



**Bank
of Rio Vista**

APPLICATION FOR CREDIT

IMPORTANT: Read these directions and check the appropriate boxes before completing the rest of this application.

I UNDERSTAND I CAN APPLY FOR THIS CREDIT IN MY NAME ALONE, REGARDLESS OF MY MARITAL STATUS.

- I AM:
- MARRIED OR A CALIFORNIA-REGISTERED DOMESTIC PARTNER
 - SEPARATED
 - UNMARRIED (includes single, divorced, and widowed)

- I AM APPLYING:
- FOR SEPARATE CREDIT IN MY NAME ALONE.
 - JOINTLY WITH MY SPOUSE OR CALIFORNIA-REGISTERED DOMESTIC PARTNER.
 - JOINTLY WITH _____, WHO IS NOT MY SPOUSE OR CALIFORNIA-REGISTERED DOMESTIC PARTNER. HIS OR HER SEPARATE APPLICATION IS ATTACHED.

I am apply for a loan of \$ _____ (net of any fees) for _____ months to be secured by _____.
 Unsecured. My preferred payment date is _____. The purpose of this loan is _____.

Instructions to Applicants Who Are Married or Are California Registered Domestic Partners: Answer all questions in the Borrower fields and Spouse/Partner fields, whether or not your spouse or partner is a joint applicant for this credit. Unless you indicate otherwise, the Bank will assume that all listed property is community property and that all listed debts are community obligations.

BORROWER INFORMATION					
FULL NAME	NO OF DEP. & AGES	BIRTHDATE MO/DAY/YR	DRIVERS LIC.NO	DL EXP.	SOCIAL SECURITY NO
STREET ADDRESS, APT, CITY, STATE		ZIP	HOW LONG YRS	HOME PHONE NO	() OWN Amount () RENT \$
PREVIOUS FULL ADDRESS (if at present address less than 2 years)		ZIP	HOW LONG YRS	SELF EMPLOYED? () YES () NO	HOW LONG YRS
EMPLOYER AND ADDRESS		ZIP	HOW LONG YRS	WORK PHONE NO	YOUR OCCUPATION
PREVIOUS EMPLOYER/FULL ADDRESS (if at present emp. less than 2 years)		ZIP	HOW LONG YRS	WORK PHONE NO	YOUR OCCUPATION
NEAREST RELATIVE NOT LIVING WITH YOU/FULL ADDRESS		ZIP	RELATIONSHIP	PHONE NO	
PERSONAL REFERNCE NON-RELATIVE/FULL ADDRESS (optional)		ZIP	KNOWN YRS	PHONE NO	
SPOUSE OR DOMESTIC PARTNER INFORMATION					
FULL NAME	NO OF DEP. & AGES	BIRTHDATE MO/DAY/YR	DRIVER'S LIC. NO	DL EXP.	SOCIAL SECURITY NO
STREET ADDRESS, APT, CITY, STATE		ZIP	HOW LONG YRS	HOME PHONE NO	() OWN Amount () RENT \$
PREVIOUS FULL ADDRESS (if at present address less than 2 years)		ZIP	HOW LONG YRS	SELF EMPLOYED? () YES () NO	HOW LONG YRS
EMPLOYER AND ADDRESS		ZIP	HOW LONG YRS	WORK PHONE NO	YOUR OCCUPATION
PREVIOUS EMPLOYER/FULL ADDRESS (if at present emp. less than 2 years)		ZIP	HOW LONG YRS	WORK PHONE NO	YOUR OCCUPATION
NEAREST RELATIVE NOT LIVING WITH YOU/FULL ADDRESS		ZIP	RELATIONSHIP	PHONE NO	
PERSONAL REFERNCE NON-RELATIVE/FULL ADDRESS (optional)		ZIP	RELATIONSHIP	PHONE NO	

INCOME: It is not necessary to reveal income from alimony, child support or separate maintenance unless you want the Bank to consider it when evaluating this application.

