

CREDIT APPLICATION



222 East Robinson Street • Knoxville, IA 50138
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TYPE OF CREDIT REQUESTED

 IMPORTANT: Check(✓) the appropriate boxes below and complete the applicable sections.

- INDIVIDUAL CREDIT - relying solely on my income or assets.
 INDIVIDUAL CREDIT - relying on my income or assets as well as assets from other sources.
 JOINT CREDIT - We intend to apply for joint credit (initials) _____

- SECURED
 UNSECURED

FOR INTERNAL USE ONLY

DATE _____
APPROVED BY _____
DECLINED BY _____

AMOUNT REQUESTED \$ _____
FOR HOW LONG _____
PAYMENT DATE DESIRED _____
WANT TO REPAY MONTHLY
PROCEEDS OF LOAN TO BE USED FOR: _____

SECTION A - INDIVIDUAL APPLICANT INFORMATION

NAME (LAST, FIRST MIDDLE) _____

BIRTHDATE _____ TELEPHONE NUMBER _____ DRIVER'S LICENSE NUMBER _____ SOCIAL SECURITY NUMBER _____ NO. DEPENDANTS _____ AGES OF DEPENDANTS _____

ADDRESS (STREET, CITY, STATE AND ZIP) _____ COUNTY _____ DO YOU OWN OR RENT _____ HOW LONG _____

PREVIOUS ADDRESS (STREET, CITY, STATE AND ZIP) (COMPLETE IF LESS THAN THREE YEARS AT PRESENT ADDRESS) _____ COUNTY _____ DO YOU OWN OR RENT _____ HOW LONG _____

EMPLOYER (COMPANY NAME AND ADDRESS) _____ HOW LONG _____

BUSINESS PHONE NUMBER _____ POSITION OR TITLE _____ SALARY PER MONTH GROSS: _____ NET: _____

PREVIOUS EMPLOYER (COMPANY NAME AND ADDRESS) _____ HOW LONG _____

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____ RELATIONSHIP _____ TELEPHONE NUMBER (INCLUDE AREA CODE) _____

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.

ALIMONY, CHILD SUPPORT, SEPARATE MAINTENANCE RECEIVED UNDER: COURT ORDER WRITTEN AGREEMENT ORAL UNDERSTANDING

SOURCES OF OTHER INCOME _____ AMOUNT PER MONTH \$ _____

IS ANY INCOME LISTED IN THIS SECTION LIKELY TO BE REDUCED BEFORE THE CREDIT REQUEST IS PAID OFF? NO YES - EXPLAIN: _____ HAVE YOU PREVIOUSLY RECEIVED CREDIT FROM US? NO YES - WHEN: _____

SECTION B - JOINT APPLICANT OR OTHER PARTY INFORMATION

COMPLETE ONLY IF FOR JOINT CREDIT, FOR INDIVIDUAL CREDIT RELYING ON INCOME OR ASSETS FROM OTHER SOURCES, OR APPLICANT IS MARRIED AND RESIDES IN A COMMUNITY PROPERTY STATE.

NAME (LAST, FIRST MIDDLE) _____

BIRTHDATE _____ TELEPHONE NUMBER _____ DRIVER'S LICENSE NUMBER _____ SOCIAL SECURITY NUMBER _____ NO. DEPENDANTS _____ AGES OF DEPENDANTS _____

RELATIONSHIP TO APPLICANT - IF ANY _____ PRESENT ADDRESS (STREET, CITY, STATE AND ZIP) _____ HOW LONG _____

EMPLOYER (COMPANY NAME AND ADDRESS) _____ HOW LONG _____

BUSINESS PHONE NUMBER _____ POSITION OR TITLE _____ SALARY PER MONTH GROSS: _____ NET: _____

PREVIOUS EMPLOYER (COMPANY NAME AND ADDRESS) _____ HOW LONG _____

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.

