

CONSUMER LOAN APPLICATION CAPITOL NATIONAL BANK

200 N. Washington Square, Lansing, MI 48933
PHONE: 517.484.5080 FAX: 517.374.2559

OFFICE USE ONLY: DATE RECEIVED _____	
<input type="checkbox"/> In Person	<input type="checkbox"/> By phone
<input type="checkbox"/> By Mail	<input type="checkbox"/> By Internet

<input type="checkbox"/>	I intend to apply for Individual Credit. Applicant _____
<input type="checkbox"/>	We intend to apply for Joint Credit. Applicant _____ Co-Applicant _____

Amount of Loan	Term (in months)	Purpose of Loan
Collateral Type		Collateral Description: Should include make, model, year, VIN#, serial numbers, existing liens, etc.
<input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Auto <input type="checkbox"/> Unsec. <input type="checkbox"/> Boat <input type="checkbox"/> R.V. <input type="checkbox"/> Real Estate <input type="checkbox"/> Stock <input type="checkbox"/> Other <input type="checkbox"/> Savings Acct		

Insurance Company for Collateral	Policy Number	Insurance Agent's Name	Insurance Agent's Telephone Number
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APPLICANT NAME			CO-APPLICANT NAME		
Last	First	Initial	Last	First	Initial
Social Security Number	Date of Birth	# Dependents	Social Security Number	Date of Birth	# Dependents
Driver's License Number & Expiration Date:			Driver's License Number & Expiration Date:		
Address (Street, City, State Zip Code)		Phone Number	Address (Street, City, State Zip Code)		Phone Number
Current Address: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other Years/Mos There:			Current Address: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other Years/Mos There:		
Name of Mortgage Holder or Landlord		Monthly Payment	Name of Mortgage Holder or Landlord		Monthly Payment
Purchase Price of Home	Present Value	Balance Owing	Purchase Price of Home	Present Value	Balance Owing
\$	\$	\$	\$	\$	\$
Previous Address (if less than 5 years at present address)		Years There	Previous Address (if less than 5 years at present address)		Years There
Employer		Phone Number (s)	Employer		Phone Number (s)
Address (Street, City, State, ZIP Code)		Years There	Address (Street, City, State, ZIP Code)		Years There
Position	Annual Income \$ _____ <input type="checkbox"/> Gross Pay <input type="checkbox"/> Net Pay		Position	Annual Income \$ _____ <input type="checkbox"/> Gross Pay <input type="checkbox"/> Net Pay	
Previous Employer		Years There	Previous Employer		Years There
If yes to the following questions, attach written explanation.			If yes to the following questions, attach written explanation.		
Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a defendant in a suit or legal action? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you a defendant in a suit or legal action? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been audited by the IRS? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you been audited by the IRS? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any unsatisfied tax liens? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have any unsatisfied tax liens? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Depository Account(s): (Type & Balance)			Depository Account(s): (Type & Balance)		

OFFICE PERSONNEL - IF LOAN IS FOR CONSTRUCTION, BRIDGE LOAN, TEMPORARY FINANCING, OR OTHER NON-HMDA PURPOSE, DETACH THIS MONITORING SECTION AT DOTTED LINE AND DO NOT HAVE APPLICANT(S) COMPLETE.

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 lender's compliance with 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 not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

<u>APPLICANT</u>	<u>SEX</u>	<u>CO-APPLICANT</u>	<u>SEX</u>
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> male <input type="checkbox"/> female
<u>ETHNICITY</u>	<u>RACE</u>	<u>ETHNICITY</u>	<u>RACE</u>
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska native
<input type="checkbox"/> not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White	<input type="checkbox"/> not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White
	<input type="checkbox"/> Black or African American		<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Native Hawaiian or other Pacific Islander		<input type="checkbox"/> Native Hawaiian or other Pacific Islander

Name of nearest relative not living with you	Relationship	Name of nearest relative not living with you	Relationship			
Relative's address (Street, City, State, Zip Code) Phone Number		Relative's address (Street, City, State, Zip Code) Phone Number				
Additional Information	* You are not required to disclose income from alimony, child support, or separate maintenance payments. However, if you are relying on income from alimony, child support, or separate maintenance payments as a basis for repayment of this obligation, please complete the information below.		Information about <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant			
	Alimony per Month	Child Support per Month	Separate Maintenance per Month			
	\$	\$	\$			
*Other Income	Applicant *Amount \$	* Source				
	Co-Applicant *Amount \$	* Source				
Marital Status: Do not complete if this application is for individual unsecured credit <i>unless</i> responding party resides in a community property state or is relying on property located in such a state for repayment of the credit requested. Applicant <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced and widowed) Co-Applicant <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced and widowed)						
The following are all of the loans or debts you presently owe, including alimony, child support, or separate maintenance payments which you are obligated to make: (Attach additional sheets if necessary)						
Name of Bank, Company or Individual Name	Address	Account Number	Original Amount	Current Balance	Monthly Payment	Collateral
(If joint application, read singular pronouns in the plural.) You warrant the truth of the information contained in this application and you realize it will be relied upon by Lender in deciding whether or not to grant the credit which is applied for. You warrant that the financial obligations you have disclosed in relation to this application are totally complete and that you have no other outstanding financial obligations of any kind, including any guarantor or co-signer liability. If you have left any spaces in this application blank, Lender may assume the information required is answered by you in the negative. You hereby authorize Lender and its employees and agents to investigate and verify any information provided to Lender by you. You agree and recognize that it is your sole and exclusive responsibility to determine any and all aspects of federal tax considerations related to consumer loan interest deductibility and acknowledge that Lender has not provided any tax advice whatsoever to you. You authorize Lender to make any credit, employment or investigative inquiry that Lender determines is appropriate for the extension of credit or the collection of amounts you owe. Lender can furnish information concerning your loan to consumer reporting agencies and others who may properly receive that information. If this application is approved and Lender is required to report the amount of interest paid on the loan to the Internal Revenue Service, the Applicant understands that Lender will do so using the Applicant's Social Security Number shown above (tax identification number). The Applicant understands that if the Applicant's Social Security Number is incorrect that the Applicant may be subject to Internal Revenue Service penalties. You understand this application will be kept by Lender whether or not your request is approved.						
OHIO RESIDENTS ONLY: The Ohio Laws against discrimination require that all creditors make credit equally available to all credit worthy applicants, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.						
Date	Signature of Applicant or Co-Signer		Signature of Co-Applicant			