Source of Income	Borrower	Co-Borrower	Total
Base Employment Income (Gross Income)			
Overtime			
Bonuses			
Commissions			
Dividends/Interest			
Net Rental Income			
Other:			
Other:			
Total:			

Alimony, Child Support, Separate Maintenance received will continue until (Date)

FINANCIAL INFORMATION:

FINANCIAL INSTITUTION/FULL ADDRESS	ZIP	<input type="checkbox"/> LOAN <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	NAME ON ACCOUNT : ACCOUNT NO:
FINANCIAL INSTITUTION/FULL ADDRESS	ZIP	<input type="checkbox"/> LOAN <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	NAME ON ACCOUNT: ACCOUNT NO:
FINANCIAL INSTITUTION/FULL ADDRESS	ZIP	<input type="checkbox"/> LOAN <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	NAME ON ACCOUNT: ACCOUNT NO:
FINANCIAL INSTITUTION/FULL ADDRESS	ZIP	<input type="checkbox"/> LOAN <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	NAME ON ACCOUNT: ACCOUNT NO:
FINANCIAL INSTITUTION/FULL ADDRESS	ZIP	<input type="checkbox"/> LOAN <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	NAME ON ACCOUNT: ACCOUNT NO:

Financial Statements to be completed only if request is over \$25,000.

ASSETS (I/WE own)

LIABILITIES (I/WE owe)

Indicate by (*) those liabilities or pledged assets which will be satisfied upon sale of real estate owned or upon refinancing of subject property.

Description	Cash or Market Value	Description	Monthly Payment	Balance
Cash in Banks (give name and branch)		Rent Payment		N/A
		Bank Loans (give names and branch)		

ADDITIONAL INFORMATION

List any additional names under which credit has previously been received:

[Empty text box for additional names]

Have you made a will? YES NO

IF YES, IDENTIFY:

Have you established a trust? YES NO

[Empty text box for identifying assets]

Are any of the above listed assets held in a trust? YES NO

ARE YOU A CO-MAKER, ENDORSER, OR GUARANTOR ON ANY LOAN OR CONTRACT? YES NO

IF YES, TO WHOM?

[Empty text box for identifying co-maker/endorser/guarantor]

ARE THERE ANY UNSATISFIED JUDGMENTS AGAINST YOU? YES NO

IF YES, TO WHOM?

[Empty text box for identifying judgments]

HAVE YOU BEEN DECLARED BANKRUPT IN THE LAST 7 YEARS? YES NO

IF YES, PROVIDE DETAILS:

[Empty text box for bankruptcy details]

Other obligations – (E.G. Liability to pay alimony, child support, separate maintenance, use separate sheet if necessary.)

[Empty text box for other obligations]

SIGNATURES

Everything I/we have stated in the application is true, complete, and accurate to the best of my/our knowledge. Lender is authorized to make any investigation of my/our credit and/or employment status either directly or through any credit report reporting agencies to evaluate credit worthiness. Lender may disclose to other credit providers Lender’s experience with my/our account. Lender may keep this application even if it decides not to make the loan to me/us.

Borrower’s Signature Date

Spouse or Domestic Partner Signature Date
(Spouse or domestic partner should sign if jointly applying for this credit)

FOR COMPLETION BY BANK PERSONNEL ONLY

Date Application Received: _____ Received By: _____ Branch Rec’d: _____

How Application Received: [] In Person [] By Mail [] By Fax

Applicant ID Verification

Co-Applicant ID Verification

[] ID Verified
[] ID Not Verified-Existing Customer-Info on file

[] ID Verified
[] ID Not Verified-Existing Customer-Info on file

Type of ID _____ (i.e. DL or Passport)

Type of ID _____ (i.e. DL or Passport)

Agency/State Issued _____ (i.e. DMV or INS)

Agency/State Issued _____ (i.e. DMV or INS)

Country Issued: _____

Country Issued: _____

ID #: _____

ID #: _____

ID Expiration Date: _____

ID Expiration Date: _____