ALIMONY, CHILD SUPPORT, SEPARATE MAINTENANCE RECEIVED UNDER: COURT ORDER WRITTEN AGREEMENT ORAL UNDERSTANDING

SOURCES OF OTHER INCOME _____ AMOUNT PER MONTH \$ _____

IS ANY INCOME LISTED IN THIS SECTION LIKELY TO BE REDUCED BEFORE THE CREDIT REQUEST IS PAID OFF? NO YES - EXPLAIN: _____ HAS JOINT APPLICANT OR OTHER PARTY PREVIOUSLY RECEIVED CREDIT FROM US? NO YES - WHEN: _____

SECTION C - MARITAL STATUS

COMPLETE ONLY IF FOR JOINT OR SECURED CREDIT OR APPLICANT RESIDES IN A COMMUNITY PROPERTY STATE OR IS RELYING ON PROPERTY LOCATED IN SUCH A STATE AS A BASIS FOR REPAYMENT OF THE CREDIT REQUESTED.

APPLICANT MARRIED SEPARATED UNMARRIED (INCLUDING SINGLE, DIVORCED, AND WIDOWED)
OTHER PARTY MARRIED SEPARATED UNMARRIED (INCLUDING SINGLE, DIVORCED, AND WIDOWED)

SECTION D - SECURED CREDIT

 COMPLETE ONLY IF CREDIT IS TO BE SECURED. BRIEFLY DESCRIBE THE PROPERTY TO BE GIVEN AS SECURITY

PROPERTY DESCRIPTION _____

NAMES AND ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY _____ IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE - IF ANY.

SECTION E - ASSET AND 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) AND/OR CERTIFICATE(S) OF DEPOSIT (WHERE)				
MARKETABLE SECURITIES (ISSUER, TYPE, NUMBER OF SHARES)				
REAL ESTATE (LOCATION, DATE ACQUIRED)				
LIFE INSURANCE (ISSUER, FACE VALUE)				
AUTOMOBILES (MAKE, MODEL, YEAR)				
OTHER (LIST)				
TOTAL ASSETS				\$

OUTSTANDING DEBTS INCLUDE CHARGE ACCOUNTS, INSTALLMENT CONTRACTS, CREDIT CARDS, RENT, MORTGAGES AND OTHER OBLIGATIONS. USE SEPARATE SHEET IF NECESSARY.					
CREDITOR	ACCOUNT NUMBER	NAME IN WHICH ACCOUNT IS CARRIED	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENTS
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> RENT PAYMENT <input type="checkbox"/> MORTGAGE		(OMIT RENT) \$	(OMIT RENT) \$	\$
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 yes, to (Name and Address) _____ Amount per month \$ _____

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 \$ _____

Have you been declared bankrupt in the last 10 years? No Yes If yes, where? _____ Year? _____

SECTION F - IMPORTANT INSURANCE DISCLOSURES

CREDIT LIFE, ACCIDENT, AND HEALTH INSURANCE ARE NOT DEPOSITS OR OTHER OBLIGATIONS OF, OR GUARANTEED BY, IOWA STATE SAVINGS BANK OR ANY AFFILIATE OF IOWA STATE SAVINGS BANK. CREDIT LIFE, ACCIDENT, AND HEALTH INSURANCE ARE NOT INSURED BY THE FEDERAL DEPOSIT INSURANCE CORPORATION (FDIC) OR ANY OTHER AGENCY OF THE UNITED STATES, ANY STATE AGENCY, IOWA STATE SAVINGS BANK OR ANY AFFILIATE OF IOWA STATE SAVINGS BANK.

INSURANCE PRODUCTS MAY BE PURCHASED FROM AN AGENT OR BROKER OF THE APPLICANT'S CHOICE, IOWA STATE SAVINGS BANK MAY NOT CONDITION AN EXTENSION OF CREDIT ON EITHER...

- APPLICANT'S PURCHASE OF AN INSURANCE PRODUCT FROM IOWA STATE SAVINGS BANK OR ANY OF IT'S AFFILIATES; OR
- APPLICANT'S AGREEMENT NOT TO OBTAIN, OR A PROHIBITION ON APPLICANT FROM OBTAINING AN INSURANCE PRODUCT FROM AN UNAFFILIATED ENTITY.

SIGNATURES - I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below, I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes. I hereby acknowledge that I have read and understood the important insurance disclosures above. These disclosures were provided to me verbally and in written format unless this application was received by telephone or electronic means.

Applicant's Signature

Date

Other Signature (Where Applicable)

Date