

List any liabilities on a separate page and attach. Mark "X" in box by any liability paid by this loan. We are relying on the accuracy and completeness of your list.

Assets

| APP CO-APP (✓/Check One or Both Boxes) | DESCRIPTION | Cash or Market Value |
|---|---|-------------------------|
| <input type="checkbox"/> | Checking Acct. (Bank, Acct. No.) | \$ |
| <input type="checkbox"/> | Savings Acct. (Bank, Acct. No.) | \$ |
| <input type="checkbox"/> | Principal Residence | \$ |
| <input type="checkbox"/> | Other Real Estate (*Complete Information Below) | \$ |
| <input type="checkbox"/> | Automobiles | \$ |
| <input type="checkbox"/> | Personal Property (Household Goods, Sporting Goods, Tools, etc.) | \$ |
| <input type="checkbox"/> | Stocks & Bonds (Number, Company) | \$ |
| <input type="checkbox"/> | Other (Specify) | \$ |
| <input type="checkbox"/> | Other (Specify) | \$ |
| <input type="checkbox"/> | Other (Specify) | \$ |
| <input type="checkbox"/> | Other (Specify) | \$ |
| Total Assets → | | \$ |

*Real Estate Address (Not Primary Residence)

| Mortgage Holder Name and Address | Type of Property | Purchase Price | Present Market Value | Amount of Liens and Mortgages | Gross Rental Income | Mortgage Payments | Taxes, Ins. Maint. and Misc. | Net Rental Income |
|----------------------------------|---------------------|-------------------|----------------------------|-------------------------------------|---------------------------|----------------------|------------------------------------|-------------------------|
|----------------------------------|---------------------|-------------------|----------------------------|-------------------------------------|---------------------------|----------------------|------------------------------------|-------------------------|

LIST 3 LOCAL CLOSE RELATIVES OR FRIENDS THAT DO NOT LIVE WITH YOU
DO NOT LIST EMPLOYERS OR EMPLOYEES

| | | | | |
|--------------------|-------|-------|-------|--------------|
| NEAREST RELATIVE | | | PHONE | |
| COMPLETE ADDRESS | | | | RELATIONSHIP |
| FRIEND OR RELATIVE | | PHONE | | |
| COMPLETE ADDRESS | | | | RELATIONSHIP |
| FRIEND OR RELATIVE | | PHONE | | |
| COMPLETE ADDRESS | | | | RELATIONSHIP |
| DRIVERS LICENSE # | STATE | | | EXPIRES |

READ CAREFULLY

I CERTIFY THAT THE INFORMATION CONTAINED ON BOTH SIDES OF THIS APPLICATION IS CORRECT AND AUTHORIZE ACTION
LOAN COMPANY TO VERIFY ANY INFORMATION THROUGH ANY SOURCE INCLUDING USE OF A CREDIT REPORT.

SIGNED _____ DATE _____

INSURANCE AGENT'S NAME: _____

PHONE NUMBER: _____