CONSUMER LOAN APPLICATION

APPLICATION NUMBER _____

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 to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow First National Bank Alaska to identify you. We may also ask to see your driver's license or identifying documents.

☐ I am applying for individual credit.
☐ We are applying for joint credit. Please initial below.

_____   _____
Applicant   Co-Applicant

LOAN REQUEST

AMOUNT REQUESTED $	TERM MO / YR	PURPOSE

APPLICANT INFORMATION / CO-APPLICANT INFORMATION

APPLICANT				CO-APPLICANT			
FIRST NAME	MIDDLE NAME	LAST NAME	JR. / SR.	FIRST NAME	MIDDLE NAME	LAST NAME	JR. / SR.
MAILING ADDRESS	EMAIL ADDRESS			MAILING ADDRESS	EMAIL ADDRESS		
CITY	STATE	ZIP		CITY	STATE	ZIP	
PHYSICAL ADDRESS	TIME AT ADDRESS (MM / YY)			PHYSICAL ADDRESS	TIME AT ADDRESS (MM / YY)		
CITY	STATE	ZIP		CITY	STATE	ZIP	
FORMER ADDRESS (IF LESS THAN 2 YEARS AT CURRENT ADDRESS)				FORMER ADDRESS (IF LESS THAN 2 YEARS AT CURRENT ADDRESS)			
CITY	STATE	ZIP		CITY	STATE	ZIP	
SSN	HOME PHONE	CELL PHONE		SSN	HOME PHONE	CELL PHONE	
DATE OF BIRTH	NO. OF DEPENDENTS (INCLUDING SELF)			DATE OF BIRTH	NO. OF DEPENDENTS (INCLUDING SELF)		
ID TYPE	ISSUED BY	EXPIRATION DATE		ID TYPE	ISSUED BY	EXPIRATION DATE	
ID #	ISSUE DATE			ID #	ISSUE DATE		
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP		NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	
ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		PHONE NUMBER		ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		PHONE NUMBER	

APPLICANT OCCUPATION / CO-APPLICANT OCCUPATION

Please provide two years of income tax returns if self-employed or seasonally employed.

APPLICANT				CO-APPLICANT			
EMPLOYER				EMPLOYER			
ADDRESS		WORK PHONE		ADDRESS		WORK PHONE	
YEARS	MONTHS	POSITION		YEARS	MONTHS	POSITION	
FORMER EMPLOYER	POSITION	YEARS	MONTHS	FORMER EMPLOYER	POSITION	YEARS	MONTHS

INCOME

List sources of income below. Income from alimony or child support payments need not tbe revealed if you do not wish to have it considered as a basis for repaying this obligation.

INCOME		INCOME	
GROSS MONTHLY SALARY		GROSS MONTHLY SALARY	
RENTAL INCOME		RENTAL INCOME	
OTHER INCOME		OTHER INCOME	
Total	$	Total	$

REAL ESTATE OWNED

Attach additional sheets if needed. Indicate in whose name the account is held. (A) Applicant (C) Co-Applicant (J) Joint

(A) (C) (J)	DESCRIPTION	PURCHASE DATE	MORTGAGE HOLDER	CURRENT VALUE	CURRENT BALANCE	RENTAL INCOME	MONTHLY PAYMENT
			TOTAL				
				$	$	$	$

FINANCIAL STATEMENT

(A) (C) (J)	ASSETS	CURRENT VALUE	(A) (C) (J)	DEBT OUTSTANDING	MONTHLY PAYMENT	BALANCE
	CASH IN FIRST NATIONAL BANK ALASKA			MONTHLY RENT / MORTGAGE PAYMENT		
	CASH IN OTHER INSTITUTIONS (NAME OF INSTITUTION)					
	MARKET VALUE OF STOCKS/BONDS					
	TOTAL CURRENT VALUE OF REAL ESTATE (SEE REAL ESTATE OWNED)			OTHER REAL ESTATE LOANS		
	AUTOMOBILE / YEAR / MAKE			AUTO LOAN		
	AUTOMOBILE / YEAR / MAKE			AUTO LOAN		
	BOAT / RECREATIONAL VEHICLE / YEAR / MAKE			BOAT / RECREATIONAL VEHICLE		
	PROFIT SHARING / RETIREMENT			CREDIT CARD (LIST)		
	PERSONAL PROPERTY					
	OTHER ASSETS (DESCRIBE)			TAXES		
				ALIMONY / CHILD SUPPORT		
				OTHER DEBT		
				TOTAL	$	$
	TOTAL	$		NET WORTH (ASSETS, MINUS DEBT)	$	$

ADDITIONAL INFORMATION

ARE YOU A CO-MAKER, ENDORSER, OR GUARANTOR ON ANY LOAN OR CONTRACT?	YES ☐ NO ☐	IF "YES," FOR WHOM?	TO WHOM OWED?	
IS THERE ANY UNSATISFIED JUDGEMENT AGAINST YOU?	YES ☐ NO ☐	AMOUNT $	IF "YES" TO WHOM OWED?	
HAVE YOU EVER HAD CREDIT IN ANY OTHER NAME?	YES ☐ NO ☐	IF "YES," LIST NAMES	WHEN?	
HAVE YOU BEEN DECLARED BANKRUPT IN THE PAST 7 YEARS?	YES ☐ NO ☐	IF "YES," WHERE?	YEAR?	

DESCRIBE THE PROPERTY TO BE GIVEN AS SECURITY, IF ANY:

IF THE SECURITY IS YOUR PRIMARY RESIDENCE, GIVE THE FULL NAME OF YOUR SPOUSE, IF ANY:

Everything that I/we have stated in this application is correct to the best of my/our knowledge. I/we understand that you will retain this application whether or not it is approved. You are authorized to check my/our credit and employment history and to answer question about your credit experience with me/us.

APPLICANT SIGNATURE	DATE	CO-APPLICANT SIGNATURE	DATE

For Bank Use Only

Date Rec'd	Closed ☐	Declined ☐	Withdrawn ☐	Rec'd from:	In Person ☐	Mail ☐	Fax ☐	Internet ☐	Bank ☐