## COMMUNITY BANK OF PICKENS COUNTY

15 SAMMY MCGHEE BLVD P.O. BOX 40 JASPER, GA 30143

					ICATIO					
IMPORTANT APPLIC questions and to pro- information you pro-	CANT INFORMATION: ovide one or more forr vide is protected by ou	Federans of ic	I law requires financial lentification to fulfill this y policy and federal law	institutions to s requirement. v.	obtain sufficie In some instar	ent information nces we may	on to verify you	ur identi ources to	ty. You may be as confirm the inforr	ked several nation. The
	TY	PE OF	CREDIT REQUESTED	)		,		FOR C	REDITOR USE	
IMPORTANT: Check $(\checkmark)$ the appropriate boxes below and complete the applicable sections.							DATECLASS NO			
SECURED INDIVIDUAL CREDIT - relying solely on my income or assets							ACCOUNT NO.			
UNSECURED INDIVIDUAL CREDIT - relying on my income or assets as well as income or assets from other sources							APPROVED [	APPROVED D BY		
Citie Sources										
AMOUNT REQUESTED FOR HOW LONG PAYMENT DATE DESIRED WANT TO										
□ MONTHL										
\$	months									
	months	SF	CTION A - INDIVI	DUAL APP	LICANT IN	IFORMAT	ION			
NAME (Last, First, N	∕liddle)									
	,									
BIRTHDATE TI	ELEPHONE NO.		DRIVER'S LICENSE NO	D	SOCIAL SECUI	RITY NO.	NO. DEPE	NDENTS	AGES OF DEPE	NDENTS
ADDRESS (Street, C	City, State & Zip)						COUNTY		Do you Down	HOW LONG
								or □ rent?		
PREVIOUS ADDRES	S (Street, City, State &	& Zip) (	Complete if less than 3	years at prese	nt address)	COUNTY		Did you □ own	HOW LONG	
									or □ rent?	
EMPLOYER (Compar	ny Name & Address)									HOW LONG
BUSINESS PHONE	Ext.	POSIT	TON OR TITLE				SALARY P	R MONT	гн	
					GROSS: \$		NI	ET: \$		
PREVIOUS EMPLOY	ER (Company Name &	Addres	ss)							HOW LONG
NAME AND ADDRE	SS OF NEAREST RELA	TIVE N	OT LIVING WITH YOU			RELATIONS	IIP	TELEPH	HONE NO. (Include	Area Code)
Alimony, child supp	ort, or separate mainte	nance	income need not be rev	ealed if you do	not wish to h	ave it conside	ered as a basis	for repay	ying this obligation.	
Alimony child supp	ort, senarate maintena	nce rec	eived under:  Cour	rt Order 🖂 '	Vritten Aareem	nent 🗆 Or	al Understandir	na		
SOURCES OF OTHE	<u> </u>	1100 100			THE CONTACT OF THE CO		ar orradiotarian	<del>-</del>	OUNT PER MONTH	
								s		
Is any income listed	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?									
									viously received cre	dit from us?
□ No □ Yes	•	o be re	duced before the credit	request is paid	off?			you prev	•	dit from us?
☐ No ☐ Yes	(Explain)					RTV INEC		you prev	riously received cre Yes - When?	dit from us?
	(Explain)	TION	B - JOINT APPLIE	CANT OR	OTHER PA		DRMATION	you prev	Yes - When?	
	(Explain) SEC r joint credit, for indivi	TION	B - JOINT APPLI	CANT OR	OTHER PA		DRMATION	you prev	Yes - When?	
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## **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) 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) TOTAL ASSETS OUTSTANDING DEBTS (Including charge accounts, installment contracts, credit cards, rent, mortgages and other obligations. Use separate sheet if necessary.) ORIGINAL PRESENT MONTHLY ACCOUNT NAME IN WHICH THE ACCOUNT IS CARRIED AMOUNT **PAYMENTS** CREDITOR NUMBER BALANCE (OMIT RENT) (OMIT RENT) LANDLORD OR MORTGAGE HOLDER ☐ Rent Payment ☐ Mortgage **AUTOMOBILES** (describe) TOTAL DEBTS Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable): Are you obligated to make Alimony, Support or Maintenance Payments? No Yes

IF THE SECURITY IS REAL ESTATE, GI <b>V</b> E THE FULL NAME OF YOUR SPOUSE (if any).
SIGNATURES- I certify that everything I have stated in this application and on any attachments is correct. Lender may keep this application whether or not it is approved. By signing below I authorize Lender to check my credit and employment history and to answer questions others may ask Lender about my credit record with Lender. I understand that I must update credit information at Lender's request if my financial condition changes.

SECTION E - SECURED CREDIT Complete only if credit is to be secured. Briefly describe the property to be given as security:

NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY

If yes, to (Name & Address) \_\_\_\_

PROPERTY DESCRIPTION

(list)

Are you a co-maker, endorser, or guarantor 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 \$ \_\_\_\_

\_\_\_\_\_ Amt. per month \$ \_\_\_

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