



FOR BANK USE ONLY

Date & Time Received:

Officer Name:

NMLS #:

FINANCIAL STATEMENT & CREDIT APPLICATION

APPLICANT 1: **DATE OF BIRTH:** **SOC SEC #:**

CONTACT INFO: Home Ph: Cell Ph: E-Mail:

MARITAL STATUS: Married: Separated: Unmarried (Single, Divorced, Widowed, Civil Union, Other):

DEPENDENTS: # of Dependents: Age(s) of Dependents:

CURRENT ADDRESS: Street, City, State, ZIP: How Long:

Own: Rent: If rent, \$/month: No Primary Housing Expense:

If at current address for LESS than 2 years, complete prior address information

PRIOR ADDRESS: Street, City, State, ZIP: How Long:

Own: Rent: If rent, \$/month: No Primary Housing Expense:

MILITARY SERVICE: 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

If YES, check all that apply: Only period of service was as a non-activated member of the Reserve or National Guard

Surviving Spouse

EMPLOYMENT: Employer or Business: How Long:

Street, City, State, ZIP: Work Ph: Position:

Former Employer (if at current employer less than 2-yrs): How Long:

APPLICANT 2: **DATE OF BIRTH:** **SOC SEC #:**

CONTACT INFO: Home Ph: Cell Ph: E-Mail:

MARITAL STATUS: Married: Separated: Unmarried (Single, Divorced, Widowed, Civil Union, Other):

DEPENDENTS: # of Dependents: Age(s) of Dependents:

CURRENT ADDRESS: Street, City, State, ZIP: How Long:

Own: Rent: If rent, \$/month: No Primary Housing Expense:

If at current address for LESS than 2 years, complete prior address information

PRIOR ADDRESS: Street, City, State, ZIP: How Long:

Own: Rent: If rent, \$/month: No Primary Housing Expense:

MILITARY SERVICE: 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):

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Surviving Spouse

EMPLOYMENT: Employer or Business: How Long:

Street, City, State, ZIP: Work Ph: Position:

Former Employer (if at current employer less than 2-yrs): How Long:

SCHEDULE 1 - CASH

ACCOUNT TYPE	LOCATION OF ACCOUNT	IN NAME OF	CURRENT BALANCE
TOTAL:			

SCHEDULE 2 - STOCKS, BONDS, OTHER INVESTMENTS

COMPANY	IN NAME OF	ORIGINAL COST	MARKET VALUE	DEBT	MO PMT
TOTAL:					

SCHEDULE 3 - RETIREMENT ACCCOUNTS

TYPE OF ACCOUNT	COMPANY	IN NAME OF	MARKET VALUE
TOTAL:			

SCHEDULE 4 - REAL ESTATE

PROPERTY ADDRESS	IN NAME OF	DATE ACQ	COST	VALUE	DEBT (1ST LIEN ONLY)	MO PMT
TOTAL:						

SCHEDULE 5 - LIFE INSURANCE

COMPANY	IN NAME OF	BENEFICIARY	POLICY AMOUNT	CASH VALUE OF	DEBT	MO PMT
TOTAL:						

SCHEDULE 6 - OTHER ASSETS

**List should include items such as household items, autos, recreational vehicles, collectibles, etc*

ITEM	IN NAME OF	ORIGINAL COST	MARKET VALUE
TOTAL:			

SCHEDULE 7 - NOTES RECEIVABLE

DESCRIPTION	RECEIVABLE FROM	MATURITY DATE	MARKET VALUE	MO INCOME
TOTAL:				

SCHEDULE 8 - LIABILITIES

**List should include debts such as credit cards, HELOC, auto, leases, other personal loans, etc (DO NOT include 1st DOT mortgage loans listed in Sch 4)*

ACCOUNT NAME/TYPE	OWED TO	BALANCE OWED	PAYOFF AT OR PRIOR TO CLOSING (Y/N)	MO PMT
TOTAL:				

SCHEDULE 9 - OTHER LIABILITIES (PAYMENTS & OBLIGATIONS)

**List any other liabilities and expenses such as alimony, child support, maintenance, job-related expenses, other, etc*

DESCRIPTION	MO PMT
TOTAL:	

SCHEDULE 10 - BUSINESSES OWNED

NAME OF BUSINESS	IN NAME OF	OWNERSHIP %	NET WORTH (BASED ON OWNERSHIP)
TOTAL:			

CONTINGENT LIABILITIES

**Debts on which I/We are the joint applicant, co-maker, or guarantor that I/We will have to pay if the person or company directly liable does not*

NAME OF LENDER	DEBT IN NAME OF	LOAN AMT RESPONSIBLE FOR
TOTAL:		

