



**Alpine Bank**

NMLS  
#414674

**FINANCIAL STATEMENT & LOAN APPLICATION**

Locally owned and operated, Alpine Bank offers a variety of solutions to meet your individual banking needs. While we at Alpine Bank strive to make your loan process as easy as possible, we realize you may have questions. Please feel free to call at any time. Thank you for choosing Alpine Bank for your financial needs. We look forward to helping you reach your goals.

Applicant / Guarantor \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

**Marital Status**

Married  Separated  Unmarried\*

\*Single, Divorced, Widowed, Civil Union, Domestic Partnership, Registered Reciprocal Beneficiary Relationship

**Dependents**

Number \_\_\_\_\_

Ages \_\_\_\_\_

**Contact Information**

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Current Address**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How Long at Current Address? \_\_\_\_\_ Years \_\_\_\_\_ Months  Own  Rent  No primary housing expense If Rent \$ \_\_\_\_\_ /month

**If at Current Address for LESS than 2 years, list Former Address**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How Long at Former Address? \_\_\_\_\_ Years \_\_\_\_\_ Months  Own  Rent  No primary housing expense If Rent \$ \_\_\_\_\_ /month

**Mailing Address - if different from Current Address**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Military Service** - Did you (or your deceased spouse) ever serve, or are you currently serving, in the United States Armed Forces?  No  Yes

If YES, check all that apply:  Currently service on active duty with projected expiration date of service/tour \_\_\_\_\_ (mm/yyyy)

Currently retired, discharged or separated from service

Only period of service was as a non-activated member of the Reserve or National Guard

Surviving Spouse

**Employment**

Employer or Business \_\_\_\_\_ How Long? \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Position \_\_\_\_\_

Former Employer \_\_\_\_\_ How Long? \_\_\_\_\_

**JOINT APPLICANT INFORMATION - If Applicable**

Joint Applicant / Guarantor \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

**Marital Status**

Married  Separated  Unmarried\*

\*Single, Divorced, Widowed, Civil Union, Domestic Partnership, Registered Reciprocal Beneficiary Relationship

**Dependents**

Number \_\_\_\_\_

Ages \_\_\_\_\_

**Contact Information**

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Current Address**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Surviving Spouse

**Employment**

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Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Position \_\_\_\_\_

Former Employer \_\_\_\_\_ How Long? \_\_\_\_\_

**INCOME INFORMATION**

Income Source	In the Name Of	Monthly Income
Provide TOTAL Amount Here:		

**SCHEDULE 1 - CASH**

Type of Account	Institution in Which Account is Held	In the Name(s) OF	Total Amount
Provide TOTAL Amount Here:			

**SCHEDULE 2 - STOCKS AND BONDS OWNED**

No. of Shares	Company	Registered in Name(s) Of	Cost	Market Value
Provide TOTAL Amount Here:				

**SCHEDULE 3a - REAL ESTATE VALUE**

Location of Property	Description of Property	Date Acquired	Title in the Name(s) Of	Cost	Market Value
Provide TOTAL Amount Here:					

**SCHEDULE 3b - REAL ESTATE OBLIGATIONS**

Location of Property	Mortgage Balance	Payments	Does Payment Include Escrow	Taxes if not escrowed	Insurance if not escrowed	Monthly HOA Dues
Provide TOTAL Amount Here:						

**SCHEDULE 4 - LIFE INSURANCE**

Policy Amount	Company	Beneficiary	Cash Value of Life Insurance	Policy Loans
Provide TOTAL Amount Here:				

**SCHEDULE 5 - OTHER ASSETS**

Item	Title in the Name(s) Of	Cost	Market Value
Provide TOTAL Amount Here:			

**SCHEDULE 6 - LIABILITIES**

List all liabilities below (except real estate) and include deferred payments. Under Account Type, choose from the types listed here:

- Revolving (e.g. credit cards) - Installment (e.g. car, student, personal loans). - Open 30-Day (balance paid monthly) - Lease (not real estate) - Other

Account Type - use list above	Company Name	Account Number	Unpaid Balance	To be paid off at or before closing	Monthly Payment
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
Provide TOTAL Amount Here:					

**SCHEDULE 7 - OTHER LIABILITIES**

Other Liabilities and Expenses. Choose from the types listed here: - Alimony - Child Support - Separate Maintenance - Job-related Expenses - Other	Monthly Payment
Provide TOTAL Amount Here:	

**SCHEDULE 8 - NOTES RECEIVABLE**

Description	Receivable From	Market Value	Maturity Date
Provide TOTAL Amount Here:			

**SCHEDULE 9 - RETIREMENT ACCOUNTS**

Type of Account	Financial Institution	Registered in Name(s) Of	Market Value
Provide TOTAL Amount Here:			

**SCHEDULE 10 - BUSINESSES OWNED**

Name of Business Owned	In the Name(s) Of	Total Net Worth
Provide TOTAL Amount Here:		

Assets	Total From Schedules	Liabilities	Total From Schedules
Cash (Schedule 1)		Liabilities (Schedule 6)	
Stocks & Bonds (Schedule 2)		Real Estate Loans (Schedule 3)	
Real Estate (Schedule 3)		Life Insurance Loans (Schedule 4)	
Cash Value of Life Insurance (Schedule 4)			
Other Assets (Schedule 5)			
Notes Receivable (Schedule 8)			
Retirement Accounts (Schedule 9)			
Businesses Owned (Schedule 10)			
<b>Total Assets</b>		<b>Total Liabilities</b>	

**CONTINGENT LIABILITIES** - Debts on which I am or the joint applicant is comaker, guarantor or endorser on obligations either of us will have to pay if the person or company primary liable does not pay.

