

FOR BANK USE ONLY

Date & Time Received:

Officer Name:

NMLS #:

## FINANCIAL STATEMENT & CREDIT APPLICATION (SHORT-FORM)

<b>APPLICANT 1:</b>				<b>DATE OF BIRTH:</b>		<b>SOC SEC #:</b>		
<b>CONTACT INFO:</b>	Home Ph:		Cell Ph:		E-Mail:			
<b>MARITAL STATUS:</b>	Married:		Separated:		Unmarried (Single, Divorced, Widowed, Civil Union, Other):			
<b>DEPENDENTS:</b>	# of Dependents:			Age(s) of Dependents:				
<b>CURRENT ADDRESS:</b>	Street, City, State, ZIP:					How Long:		
	Own:		Rent:		If rent, \$/month:		No Primary Housing Expense:	
<i>If at current address for LESS than 2 years, complete prior address information</i>								
<b>PRIOR ADDRESS:</b>	Street, City, State, ZIP:					How Long:		
	Own:		Rent:		If rent, \$/month:		No Primary Housing Expense:	
<b>MILITARY SERVICE:</b>	Have you (or your deceased spouse) ever served, or are you currently serving, in the US Armed Forces (Y/N):							
		Currently on active duty with projected expiration date of service/tour (MM/YYYY):						
		Currently retired, discharged, or separated from service						
		Only period of service was as a non-activated member of the Reserve or National Guard						
		Surviving Spouse						
<b>EMPLOYMENT:</b>	Employer or Business:					How Long:		
	Street, City, State, ZIP:				Work Ph:		Position:	
	Former Employer (if at current employer less than 2-yr):					How Long:		

<b>APPLICANT 2:</b>				<b>DATE OF BIRTH:</b>		<b>SOC SEC #:</b>		
<b>CONTACT INFO:</b>	Home Ph:		Cell Ph:		E-Mail:			
<b>MARITAL STATUS:</b>	Married:		Separated:		Unmarried (Single, Divorced, Widowed, Civil Union, Other):			
<b>DEPENDENTS:</b>	# of Dependents:			Age(s) of Dependents:				
<b>CURRENT ADDRESS:</b>	Street, City, State, ZIP:					How Long:		
	Own:		Rent:		If rent, \$/month:		No Primary Housing Expense:	
<i>If at current address for LESS than 2 years, complete prior address information</i>								
<b>PRIOR ADDRESS:</b>	Street, City, State, ZIP:					How Long:		
	Own:		Rent:		If rent, \$/month:		No Primary Housing Expense:	
<b>MILITARY SERVICE:</b>	Have you (or your deceased spouse) ever served, or are you currently serving, in the US Armed Forces (Y/N):							
		Currently on active duty with projected expiration date of service/tour (MM/YYYY):						
		Currently retired, discharged, or separated from service						
		Only period of service was as a non-activated member of the Reserve or National Guard						
		Surviving Spouse						
<b>EMPLOYMENT:</b>	Employer or Business:					How Long:		
	Street, City, State, ZIP:				Work Ph:		Position:	
	Former Employer (if at current employer less than 2-yr):					How Long:		

### INCOME STATEMENT (Input Monthly Figures)

Salary - Applicant 1 (Gross)		Investment Debts	
Salary - Applicant 2 (Gross)		Real Estate Debts	
Interest & Dividends		Life Insurance Debts	
Rental Income		Other Debts	
Alimony, Child Support, Maintenance (Optional)		Other Debts	
Other Income		Other Debts	
<b>TOTAL INCOME</b>		<b>TOTAL EXPENSES</b>	

## BALANCE SHEET

ASSETS	BALANCE	LIABILITIES	BALANCE
Cash			
Stocks, Bonds, Other Investments		Investment Loan(s)	
Retirement Accounts			
Real Estate		Real Estate Loan(s)	
Net Worth of Business(s) Owned		Other Liabilities	
Other Assets		Other Liabilities	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
	<b>NET WORTH</b>		

## ABOUT YOUR FINANCES

Are there any outstanding judgements against you, or are you party to any lawsuit in which you potentially have personal liability? (Y/N)

Are you currently delinquent or in default on any federal debt? (Y/N)

In the last 7-years, have you conveyed title to any property in lieu of foreclosure? (Y/N)

In the last 7-years, have you completed a pre-foreclosure or short sale, whereby the property sold & lender accepted less than what was owed? (Y/N)

In the last 7-years, have you had property foreclosed upon? (Y/N)

In the last 7-years, have you declared Bankruptcy? (Y/N) If Yes, identify the type of bankruptcy

Do you current have a will? (Y/N)

Are you the Trustee or Beneficiary of any Trust(s)? (Y/N) If Yes, please list name/type of Trust

Are you a US citizen? (Y/N)

Are you a permanent resident alien? (Y/N)

Applicant 1   Applicant 2

Chapter 7   Chapter 11   Chapter 12   Chapter 13

Trust Name/Type (if applicable)

## LOAN AND COLLATERAL INFORMATION

LOAN AMOUNT  
REQUESTED

LOAN TERM REQUESTED

LOAN  
PURPOSE

Purchase  
Refinance  
Other

PROPOSED COLLATERAL (DESCRIPTION)

## PLEASE CHECK APPROPRIATE BOX AND INITIAL ON APPROPRIATE LINE

☐ I AM APPLYING FOR AN INDIVIDUAL ACCOUNT in my own name am relying solely on my own income and assets as the basis for repayment of the credit requested and I have only completed the "Applicant 1" sections of this application.

Applicant 1 Initials

☐ WE ARE APPLYING FOR A JOINT ACCOUNT, and we will be jointly responsible for repayment of the credit requested and have completed all sections of the application.

Applicant 1 Initials

Applicant 2 Initials

I/We represent and warrant that the information provided in this financial statement & credit application is complete and accurate in all respects, and that such information constitutes a complete disclosure of my/our financial condition as of the date of the application. I/We also hereby authorize Timberline Bank to make such investigation it sees fit to verify any and all items represented on this application. Lastly, I/We agree to notify Timberline Bank immediately, in writing, of any adverse change in our financial condition when it so occurs.

Applicant 1 Signature

Date

Drivers License #

State Issued

Issue Date

Exp Date

Applicant 2 Signature

Date

Drivers License #

State Issued

Issue Date

Exp Date

## \*FOR BANK USE ONLY\*

Lender/Officer:

Loan Type:

Closing Date (if known):

Disclosure Req'd? (Y/N):

Valuation Req'd? (Y/N):

Collateral Description:

Collateral Code

Purpose Code

FFEIC Code

Cost Code

Auto-Pay? (Y/N):

Timberline Bank or Other?

Account #