



Application Received Date: _____

If more than one applicant is applying for financing, indicate if you are applying jointly by initialing below:

Applicant

Co-Applicant

Pursuant to the National Privacy Law that took effect July 1, 2001, I authorize Frontier Credit Union to obtain verification of any information needed to complete my loan request. This information includes but is not limited to my bank account, other assets, employment earning record and the need to order a consumer credit report. I further authorize anyone to accept a photocopy or facsimile of this document as his or her authorization to release such information, including detailed payoff information to Frontier Credit Union.

Right to Receive a copy of Appraisal & Valuations for 1st Lien Dwelling secured transactions (Required under 12 CFR § 1002.14). We 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.

I/We declare under penalty of perjury that all financial information provided, including but not limited to tax returns, whether signed or unsigned and personal financial statements, are true and correct.

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Business Entity Information

Is your business a: Corporation LLC LLP Partnership Trust Sole Prop Business Individual(s)

Legal Business Name: _____

Mailing Address: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Tax ID: _____ Business Phone: _____ Cell Phone: _____ Fax Number: _____

Email Address: _____

Borrower/Guarantor Information

Guarantor/Applicant Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Social Security Number: _____ Date of Birth: _____ % of Entity Ownership: _____

Ownership Title: _____ Employer: _____ Occupation: _____

Doc Type: _____ ID #: _____ Issue Date: _____ Expiration Date: _____

Role on Account: Signer Owner Controller

Guarantor/Applicant Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Social Security Number: _____ Date of Birth: _____ % of Entity Ownership: _____

Ownership Title: _____ Employer: _____ Occupation: _____

Doc Type: _____ ID #: _____ Issue Date: _____ Expiration Date: _____

Role on Account: Signer Owner Controller

Guarantor/Applicant Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Social Security Number: _____ Date of Birth: _____ % of Entity Ownership: _____

Ownership Title: _____ Employer: _____ Occupation: _____

Doc Type: _____ ID #: _____ Issue Date: _____ Expiration Date: _____

Role on Account: Signer Owner Controller

Guarantor/Applicant Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Social Security Number: _____ Date of Birth: _____ % of Entity Ownership: _____

Ownership Title: _____ Employer: _____ Occupation: _____

Doc Type: _____ ID #: _____ Issue Date: _____ Expiration Date: _____

Role on Account: Signer Owner Controller

Information About Your Business

Are you current on all Payroll, Income and Property Taxes? Yes No
Is your business registered with the Secretary of State? Yes No
Is the business or any members a defendant in a suit or legal action? Yes No
Has the business or any members gone through bankruptcy or has a judgment against them? Yes No

Number of employees (including subsidiaries and affiliates) at time of application _____,
if loan is approved _____, subsidiaries or affiliates _____.

Professionals and Reference

I hereby authorize Lender to contact the below listed references:

Accountant: _____ Phone # _____

Attorney: _____ Phone # _____

Insurance Agent: _____ Phone # _____

Trade Reference: _____ Phone # _____

Trade Reference: _____ Phone # _____

Loan Request

Amount: _____ Term: _____

Purpose of Loan: _____

Source of Repayment: _____

Type of Collateral Offered: _____

Collateral Description or Address: _____ Estimated Value:

_____ \$ _____

_____ \$ _____

_____ \$ _____

- In addition - please provide the following:
1. Business Financial Statements (Balance Sheet and Income Statements) for the last three fiscal years and year to date information.
 2. Business Federal Tax Returns for the past Three Years.
 3. Current Personal Financial Statement and past three years Federal Tax Returns on each 20% or greater owner. Please provide the complete return with all schedules and attachments, including form K-1's.
 4. Projections for the next twelve months.
 5. Any additional information you feel is material in providing us information concerning your loan request.

DEMOGRAPHIC INFORMATION OF BORROWER

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, race and sex) in order to monitor our compliance with Equal Credit Opportunity, Fair Housing and Home Mortgage Disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race". **The law provides that we may not discriminate** on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the Information and you have made this application in person, Federal regulations require us to note your ethnicity, race, or sex on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

<p>Applicant</p> <p>Ethnicity</p> <p><input type="checkbox"/> Hispanic or Latino—Check one or more below</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – Print origin, for example Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on: _____ <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to provide this information</p>	<p>Co-Applicant</p> <p>Ethnicity</p> <p><input type="checkbox"/> Hispanic or Latino—Check one or more below</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – Print origin, for example Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on: _____ <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to provide this information</p>
<p>Race: Check one or more</p> <p><input type="checkbox"/> American Indian or Alaska Native – Print name of enrolled or principal tribe: _____</p> <p><input type="checkbox"/> Asian</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian and so on: _____ <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <ul style="list-style-type: none"> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on: _____ <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> I do not wish to provide this information</p>	<p>Race: Check one or more</p> <p><input type="checkbox"/> American Indian or Alaska Native – Print name of enrolled or principal tribe: _____</p> <p><input type="checkbox"/> Asian</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian and so on: _____ <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <ul style="list-style-type: none"> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on: _____ <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> I do not wish to provide this information</p>
<p>Sex</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> I do not wish to provide this information</p>	<p>Sex</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> I do not wish to provide this information</p>

FOR BANK USE ONLY

To Be Completed by Financial Institution (for an in person application and subject to Demographic Information)

<p>Was the ethnicity of the applicant collected on the basis of visual observation or surname?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Application was received via telephone, mail, email or dropped off</p>	<p>Was the ethnicity of the co-applicant collected on the basis of visual observation or surname?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Application was received via telephone, mail, email or dropped off</p>
<p>Was the race of the applicant collected on the basis of visual observation or surname?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Application was received via telephone, mail, email or dropped off</p>	<p>Was the race of the co-applicant collected on the basis of visual observation or surname?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Application was received via telephone, mail, email or dropped off</p>
<p>Was the sex of the applicant collected on the basis of visual observation or surname?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Application was received via telephone, mail, email or dropped off</p>	<p>Was the sex of the co-applicant collected on the basis of visual observation or surname?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Application was received via telephone, mail, email or dropped off</p>