Name of Lender	Loan is in the Name Of:	Total Amount
Provide TOTAL Amount Here:		

**LOAN AND COLLATERAL INFORMATION**

Loan Amount Requested \_\_\_\_\_ Term Requested \_\_\_\_\_ Loan Purpose:  Purchase  Refinance  Other \_\_\_\_\_  
 Collateral Description \_\_\_\_\_ Insurance Agt Name and Ph Numr: \_\_\_\_\_

**COMPLETE SECTIONS BELOW IF COLLATERAL IS REAL ESTATE - OTHERWISE, PROCEED TO 'ABOUT YOUR FINANCES'**

**Property Information**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Property Value \_\_\_\_\_ Number of Units \_\_\_\_\_ Expected Monthly Rental Income (if applicable) \_\_\_\_\_

Occupancy:  Primary Residence  Second Home  Investment Property  FHA Secondary Residence  Owner Occupied Comm.  Nonowner-occupied

1. Mixed-Use Property. If you will occupy the property, will you set aside space within the property to operate your own business?  NO  YES  
 (e.g., day-care facility, medical office, beauty/barber shop)

2. Manufactured Home. Is the property a manufactured home? (e.g., a factory-built dwelling built on a permanent chassis)  NO  YES

**Other New Mortgage Loans on the Property You are Buying or Refinancing**

Creditor Name \_\_\_\_\_  First Lien  Subordinate Lien Monthly Payment \_\_\_\_\_ Loan Amount \_\_\_\_\_

**ABOUT YOU AND YOUR FINANCES**

	<b>APPLICANT</b>	<b>JOINT APPLICANT</b>
Are you a cosigner or guarantor on any debt or loan that is not disclosed on this application? Please describe _____	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> NO <input type="radio"/> YES
Are there any outstanding judgments against you?	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> NO <input type="radio"/> YES
Are you currently delinquent or in default on a federal debt?	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> NO <input type="radio"/> YES
Are you a party to a lawsuit in which you potentially have any personal financial liability?	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> NO <input type="radio"/> YES
Have you conveyed title to any property in lieu of foreclosure in the past seven years?	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> NO <input type="radio"/> YES
Within the past seven years, have you completed a pre-foreclosure sale or short sale, whereby the property was sold to a third party and the Lender agreed to accept less than the outstanding mortgage balance due?	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> NO <input type="radio"/> YES

**ABOUT YOU AND YOUR FINANCES (continued)**

- Have you had property foreclosed upon in the last seven years?  NO  YES  NO  YES
- Have you declared bankruptcy within the past seven years?  NO  YES  NO  YES  
 If YES, identify the type(s) of bankruptcy:  
 Chapter 7  Chapter 11  Chapter 12  Chapter 13
- Do you currently have a will?  NO  YES  NO  YES
- Are you the trustee or beneficiary or any trusts?  NO  YES  NO  YES  
 If YES, list name/type of trust \_\_\_\_\_
- Are you a U.S. Citizen?  NO  YES  NO  YES
- Are you a permanent resident alien?  NO  YES  NO  YES

For higher-priced mortgage loans or loans secured by a first lien on a dwelling, Alpine Bank may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost.

Lender Name \_\_\_\_\_ NMLS Number \_\_\_\_\_

**PLEASE CHECK APPROPRIATE BOX AND INITIAL IN ADJACENT LINE:**

- I AM APPLYING FOR AN INDIVIDUAL ACCOUNT in my own name and am relying solely on my own income and assets as the basis for repayment of the credit requested. I have completed only the 'applicant' sections of this application. Applicant Initials
- WE ARE APPLYING FOR A JOINT ACCOUNT. We will be jointly responsible for repayment of the credit requested and have completed all sections of this application. Applicant Initials Joint Applicant Initials
- I am applying for an individual account, but I am relying on income from alimony, child support, separate maintenance, or on the income or assets of another person as the basis for repayment of the credit requested. I have completed all sections to the extent possible and have completed the 'joint applicant' sections with the information about the person whose alimony, child support, separate maintenance, income or assets I am relying on. Applicant Initials

I/We represent and warrant that the information set forth above and on the reverse side of this application is complete and accurate in all respects, and that such information constitutes a complete disclosure of our financial condition as of the date of this application. I/We understand that this application is made for the purpose of inducing this bank to loan money from time to time, secured or unsecured, to us or to accept our endorsement or guarantee of the obligations of others. I/We authorize the bank to make such investigation of our financial condition and the representations contained in this application as the bank may deem desirable. I/We understand that this application shall remain the property of the bank for all purposes. I/We further understand that you will continue to rely on this information as being full and accurate until I/We provide you with notice in writing of any changes. I/We agree to notify you immediately, in writing, of any adverse change in our financial condition.

_____ Applicant / Guarantor Signature		_____ Date	_____ Joint Applicant / Guarantor Signature		_____ Date
_____ Drivers License Number	_____ State Issued	_____ Issue Date	_____ Expiration Date	_____ Drivers License Number	_____ State Issued
		_____ Issue Date	_____ Expiration Date		_____ Expiration Date

