

Ready Reserve Overdraft Protection Plan FOR CONSUMER USE ONLY

You may apply for credit in your name alone, regardless of your marital status. However, (1) all owners of the associated checking account must jointly apply, and (2) if you want us to consider anyone else's future earnings, he or she and you must also jointly apply, regardless of your relationship to each other, if any.

You are applying in : Your name, alone Your name along with ______ Your marital status is: Married or registered under the California Domestic Partnership Law Separated Unmarried (includes single, divorced and widowed - does not include registered domestic partner) CREDIT LIMITS: \$300 MINIMUM - \$5,000 MAXIMUM - BASED ON CREDIT APPROVAL I AM APPLYING FOR A CREDIT LIMIT OF _____

I understand that I must have a checking account at the Savings Bank of Mendocino County to be eligible for a Ready Reserve Overdraft Protection Plan. My Savings Bank checking account number is ______

Would you like your loan payments automatically deducted from your SBMC checking
account?YesNo

If you intend to apply for joint credit, please initial here:

Applicant

Co-Applicant

	Last Name	First MI	Birth Date	Social Security	#	DMV License or ID	#		
						Issued:	Exp:		
	Current Address Ci			State	Zip	How long at current address?			
	Mailing Address (if different from above)			State	Zip	Yo	ears Rent	Mont Other	hs
icant	Home Phone	Cell Phone	Email Address						
Applie	Current Employer			er		How Long			
	Employer's Address	City	State	Zip	Are you self-emplo If Yes, how many y			Yes	
	Additional Current Employer	ess than 2 years at cu	irrent)		Name				
	Employer's Address			State	Zip	Type of Business _			

	Last Name	First MI	Birth Date	Social Security	#	DMV License or	ID #		
						Issued:	Exp:		
	Current Address		City	State	Zip	How long at cur	rent address?		
						_	Years	Mo	onths
	Mailing Address (if different from above)		City	State	Zip	Own			
ž		1				UWI	Rent	Other	
cant	Home Phone	Cell Phone		Email Address					
pplid			1			1			
Ap	Current Employer	Work Phone Number			How Long				
60									
U	Employer's Address		City	State	Zip	Are you self-em		No	Yes
						If Yes, how many	y years and mon	ths?	
Additional Current Employer Previous Employer (if less			less than 2 years at cu	ırrent)					
						Name			
	Employer's Address		City	State	Zip	Tupo of Pusinos			
						Type of Business			



				<u>Monthly</u>		
Ð	Ordinary (Wages, Retirement)		\$			
	Other Income - Description and Amount Income from alimony, child support or separate maintenance need not be listed unless you wish it considered for this credit.					
ical			Rental \$			
d			Business \$			
Ap		Other	\$			
		То	tal Monthly Income \$			

			Monthly
ome	Ordinary (Wages, Retirement)	\$	
	Other Income - Description and Amount Income from alimony, child support or separate maintenance need not be listed unless you wish it considered for this cre	edit.	
plic		Rental \$	
I d		Business \$	
Co-1	Other	\$	
U	Total /	Monthly Income \$	
		,	

		A = Applicant C = Co-Applicant	Account #	Financial Institution	Monthly/Payment	Balan	ce
	Mortgage Payments						
	Rent/Mobile Space Rent						
es	B Do you or your co-applicant have any past due debt?						
Liabilities	Have you or your co-applicant been declared bankrupt within the last 7 years?						
Liak	Have you or your co-applicant ever voluntarily surrendered or had a vehicle repossessed, or a property foreclosed?						
	Are you or your co-applicant a co-signer or guarantor on any loan or contract?						No
	Are there any unsatisfied judgments against you or your co-applicant?						No
	Is there anything now knowr	which would reduce or stop	the income shown above befo	re this loan matures and is fully paid?		Yes	No
		If answer is YES to a	ny of these questions, attac	n separate sheet giving full details.			

By signing, you: 1. Certify that the above information is true and complete as of the date below. 2. Agree that this application is the property of the Bank and need not be returned to you. 3. Authorize the Bank to verify the accuracy and completeness of all information above from any source the Bank chooses. 4. Authorize the Bank to answer questions from, and furnish information to, others about the Bank's experience with you.

Applicant's Signature		Date	Signature of Co-Applicant	Date	
FOR BANK USE ONLY:					
L	Amount Approved	Officer's Initial			
E					