



6401 W. Clearwater Ave
 Kennewick, WA 99336
 509 783-3435 Fax 509 783-4705
 www.community1st.com

CONSUMER LOAN APPLICATION

- You may apply for a loan by yourself or with another person. If you are applying with another person who is not your spouse or who lives at a different address, that person must fill out a separate application to be submitted together with your application.
- Provide information about your spouse if you are relying on your spouse's income to repay this loan.
- You do not have to include income from alimony, child support or maintenance unless you want us to consider it for this loan.

Please complete all appropriate information on front and back for Applicant and Co-Applicant.

Loan Request: _____	Collateral Offered: _____
Term (# months) of Loan: _____	(VIN if vehicle): _____
Payment Date: <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th	Loan Purpose: _____

Applicant Information:

Name	Street Address (How Long? _____ yrs)	City/State/Zip	Social Security #
Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Parents Other: _____	Mailing Address (if different)	Email Address	Home Phone
Other Names Used For Credit	Prior Address (How Long? _____ yrs)	City/State/Zip	Cell Phone
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced & Widowed)	Date of Birth	Driver's Lic #	State Exp Date Issue Date
Employer (How Long? _____ yrs)	Employer's Address	City/State/Zip	Position
Pr Employer How long? _____ yrs)	Prior Employer's Address	City/State/Zip	Work Phone
Relative Not Living With You / Relation	Relative's Address	City/State/Zip	Relative's Phone

Is this a Joint Application?: No **OR** Name of Co-Applicant: _____
 If Yes, Co-Applicant must initial here (_____) and sign below, unless a separate application has been completed.

Co-Applicant (A co-applicant living at a different address must complete a separate application.)

Name	Date of Birth	Driver's Lic #	State	Exp Date	Issue Date
Other Names Used For Credit	Prior Address (How Long? _____ yrs)	City/State/Zip	Social Security #		
Employer (How Long? _____ yrs)	Employer's Address	City/State/Zip	Cell Phone		
Prior Employer How long? _____ yrs)	Prior Employer's Address	City/State/Zip	Work Phone		
Relative Not Living With You / Relation	Relative's Address	City/State/Zip	Relative's Phone		

Other Information:

Income Information (Monthly):

1. Are you a defendant in any legal action or suit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant Salary (Gross)	_____
2. Do you guarantee any debt not shown in this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Co-Applicant Salary (Gross)	_____
3. Have you ever declared Bankruptcy? If yes, what yr.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	OT/Commission/Bonus	_____
4. Are any assets held separately?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	_____
<i>If you answer "Yes" to any of the above, please attach an explanation.</i>		Total Monthly Income	\$0

I/We certify that all statements made in this application are true and complete and are submitted for the purposes of obtaining credit. I/We authorize Community First Bank to obtain such information or verification as required concerning the statements made in this application and from any credit reporting agency. I/We agree that the application shall remain the Bank's property whether it is approved or not.

CAUTION! Willful misrepresentation on this application may result in a fine and/or imprisonment under U.S. Law.

I authorize Community First Bank to automatically deduct my loan payment from my CFB (checking/savings) account # _____ . Deposit account signers must be the same as the loan account signers.

Signature of Applicant	Date	Signature of Co-Applicant	Date
_____	_____	_____	_____



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Financial Information:

As of: _____

YOUR ASSETS		Market Value	YOUR DEBTS		Monthly Payment	Balance Owning
Cash in Bank (List)			Credit Cards/Unsecured Loans (List Creditor & Acct Number)			
Money Market/CD's						
Stocks/Bonds/Investments*						
Cash Value Life Insurance						
IRA Keogh/Retirement*						
Real Estate Owned*:			Rent Payment			
Address: _____			Real Estate Loans*:			
Yr Purchased: _____	Cost: _____		Lender: _____			
Address: _____			Acct Number: _____			
Yr Purchased: _____	Cost: _____		Lender: _____			
Address: _____			Acct Number: _____			
Yr Purchased: _____	Cost: _____		Lender: _____			
Autos/Boats/RVs			Consumer Loans			
Yr./Make/Model			List Bank & Account Number			
Other Assets:			Other Debts:			
Furniture/Household Goods						
Other* (Describe) _____						
			Alimony, Child Support or Maintenance			
Total Assets:		-	Total Monthly Payments:		-	
			Total Debts:			-
			Net Worth: (Assets minus Debts)			-

**Please attach additional schedules, if necessary to provide adequate detail for our analysis.*

Important Information About New Procedures For Opening an Account

Mandated by the USA PATRIOT ACT

To help the government fight the funding of terrorism and money laundering activities, the USA PATRIOT ACT, a Federal law, requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Appraisal Notice (Right to Receive)

NOTICE: If the collateral which will secure this loan is a 1-4 family residence, you have the right to a copy of the appraisal used in connection with your application for credit. If you wish to have a copy, please write to us at the following mailing address: **Community First Bank 6401 W Clearwater Ave., Kennewick WA 99336**. We must hear from you no later than ninety (90) days after we notify you about the action taken on your credit application or no later than ninety (90) days after you withdraw your application. Your written request must contain: Applicant's Name, Property Address, Branch Name where application was taken, Application Date, and mailing instructions for the copy.

FOR BANK USE ONLY

Collection of Government Monitoring information and completion of HMDA worksheet is required if:

- Loan proceeds will be used to purchase a dwelling,
- Loan proceeds will be used for home improvements, or
- Loan proceeds will be used to refinance a loan secured by a dwelling (regardless if the original loan was for commercial or consumer purposes.)

Date Application Taken or Received: _____

Application Taken By: _____

NMLS ID# _____

Application Taken: In Person Interview By Mail By Telephone Internet OFAC Completed