

# CONSUMER LOAN APPLICATION

LITCHFIELD BANCORP  
294 WEST STREET, P.O. BOX 997  
LITCHFIELD, CT 06759  
TELEPHONE 860-567-9401

**IMPORTANT: READ THESE DIRECTIONS AND CHECK THE APPROPRIATE BOX BEFORE COMPLETING THIS APPLICATION.**

Please check one box:

- If you are applying for **Individual credit** in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete all applicable sections.
- If this is an application for **Joint credit** with another person, complete all sections, providing information about the applicant and the joint applicant.

We intend to apply for joint credit \_\_\_\_\_ (Initials)  
APPLICANT CO-APPLICANT

- If you are applying for individual credit, but **relying on Income** from alimony, child support or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all applicable sections to the extent possible, providing information about the person on whose alimony, support, or maintenance payments or income or assets you are relying.

Type of Application: <input type="checkbox"/> Individual Application <input type="checkbox"/> Multiple Parties in the Application		Application Date:	
Amount Requested: \$		Application Number:	
Purpose of the Loan:		Product Code:	
Security Offered: <input type="checkbox"/> No collateral given <input type="checkbox"/> Secured by:			
<b>APPLICANT</b>		<b>OTHER PARTY</b>	
		<input type="checkbox"/> Joint Application <input type="checkbox"/> Cosigner <input type="checkbox"/> Guarantor	
APPLICANT NAME		OTHER PARTY NAME	
PHYSICAL ADDRESS	YRS THERE	PHYSICAL ADDRESS	YRS THERE
CITY, STATE, ZIP	HOME PHONE	CITY, STATE, ZIP	HOME PHONE
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	
Do not complete unless you are a joint applicant.		Do not complete unless you are a joint applicant.	
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried		MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried	
DATE OF BIRTH:	SSN:	NO. DEPENDENTS:	
DATE OF BIRTH:	SSN:	NO. DEPENDENTS:	
DRIVER'S LICENSE NO. OR OTHER IDENTIFICATION NUMBER	IF YOU ARE NOT A U.S. CITIZEN OR PERMANENT RESIDENT, WHAT IS YOUR IMMIGRATION STATUS?	DRIVER'S LICENSE NO. OR OTHER IDENTIFICATION NUMBER	IF YOU ARE NOT A U.S. CITIZEN OR PERMANENT RESIDENT, WHAT IS YOUR IMMIGRATION STATUS?
MAILING ADDRESS (if different than Physical Address)		MAILING ADDRESS (if different than Physical Address)	
PREVIOUS ADDRESS (if less than 2 yrs.)	YRS THERE	PREVIOUS ADDRESS (if less than 2 yrs.)	YRS THERE
	<input type="checkbox"/> Own <input type="checkbox"/> Rent		<input type="checkbox"/> Own <input type="checkbox"/> Rent
PERSONAL REFERENCE NAME & ADDRESS		PERSONAL REFERENCE NAME & ADDRESS	
TELEPHONE	RELATIONSHIP	TELEPHONE	RELATIONSHIP
<b>EMPLOYMENT AND INCOME INFORMATION</b>		<b>EMPLOYMENT AND INCOME INFORMATION</b>	
EMPLOYER NAME		EMPLOYER NAME	
BUSINESS ADDRESS	BUSINESS PHONE	BUSINESS ADDRESS	BUSINESS PHONE
POSITION	YRS THERE	POSITION	YRS THERE
PREVIOUS EMPLOYER	YRS THERE	PREVIOUS EMPLOYER	YRS THERE
	<b>APPLICANT</b>	<b>OTHER PARTY</b>	<b>COMBINED</b>
Monthly salary/wages			
Overtime			
Commission			
Bonuses			
Dividends/Interest			
Net Rental			
Self-employment			
Other (Alimony, child support or separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.)			
<b>TOTAL</b>		<b>TOTAL</b>	<b>TOTAL</b>

