



HOME IMPROVEMENT LOAN APPLICATION

TYPE OF APPLICATION:	
<input type="checkbox"/> Application for INDIVIDUAL CREDIT <input type="checkbox"/> Application for JOINT CREDIT with _____ <div style="text-align: center; font-size: small;">NAME OF CO-APPLICANT OR CO-SIGNER</div> <p style="font-size: x-small;">If you live in Idaho or Washington, or this is a joint application, check one of the following:</p> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried	AMOUNT OF REQUEST: \$ _____ Preferred Payment Date: _____ Automatic Payment <input type="checkbox"/> Yes <input type="checkbox"/> No from Banner Bank Acct. # _____ Do you have a checking/ savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No
Purpose of Loan: (How will you spend proceeds?)	

INFORMATION REGARDING APPLICANT					
FIRST NAME	MIDDLE INITIAL	LAST	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	
STREET ADDRESS		HOW LONG? YRS. MOS.	HOME PHONE	DATE OF BIRTH	
CITY	STATE	ZIP CODE	<input type="checkbox"/> RENT	Monthly Payment: \$	
PRESENT EMPLOYER		OCCUPATION	BUSINESS PHONE & EXT.	DATE OF EMP.	
EMPLOYER ADDRESS, CITY, STATE, ZIP				GROSS MONTHLY INCOME	
OTHER INCOME: <i>Alimony, child support or separate maintenance income need not be revealed unless you wish to use it as a basis for repaying this obligation.</i>			SOURCE:	AMOUNT: \$	
PERSONAL REFERENCE:					
LIST PARENTS OR CLOSEST RELATIVE	STREET ADDRESS, CITY, STATE		RELATIONSHIP	EMPLOYED BY (OR HOME PHONE)	

INFORMATION REGARDING CO-APPLICANT					
FIRST NAME	MIDDLE INITIAL	LAST	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	
STREET ADDRESS		HOW LONG? YRS. MOS.	HOME PHONE	DATE OF BIRTH	
CITY	STATE	ZIP CODE	<input type="checkbox"/> RENT	Monthly Payment: \$	
PRESENT EMPLOYER		OCCUPATION	BUSINESS PHONE & EXT.	DATE OF EMP.	
EMPLOYER ADDRESS, CITY, STATE, ZIP				GROSS MONTHLY INCOME	
OTHER INCOME: <i>Alimony, child support or separate maintenance income need not be revealed unless you wish to use it as a basis for repaying this obligation.</i>			SOURCE:	AMOUNT: \$	
PERSONAL REFERENCE:					
LIST PARENTS OR CLOSEST RELATIVE	STREET ADDRESS, CITY, STATE		RELATIONSHIP	EMPLOYED BY (OR HOME PHONE)	

I/we certify that the information presented here, including any provided tax returns or separate financial statements is accurate and complete. I/we understand that Banner Bank will rely on this information in order to assess my/our credit application. I/we authorize Banner Bank to request any information that is deemed necessary to assess this application or to service my/our credit file in the future. I/we authorize any third party to release information (including but not limited to verification of income and employment, credit history, loan or credit balance, account balance, tax returns, or any other information) to Banner Bank at their request, now or in the future.

By signing below I/we acknowledge that the extension of credit is NOT conditioned on the purchase of any debt cancellation product.

By: _____ Date: _____ By: _____ Date: _____

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 lenders compliance with the 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 discriminate neither on the basis of this information, nor on whether you choose to furnish it. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish this information, please check the box below. (Lender must review this material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

BORROWER <input type="checkbox"/> I DO NOT WANT TO FURNISH THIS INFORMATION.	CO-BORROWER <input type="checkbox"/> I DO NOT WANT TO FURNISH THIS INFORMATION.
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

BRANCH USE ONLY (PLEASE COMPLETE ALL FIELDS BELOW)		
TO BE COMPLETED BY INTERVIEWER:	Interviewer's Name (Print or Type)	
This application was taken by:	Interviewer's Signature Date	
<input type="checkbox"/> Face to face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Phone Number (include area code)	