



CONSUMER LOAN APPLICATION



CREDIT REQUESTED				COLLATERAL OFFERED						
Amount Requested	# of Payments	Preferred Payment Day		<input type="checkbox"/> Real Estate	<input type="checkbox"/> Deposit Account/Investments					
				<input type="checkbox"/> Titled/Vehicle	<input type="checkbox"/> Other	<input type="checkbox"/> Unsecured				
Description of Collateral Offered										
Purpose of Credit Request										
Loan Type (i.e. Installment, Credit Line)				Credit Requested Is: <input type="checkbox"/> HELOC <input type="checkbox"/> Home Equity Loan <input type="checkbox"/> Home Improvement Loan						
APPLICANT				CO-APPLICANT						
If the Applicant is married, he or she may apply for individual credit.										
Applicant's Role: <input type="checkbox"/> Borrower <input type="checkbox"/> Guarantor <input type="checkbox"/> Co-Signer				Applicant's Role: <input type="checkbox"/> Borrower <input type="checkbox"/> Guarantor <input type="checkbox"/> Co-Signer						
Name				Name						
Date of Birth		SSN		Date of Birth		SSN				
Driver's License #		Exp. Date		Driver's License #		Exp. Date				
Home Street Address			Yrs./Mos.	Home Street Address			Yrs./Mos.			
City, State, Zip			County	City, State, Zip			County			
Home Phone		Cell Phone		Home Phone		Cell Phone				
E-Mail Address				E-Mail Address						
# of Dependents		Ages of Dependents		# of Dependents		Ages of Dependents				
Previous Address (if current less than 2 yrs.)			Yrs./Mos.	Previous Address (if current less than 2 yrs.)			Yrs./Mos.			
City, State, Zip				City, State, Zip						
EMPLOYMENT INFORMATION - APPLICANT				CO-APPLICANT						
Business Name/Employer <input type="checkbox"/> Self Employed				Business Name/Employer <input type="checkbox"/> Self Employed						
Business/Employer Street Address				Business/Employer Street Address						
City, State, Zip				City, State, Zip						
Business Phone #		Income \$ Per		Business Phone #		Income \$ Per				
Position/Title		From	To	Position/Title		From	To			
Previous Business Name/Employer <input type="checkbox"/> Self Employed				Previous Business Name/Employer <input type="checkbox"/> Self Employed						
Business/Employer Street Address				Business/Employer Street Address						
City, State, Zip				City, State, Zip						
Business Phone #		Income \$ Per		Business Phone #		Income \$ Per				
Position/Title		From	To	Position/Title		From	To			
PERSONAL REFERENCE - APPLICANT				CO-APPLICANT						
Nearest relative not living with you										
Name			Relationship			Name			Relationship	
Address			Phone			Address			Phone	

ASSETS OWNED (Use separate sheet if necessary.)

Description of Assets	Value	Subject to Debt (Yes/No)	Names of Owners
Cash	\$		
Automobiles (Make, Model, Year)	\$		
1. _____	\$		
2. _____	\$		
3. _____	\$		
Cash Value of Life Insurance (Issuer, Face Value)	\$		
Real Estate (Location, Date Acquired)	\$		
Marketable Securities (Issuer, Type, # of Shares)	\$		
Other (List)	\$		
Total Assets	\$		

OUTSTANDING DEBTS (Include installment contracts, credit cards, rent, mortgages, etc. Use a separate sheet if necessary.)

Creditor	Type of Debt or Account #	Name in which account is carried	Original Debt	Present Balance	Monthly Payments	Past Due? Yes/No
Landlord or Mortgage Holder	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage					
Total Debts						

OTHER INCOME (if any) - Indicate monthly values. (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.)

Interest/Dividends	Rental Income	Other Income	Describe "Other Income" Source
\$	\$	\$	

Auto Insurance Agent (Name & Address):

Are you the co-maker, endorser, or guarantor on any loan or contract?	<input type="checkbox"/> No <input type="checkbox"/> Yes - For Whom?	To Whom?
Are there any unsatisfied judgments against you?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Amount \$	If "Yes", To Whom?
Have you declared bankruptcy in the last 10 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Where?	Year?

Other Obligations (liability to pay alimony, child support, separate maintenance.)

Amount?

APPLICANT SIGNATURES

I/We hereby apply for the loan or credit described in this application. I/We certify that I/we made no misrepresentations in this loan application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purposes. Lender is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by Lender for that purpose. Lender may disclose to any other interested parties information as to Lender's experiences or transactions with my/our account. I/We understand that Lender will retain the application and any other credit information Lender receives, even if no loan or credit is granted. These representations and authorizations extend not only to Lender, but also to any insurer of the loan and to any investor to whom Lender may sell all or any part of the loan. I/We further authorize Lender to provide to any such insurer or investor any information and documentation that they may request with respect to my/our application, credit, or loan.

We intent to apply for joint credit Applicant Initials _____ Co-Applicant Initials _____

X _____ Date _____ X _____ Date _____
 Applicant Signature Co-Applicant Signature

TO BE COMPLETED BY INTERVIEWER

Application Taken By: <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax	Date Application Received:
Interviewer	NMLS ID # Falcon National Bank NMLS ID # 402625
Falcon National Bank	Address: 183 Cedar Drive, Foley, MN 56239 1010 W. St. Germain St., St. Cloud, MN 56301
	Phone: 320.968.6300 Fax: 320.968.6500 320.223.6300 320.223.6310