

INFORMATION AND APPLICATION FOR LOAN

P M O

IS THIS A JOINT OR SINGLE APPLICATION? JOINT SINGLE If You Are Making a Single Application — Complete Unshaded Areas Only

DATE		AMOUNT DESIRED		DATE DESIRED		PURPOSE OF LOAN					
NAME (BORROWER) and IDENTIFICATION						SOCIAL SECURITY NUMBER		DRIVERS LICENSE		Birthdate	
LAST		FIRST		MIDDLE INITIAL				ST.			
(SPOUSE)											
LAST		FIRST		MIDDLE INITIAL				ST.			
PRESENT ADDRESS MAILING						ADDRESS IF DIFFERENT THAN MAILING ADDRESS					
STREET-RURAL-BOX				MONTH		YEAR		(INCLUDE DIRECTIONS TO RURAL ROUTES ETC)			
CITY		STATE		ZIP CODE							
ADDRESS IF LESS THAN THREE YEARS AT ABOVE ADDRESS											
1.) STREET-RURAL-BOX				CITY		STATE		LAND LORD		HOW LONG?	
2.)								3.) STREET-RURAL-BOX		CITY STATE LAND LORD HOW LONG?	
3.)								4.)			
TELEPHONE		NO. OF DEPENDENTS				LANDLORD OR MORTGAGE HOLDER				MONTHLY PAYMENT	
		CHILDREN				NAME					
		OTHER				ADDRESS				TELEPHONE	
MARITAL STATUS						LIFE INSURANCE					
1. MARRIED <input type="checkbox"/>		2. UNMARRIED <input type="checkbox"/>		3. SEPARATED <input type="checkbox"/>		COMPANY		TYPE		AMOUNT BENEFICIARY	
PRESENT EMPLOYMENT						INCOME					
BORROWER (NAME AND ADDRESS OF EMPLOYER)				LENGTH OF EMPLOYMENT		* YOU NEED NOT BY LAW INDICATE INCOME WHICH IS DERIVED FROM ALIMONY OR SUPPORT PAYMENTS. (Complete only if you elect to rely upon such income to support your application.)					
				MONTH YEAR							
POSITION HELD				PAY DAYS		BORROWER NET INCOME AFTER TAXES ETC. \$					
SPOUSE (NAME AND ADDRESS OF EMPLOYER)				LENGTH OF EMPLOYMENT		SPOUSES NET INCOME AFTER TAXES ETC. \$					
				MONTH YEAR		ALIMONY OR SUPPORT INCOME * \$					
POSITION HELD				PAY DAYS		OTHER INCOME (STATE SOURCE) \$					
EMPLOYMENT IF LESS THAN THREE YEARS LISTED ABOVE						TOTAL INCOME \$					
EMPLOYERS NAME AND ADDRESS				HOW LONG?		BANK ACCOUNTS					
						CHECKING YES <input type="checkbox"/> NO <input type="checkbox"/>		BANK ETC.		NUMBER	
						SAVINGS YES <input type="checkbox"/> NO <input type="checkbox"/>					

CREDIT REFERENCES						
CREDITORS NAME	PURPOSE	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENT	SECURED	TYPE
					YES NO	
					YES NO	
					YES NO	
					YES NO	
					YES NO	
					YES NO	
					YES NO	

IS THIS ALL YOU OWE? YES NO IF NO. HOW MUCH MORE DO YOU OWE? \$ _____ HAVE YOU EVER FILED BANKRUPTCY YES NO HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

ASSETS						
Auto. Trlr. Etc.	MAKE	YEAR	MODEL	REAL ESTATE PRESENT VALUE \$	HOUSEHOLD FURNISHINGS NO. OF ROOMS	OTHER ASSETS
1.				1ST MORTGAGE \$	ESTIMATED VALUE	
2.				2ND MORTGAGE \$	INSURANCE YES NO	
3.				TOTAL OWING \$()	NAME OF CARRIER	
4.				EQUITY \$		
INSURANCE YES NO						
NAME OF CARRIER						

REGULATION B — EQUAL CREDIT OPPORTUNITY
 I certify that the information given is true, correct and complete and is given for the purpose of obtaining credit, and you are authorized to make investigations concerning the undersigned or concerning the above information and to disclose to others the results of such investigations. I also acknowledge receipt of a copy of my rights as prescribed in Regulation B (12CFR202).
 Applicant _____ Dated _____ Spouse _____ Dated _____

NOTICE

THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE, (PROVIDED THAT THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT): BECAUSE ALL OR PART OF THE APPLICANTS INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM. OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION.

THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THE CREDITOR IS:

FEDERAL TRADE COMMISSION
WASHINGTON DC 20580

NOTICE

AS PROVIDED FOR IN TITLE VII- "EQUAL CREDIT OPPORTUNITY". YOU AS AN APPLICANT HAVE THE RIGHT TO REQUEST A WRITTEN STATEMENT OF REASON REGARDING ANY ADVERSE ACTION PERTAINING TO YOUR APPLICATION. THE STATEMENT WILL BE PROVIDED (IF REQUESTED WITH IN THIRTY DAYS OF THE DATE OF APPLICATION) WITHIN SIXTY DAYS OF THE REQUEST. THE REQUEST FOR THE STATEMENT SHOULD BE MADE AT THE OFFICE OF:

BUDGET FINANCE
122 FIRST AVENUE WEST
P.O. BOX 22
KALISPELL, MONTANA 59901

AUTHORIZATION FOR CREDIT INFORMATION

TO WHOM IT MAY CONCERN:

I/We hereby authorize you to release any information regarding my/our account. This information will be used solely for Budget Finance of Kalispell, MT.

This Authorization is valid for the life of the loan.

Signed: _____ Date: _____

Signed: _____ Date: _____

Witness: _____ Date: _____