



LEGACY BANK CREDIT APPLICATION

NOTICE: Upon the approval of the loan request, it will be necessary for all parties to the loan to complete the loan transaction at a Legacy Bank near you.

I certify that this application is for:

- individual credit** - without a co-borrower or guaranty of another person or entity*
- joint credit** - with a person or entity who will also be contractually liable

Any future unwritten loan requests will be on the same application basis (either individual or joint) unless the bank is notified in writing prior to or at the time of the new application.

Please initial: **Applicant** _____
 Co-applicant _____

* In the event Borrower(s) has previous credit with Lender whereby a Guarantor(s) was required, Borrower(s) is requesting the continuing Guaranty(ees) be considered for this loan application unless this box is checked:

TELL US ABOUT YOUR LOAN NEED

Purpose of Loan:	Amount of Loan Requested:	Payment Request: <input type="checkbox"/> Month <input type="checkbox"/> Annual <input type="checkbox"/> Other
Collateral:	Date of Payment:	Type of Loan: <input type="checkbox"/> Personal, Family or Household <input type="checkbox"/> Business or Investment
Marital Status (Complete only if applying for secured credit): Applicant: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated Co-applicant: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated		

TELL US ABOUT YOURSELF

Applicant Name:		Social Security Number:	
Driver's License Number:	Date of Birth:	Email Address:	Phone Number:
Cell Number:	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	Rent/House Payment:	Age of Dependents:
Present Mailing Address AND Residence Street Address (If different):		Years and Months at Current Address:	
Previous Address:		Years and Months at Previous Address:	
Firm Name or Employer (Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No):	Position or Military Rank:	Gross Pay or Pension: <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Other	
Business Address:	Business Phone Number:	Length of Present Employment:	

Previous Employer Name and Address:	Business Phone Number:	Length of Previous Employment:
Other Sources of Income: <small>(Alimony, child support, or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis of repaying this obligation)</small>		Amount Monthly:
Name of Most Closely Related Person Not Living With You:	Address of This Person:	Phone Number:
Name of Personal Reference (Non-relative):	Address of This Person:	Phone Number:

TELL US ABOUT YOUR LOAN CO-APPLICANT (If Applicable)

Co-applicant Name:		Present Mailing Address AND Residence Street Address:	
Social Security Number:	Date of Birth:	Email Address:	Driver's License Number:
Phone Number:		Cell Number:	
Firm Name or Employer (Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No):	Position or Military Rank:	Gross Pay or Pension: <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Other	
Business Address:	Business Phone Number:	Length of Present Employment:	
Other Sources of Income: <small>(Alimony, child support, or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis of repaying this obligation)</small>			Amount Monthly:
Name of Most Closely Related Person Not Living With You:	Address of This Person:	Phone Number:	
Name of Personal Reference (Non-relative):	Address of This Person:	Phone Number:	

TELL US ABOUT YOUR BANKING REFERENCES

Your Bank Is:	Other Financial Institutions Used:		
Services Presently Used:	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Loan
	<input type="checkbox"/> Safe Deposit	<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> Other

Other Assets Retirement Accounts Value of Business Owned Other Assets and Personal Property		Other Liabilities (Describe)			

Total Assets	\$	Total Liabilities	\$
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Have you ever signed for anyone?

As a Co-signer on Notes or Contracts: <input type="checkbox"/> Yes <input type="checkbox"/> No \$	As a Guarantor on Notes and Contracts: <input type="checkbox"/> Yes <input type="checkbox"/> No \$	Other (Describe): <input type="checkbox"/> Yes <input type="checkbox"/> No \$
For Whom:		

Tell us about your other expenses

Insurance Premiums: <input type="checkbox"/> Month <input type="checkbox"/> Annual <input type="checkbox"/> Other	Real Estate Taxes: <input type="checkbox"/> Month <input type="checkbox"/> Annual <input type="checkbox"/> Other	Other Taxes: <input type="checkbox"/> Month <input type="checkbox"/> Annual <input type="checkbox"/> Other
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SIGNATURE

I (we) hereby affirm that the information contained in this application, including the information on the reverse side, is true, complete and correct and that the Lender is relying on this information if it makes the requested loan. Lender is authorized to make any investigation of my/our credit and/or employment status either directly or through any agency employed by Lender. Lender may disclose to any other interested parties Lender's experience with my/our account. Lender may keep this application even if it decides not to make the loan to me/us. The undersigned also acknowledges receipt of a copy of this application and the Notice of Right to Request Specific Reason(s) for Credit Denial.

Applicant's Signature	Title	Date
Co-applicant's Signature (Where Applicable)	Title	Date

EQUAL CREDIT OPPORTUNITY ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract): because all or part of the applicant's income derives from any public assistance program: or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with law concerning this creditor is:

**FDIC Consumer Response Center
1100 Walnut St., Box #11
Kansas City, MO 64106**



Preliminary Credit Disclosure

IMPORTANT.

Do not sign this form until you carefully read it and understand its contents.

Purpose

You have submitted an application for a loan and you may be purchasing an insurance product or annuity from Legacy Bank in connection with your loan. Federal law requires Legacy Bank to provide you with the following disclosures.

Disclosures

Legacy Bank may not condition an extension of credit on either:

1. The consumer's purchase of an insurance product or annuity from the bank or any of its affiliates; or
2. The consumer's agreement not to obtain, or a prohibition on the consumer from obtaining, an insurance product or annuity from an unaffiliated entity.

Acknowledgement

By signing below, I acknowledge that I have read, received, and understand this insurance disclosure. By Signing Below, I acknowledge that an oral disclosure has been made in addition to this written disclosure.

Applicant

Date

Applicant

Date



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Date

Applicant

Date

CUSTOMER COPY