

# GATEWAY BANK of CENTRAL FLORIDA CONSUMER CREDIT APPLICATION

**IMPORTANT APPLICANT INFORMATION:** Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Amount requested	Term	Payment Date Desired	Purpose
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## SECTION A: INDIVIDUAL APPLICANT INFORMATION

NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	TELEPHONE NO.	
DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	NO. OF DEPENDENTS	AGES OF DEPENDENTS	
ADDRESS (STREET, CITY, STATE, & ZIP)		COUNTY	OWN RENT	HOW LONG?
PREVIOUS ADDRESS (Street, City, State & Zip)		COUNTY		HOW LONG?
EMPLOYER (Company Name & Address)		POSITION OR TITLE		HOW LONG?
BUSINESS PHONE (EXT.)		SALARY PER MONTH	GROSS: \$	NET: \$
PREVIOUS EMPLOYER (Company Name & Address)		TELEPHONE NO.		HOW LONG?
NAME & ADDRESS OF NEAREST LIVING RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	TELEPHONE NO.	
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.				
Alimony, child support, separate maintenance received under:    Court Order    Written Agreement    Oral Understanding				
SOURCES OF OTHER INCOME		AMOUNT PER MONTH \$		
Is any income listed in this Section likely to be reduced before the credit request is paid off?		Have you previously received credit from us?		
No	Yes (Explain)	No	Yes (explain)	

## SECTION B: JOINT APPLICANT OR OTHER PARTY INFORMATION

Complete only if for joint credit for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state.

NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	TELEPHONE NO.	
DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	NO. OF DEPENDENTS	AGES OF DEPENDENTS	
ADDRESS (STREET, CITY, STATE, & ZIP)		COUNTY	OWN RENT	HOW LONG?
PREVIOUS ADDRESS (Street, City, State & Zip)		COUNTY		HOW LONG?
EMPLOYER (Company Name & Address)		POSITION OR TITLE		HOW LONG?
BUSINESS PHONE (EXT.)		SALARY PER MONTH	GROSS: \$	NET: \$
PREVIOUS EMPLOYER (Company Name & Address)		TELEPHONE NO.		HOW LONG?
NAME & ADDRESS OF NEAREST LIVING RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	TELEPHONE NO.	
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.				
Alimony, child support, separate maintenance received under:    Court Order    Written Agreement    Oral Understanding				
SOURCES OF OTHER INCOME		AMOUNT PER MONTH \$		
Is any income listed in this Section likely to be reduced before the credit request is paid off?		Have you previously received credit from us?		
No	Yes (Explain)	No	Yes (explain)	
Joint credit: We intend to apply for joint credit (initials)				

## SECTION C: MARTIAL STATUS

Complete only if for joint or secured credit or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested.

APPLICANT:    MARRIED    SEPARATED    UNMARRIED (including single, divorced, and widowed)  
 OTHER PARTY: MARRIED    SEPARATED    UNMARRIED (including single, divorced, and widowed)

**SECTION D: ASSETS AND DEBT INFORMATION**

If Section B has been complete, this Section should be complete giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant related information with "A". If Section B was not completed, only give information about the Applicant in this Section.

**ASSETS OWNED (Use separate sheet if necessary)**

DESCRIPTION OF ASSETS	NAME ON ACCOUNT	SUBJECT TO DEBT?	VALUE
CHECKING ACCOUNT NUMBER(S) (where)			\$
SAVINGS ACCOUNT NUMBER(S) (where)			
CERTIFICATE OF DEPOSIT(S) (where)			
MARKETABLE SECURITIES (issuer, type, no. of shares)			
RETIREMENT/ IRA'S			
REAL ESTATE (location, date acquired)			
LIFE INSURANCE (issuer, face value)			
AUTOMOBILES (make, model, year)			
OTHER (list)			
<b>TOTAL ASSETS</b>			<b>\$</b>

**OUTSTANDING DEBTS (including charge accounts, installment contracts, credit cards, rent, mortgages and other obligations. Use separate sheet if necessary)**

CREDITOR	ACCOUNT NUMBER	NAME ON ACCOUNT	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENTS
	Rent Payment		(Omit Rent)	(Omit Rent)	
LANDLORD OR MORTGAGE HOLDER	Mortgage		\$	\$	\$
AUTOMOBILES (describe)					
<b>TOTAL DEBTS</b>			<b>\$</b>	<b>\$</b>	<b>\$</b>

**Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable):**

Are you obligated to make Alimony, Support or Maintenance Payments? NO YES		
If yes, to (Name & Address)		Amount Per Month \$
Are you a co-maker, endorser, or guarantor on any loan or contract? NO YES		If yes, for whom? Amount \$
Are there any unsatisfied judgments against you? NO YES		If yes, to whom owed? Amount \$
Have you been declared bankrupt in the last 10 years? NO YES		If yes, where? Year?

**SECTION E: SECURED CREDIT Complete only if credit is to be secured. Briefly describe the property to be given as security.**

PROPERTY DESCRIPTION

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NAMES & ADDRESS OF ALL CO-OWNERS OF THE PROPERTY

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IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (if any).

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**SIGNATURES.** I certify that everything I have stated in this application and on any attachments is correct. Lender may keep this application whether or not it is approved. By signing below I authorize Gateway Bank to check my credit and employment history and to answer questions other may ask Gateway Bank about my credit record with Gateway Bank. I understand that I must update credit information at Gateway Bank's request if my financial condition changes.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Other Signature \_\_\_\_\_ Date \_\_\_\_\_