREVIOUS EMPLOYER (Company Name & Address)								HOW LONG?	
<b>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.</b>									
Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding									
SOURCES OF OTHER INCOME								AMOUNT PER MONTH	
								\$	
Is any income listed in this Section likely to be reduced before the credit request is paid off?							Have you previously received credit from us?		
<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)							<input type="checkbox"/> No <input type="checkbox"/> Yes - When?		
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU					RELATIONSHIP		TELEPHONE NO. (Include Area Code)		

### SECTION B - JOINT APPLICANT OR OTHER PARTY INFORMATION

(Complete only if: for joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state.)

NAME (Last, First, Middle)			BIRTH DATE		NO. DEPENDENTS		AGES OF DEPENDENTS		
MAILING ADDRESS			TELEPHONE NO.		DRIVER'S LICENSE NO.		SOCIAL SECURITY NO.		
RELATIONSHIP TO APPLICANT (If Any)		PHYSICAL ADDRESS (Street, City, State & Zip) (If different)						HOW LONG?	
EMPLOYER (Company Name & Address)								HOW LONG?	
BUSINESS PHONE		Ext.	POSITION OR TITLE			HOW OFTEN PAID		GROSS SALARY PER MONTH	
								\$	
PREVIOUS EMPLOYER (Company Name & Address)								HOW LONG?	
<b>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.</b>									
Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding									
SOURCES OF OTHER INCOME								AMOUNT PER MONTH	
								\$	
Is any income listed in this Section likely to be reduced before the credit request is paid off?							Has Joint Applicant or Other Party ever received credit from us?		
<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)							<input type="checkbox"/> No <input type="checkbox"/> Yes - When?		

### SECTION C - MARITAL STATUS

Complete only if: for joint or secured credit, or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested.

- |             |                                  |                                    |  |
|-------------|----------------------------------|------------------------------------|--|
| APPLICANT   | <input type="checkbox"/> Married | <input type="checkbox"/> Separated | <input type="checkbox"/> Unmarried (including single, divorced, and widowed) |
| OTHER PARTY | <input type="checkbox"/> Married | <input type="checkbox"/> Separated | <input type="checkbox"/> Unmarried (including single, divorced, and widowed) |

### SECTION D - ASSET & DEBT INFORMATION

If Section B has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant-related information with an "A". If Section B was not completed, only give information about the Applicant in this Section.

#### ASSETS OWNED

(Use separate sheet if necessary.)

DESCRIPTION OF ASSETS	NAME IN WHICH THE ACCOUNT IS CARRIED	SUBJECT TO DEBT?	VALUE
CHECKING ACCOUNT NUMBER(S) (where)			\$
SAVINGS ACCOUNT NUMBER(S) (where)			
CERTIFICATE OF DEPOSIT(S) (where)			
MARKETABLE SECURITIES (issuer, type, no of shares)			
REAL ESTATE (location, date acquired)			
LIFE INSURANCE (issuer, face value)			
AUTOMOBILES (make, model, year)			
OTHER (list)			
TOTAL ASSETS			\$

#### OUTSTANDING DEBTS

(Include charge accounts, installment contracts, credit cards, rent, mortgages and other obligations. Use separate sheet if necessary.)

CREDITOR	ACCOUNT NUMBER	NAME IN WHICH THE ACCOUNT IS CARRIED	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENTS
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		(OMIT RENT) \$	(OMIT RENT) \$	\$
AUTOMOBILES (describe)					
TOTAL DEBTS			\$	\$	\$

Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable):

Are you employed by, serve as a director for, or own more than 10 percent of any banking organization?  No  Yes If yes, what bank? \_\_\_\_\_

Are you obligated to make Alimony, Support or Maintenance Payments?  No  Yes

If yes, to (Name & Address) \_\_\_\_\_ Amt. per month \$ \_\_\_\_\_

Are you a co-maker, endorser, or grantor on any loan or contract?  No  Yes If yes, for whom? \_\_\_\_\_ To whom? \_\_\_\_\_

Are there any unsatisfied judgments against you?  No  Yes If yes, to whom owed? \_\_\_\_\_ Amount \$ \_\_\_\_\_

Have you been declared bankrupt in the last 10 years?  No  Yes If yes, where? \_\_\_\_\_ Year? \_\_\_\_\_

**CREDIT DISCLOSURES** An insurance product may be offered with this product. If an insurance product is offered, an extension of credit cannot be conditioned on either of the following: (1) Your purchase of an insurance product from this Bank or any of our affiliates; or (2) Your agreement NOT to obtain, or a prohibition on you from obtaining, an insurance product from an unaffiliated entity. Unless I have applied for credit by mail or if it is provided electronically, by signing also acknowledge that this disclosure has been provided to me orally.

**SIGNATURES-** I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

Applicant's Signature

Date

Other Signature (Where Applicable)

Date