1ST SECURITY BANK
Of Washington

Dealer Name/Office: _____

Amount & Term Requested: $_____ for _____mo.

Purpose of Loan: _____

Application for Credit

I/We are applying for (REQUIRED):

☐ Individual Credit
☐ Joint Credit _____ _____
Applicant Initials Joint Initials

If you are married and reside in a community property state, you may be required to provide your spouse's information even through your spouse may not be signing this loan.

Marital Status: ☐ Married ☐ Unmarried ☐ Separated
U.S. Citizen?: ☐ Yes ☐ No

PROPERTY INFORMATION

$_____ Mo. Payment/Rent
$_____ Balance Owed
$_____ Market Value
_____ Purchase Date

Do you have a 2nd Mortgage? ☐ Yes ☐ No $_____ Monthly Payment $_____ Balance Owed

Home Type:
☐ 1-4 Family ☐ Condo/Townhome
☐ Manufactured ☐ Multi-Unit

Is this your primary residence? ☐ Yes ☐ No
Do you **own** this property? ☐ Yes ☐ No

APPLICANT INFORMATION

First Name Middle Last Name | Social Security Number | Date of Birth

Physical Address | City | State and Zip Code

Mailing Address | City | State and Zip Code

Previous Address (***if less than 2 years at present address***) | City | State and Zip Code

(_____)_____ Home Phone Number | Valid Picture ID # | ID Type & Exp Date

EMPLOYMENT INFORMATION

Employer | Position | City and State

$_____ Gross Monthly Income | Employed Since (Month/Year) | (_____)_____ Employer Phone Number

Previous Employer (***if less than 2 years with present employer***) | From (Month/Year) | To (Month/Year)

$_____ Additional Income* | Source of Income | From (Month/Year) | $_____ Dependent Care PAID to you per month

*Alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for paying this obligation.

JOINT APPLICANT INFORMATION

First Name Middle Last Name | Social Security Number | Date of Birth

Mailing Address | City | State and Zip Code

(_____)_____ Home Phone Number | Valid Picture ID # | ID Type & Exp Date

Employer | Position | City and State

$_____ Gross Monthly Income | Employed Since (Month/Year) | (_____)_____ Employer Phone Number

$_____ Additional Income* | Source of Income | From (Month/Year) | $_____ Dependent Care PAID per month

*Alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for paying this obligation.

USA PATRIOT ACT - IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT
To help the government fight the funding of terrorism and money laundering activities, 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: a) 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; b) We may also ask to see your driver's license or other identifying documents.

APPLICANT(S) SIGNATURE(S) REQUIRED BELOW

By completing and signing this Application, you are applying for credit to purchase goods and services. You affirm that all of the information furnished on the application is, to the best of your knowledge, complete and accurate and agree 1st Security Bank of Washington may investigate, now and in the future, any of the information from any source they choose including obtaining a credit bureau report. You agree that this information may be used by 1st Security Bank of Washington to determine whether you qualify for other credit offers. If your application is approved, 1st Security Bank of Washington may from time to time supply information about your loan to credit reporting agencies. Use of a product or service is acceptance of the rights and responsibilities (also called terms and conditions) associated with that product or service.

X_____ Applicant Signature
X_____ Joint Applicant Signature
_____ Date