BALANCE SHEET

ASSETS	BALANCE	LIABILITIES	BALANCE
Cash (Sch 1)			
Stocks, Bonds, Other Inv (Sch 2)		Investment Loans (Sch 2)	
Retirement Accounts (Sch 3)			
Real Estate (Sch 4) <i>Face Value</i>		Real Estate Loans (Sch 4)	
Life Insurance (Sch 5)		Life Insurance Loans (Sch 5)	
Other Assets (Sch 6)		Liabilities (Sch 8)	
Note Receivable (Sch 7)		Other Liabilities Not Listed	
Businesses Owned (Sch 10)		Other Liabilities Not Listed	
Other Assets Not Listed		Other Liabilities Not Listed	
TOTAL ASSETS		TOTAL LIABILITIES	
	NET WORTH		

INCOME STATEMENT *(Input Monthly Figures)*

Salary - Applicant 1 (Gross)		Investment Debts (Sch 2)	
Salary - Applicant 2 (Gross)		Real Estate Debts (Sch 4)	
Interest & Dividends		Life Insurance Debts (Sch 5)	
Rental Income		Liabilities (Sch 8)	
Alimony, Child Support, Maintenance (Optional)		Other Liabilities (Sch 9)	
Note Receivable Income (Sch 7)		Other Debts	
Other Income		Other Debts	
TOTAL INCOME		TOTAL EXPENSES	

ABOUT YOUR FINANCES

	Applicant 1	Applicant 2				
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	<small>Chapter 7</small>	<small>Chapter 11</small>	<small>Chapter 12</small>	<small>Chapter 13</small>		
Do you current have a will? (Y/N)	<small>Trust Name/Type (if applicable)</small>					
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)						

LOAN AND COLLATERAL INFORMATION

LOAN AMOUNT REQUESTED		LOAN TERM REQUESTED			LOAN PURPOSE			Purchase
								Refinance
								Other
PROPOSED COLLATERAL (DESCRIPTION OR ADDRESS) []								

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		Applicant 2 Signature	Date
<small>Drivers License #</small>	<small>State Issued</small>	<small>Issue Date</small>	<small>Exp Date</small>

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Lender/Officer: Loan Type:

Closing Date (if known): Disclosure Req'd? (Y/N): Loan Estimate (LE) Date:

Type of Collateral (include address if Real Estate):

Valuation Req'd? (Y/N): VALUATION TYPE Appraisal Evaluation Due Date

Collateral Code Purpose Code FFEIC Code Cost Code

Auto-Pay? (Y/N): Timberline Bank or Other? Account #

SUPPLEMENT TO FINANCIAL STATEMENT & CREDIT APPLICATION

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

COMPLETE THIS SECTION ONLY IF PROPOSED COLLATERAL IS REAL ESTATE

Property Address (Street, City, State, ZIP)

Occupancy (Check One) Primary Residence Second Home Investment Property Owner Occupied Comm Non-OO Comm

Is the property a manufactured home (factory-built dwelling permanently attached to a foundation)? (Y/N)

If proposed loan is to purchase or refinance a property, are there other new loans being considered on the property? (Y/N)

If "Yes" please provide: Creditor Name Creditor's Lien Position Loan Amount Monthly Payment Amount

COMPLETE THIS SECTION ONLY IF PROPOSED COLLATERAL IS 1-4 FAMILY RESIDENTIAL REAL ESTATE, AND PROPOSED LOAN IS A CLOSED-END (AMORTIZING TERM) CREDIT

The following information is requested by the Federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to provide it. However, if you choose not to furnish the information and you have made this application in person, under Federal regulations the lender is required to note the ethnicity, race, and sex on the basis of visual observation and/or surname. **IF YOU DO NOT WISH TO FURNISH THIS INFORMATION, PLEASE CHECK THE BOX BELOW.**

APPLICANT 1	APPLICANT 2
<input type="checkbox"/> I do not wish to provide this information	<input type="checkbox"/> I do not wish to provide this information
ETHNICITY	ETHNICITY
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
RACE OR NATIONAL ORIGIN	RACE OR NATIONAL ORIGIN
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> White
SEX	SEX
<input type="checkbox"/> Male	<input type="checkbox"/> Male
<input type="checkbox"/> Female	<input type="checkbox"/> Female
<input type="checkbox"/> I do not wish to provide this information	<input type="checkbox"/> I do not wish to provide this information

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*Complete this section ONLY if Applicant 1 or Applicant 2 elects not to provide this information and the application was taken in person

NOTED ETHNICITY:	Applicant 1 <input style="width: 100%;" type="text"/>	Applicant 2 <input style="width: 100%;" type="text"/>		
NOTED RACE:	Applicant 1 <input style="width: 100%;" type="text"/>	Applicant 2 <input style="width: 100%;" type="text"/>		
NOTED SEX:	Applicant 1 <input style="width: 100%;" type="text"/>	Applicant 2 <input style="width: 100%;" type="text"/>		
THE DEMOGRAPHIC INFORMATION WAS PROVIDED:	<input type="checkbox"/> Face-to-Face Interview	<input type="checkbox"/> Telephone Interview	<input type="checkbox"/> Fax or Mail	<input type="checkbox"/> E-Mail or Internet

I hereby certify that I have noted this information based on visual observation or surname

<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
Printed Name of Bank Employee	Signature of Bank Employee	Date