



# Lakeside State Bank

LAKESIDE STATE BANK  
 PO Box 190  
 Oologah, Oklahoma 74053  
 or  
 PO Box 9  
 Chelsea, Oklahoma 74016  
 www.lakesidebankok.com

PLEASE DO NOT USE THIS FORM FOR REAL ESTATE SECURED REQUESTS

Notice: Because there is a small risk that information transmitted via Internet email could fall into the wrong hands, Lakeside State Bank suggests that confidential information, such as account numbers or social security numbers, not be transmitted via email. Instead, please contact Lakeside State Bank directly at your nearest bank branch. Thank you.

## CONSUMER LOAN APPLICATION

Date	Amount Requested	Term (# of Months)	Payment Amount
	\$		

### Purpose of Loan – describe how the proceeds will be used.

- Purchase Automobile     Refinance Automobile     Purchase Boat /Recreational Vehicle     Purchase Motorcycle  
 Refinance Current LSB Loan     Vacation     Medical Expense     Other (specify): \_\_\_\_\_

### Type of Collateral – describe the type of collateral offered and how owned.

- Car, Boat, RV or Motorcycle: Year \_\_\_\_\_ Make & Model \_\_\_\_\_ Year \_\_\_\_\_ Make & Model \_\_\_\_\_  
 Insurance Agent (Name & Address) \_\_\_\_\_ Has or will the State of Oklahoma issue the title?     Yes     No  
 Savings or Certificate of Deposit     Unsecured     Other (describe): \_\_\_\_\_

### INFORMATION REGARDING APPLICANT(S) – do not complete Joint Applicant information if you are applying for individual credit in your own name and are relying on your own income and assets and not the income or assets of another person as the basis for repayment of the credit requested.

Applicant's Name (include Jr. or Sr. if applicable) \_\_\_\_\_ Applicant's Name (include Jr. or Sr. if applicable) \_\_\_\_\_

Social Security Number	Driver's License Number - State	Social Security Number	Driver's License Number - State
	Cell Phone		Cell Phone
	Birth Date		Birth Date

Marital Status (*do not complete if you are applying for individual, unsecured credit*)  
 Married     Separated     Unmarried (including single, divorced, widowed)

Present Address (street, city, state, ZIP)     Own     Rent    \_\_\_\_\_ No. Yrs.

e-mail address: \_\_\_\_\_

Name & Address of Employer	<input type="checkbox"/> Self Employed	Yrs. on this job	Name & Address of Employer	<input type="checkbox"/> Self Employed	Yrs. on this job
		Yrs. employed in this profession			Yrs. employed in this profession
Position/Title/Type of Business		Business Phone	Position/Title/Type of Business		Business Phone

### If employed in current position for less than two years or if currently employed in more than one position, complete the following:

Former Employment	<input type="checkbox"/> Self Employed	Yrs. on this job	Former Employment	<input type="checkbox"/> Self Employed	Yrs. on this job
		Yrs. employed in this profession			Yrs. employed in this profession

Name & Address of Nearest Relative Not Living in Household	Phone	Relationship	Name & Address of Nearest Relative Not Living in Household	Phone	Relationship
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Gross Monthly Income:	Applicant	Joint Applicant	Total	Notice - Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.	
Salary and Wages				Describe Other Income:	
Other (see notice and list in "describe other income")					\$
Total	\$	\$	\$		\$

Description of Assets:	Security	Value
Cash (Name & Address of Financial Institution):		\$
Automobiles (Make, Model, Year):		
Real Estate (Location, Date Acquired):		
Other (list):		
Total Assets (attach separate list if necessary)		\$

My Principal Financial Institution is:	Other Financial Institutions used:		
Services presently used: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Safe Deposit <input type="checkbox"/> Cert. of Deposit <input type="checkbox"/> Loan No. No. No. No. No.			
<b>Outstanding Debts:</b> (list all indebtedness to other creditors or individuals, including alimony, child support, rent, etc.)	Balance	Past Due?	Monthly Payment
<input type="checkbox"/> Rent <input type="checkbox"/> Mortgage			\$
Total Debts (attach separate list if necessary)			\$
		Net Worth	\$

**Certification and Authorization:** I/We certify that the information provided in this application is true and correct. My/our signature below authorizes Lakeside State Bank to obtain a consumer report and to contact references to obtain loan balances or pay-off information and to check my credit and employment history.

Are you a United States citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you a United States citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you applied for a loan at LSB before?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you applied for a loan at LSB before?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there any unsatisfied judgments against you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are there any unsatisfied judgments against you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you a co-maker, endorser, or guarantor on any loan?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you a co-maker, endorser, or guarantor on any loan?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you obligated to pay child support or alimony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you obligated to pay child support or alimony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, where? Year:			If yes, where? Year:		
Will any of the applicant's income &/or loan proceeds come from or be used in the manufacturing, sale or distribution of marijuana, CBD, or Hemp?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Will any of the applicant's income &/or loan proceeds come from or be used in the manufacturing, sale or distribution of marijuana, CBD, or Hemp?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**FEDERAL NOTICE FOR SALE OF INSURANCE**

Credit Disclosure – UNDER FEDERAL LAW, A LENDER MAY NOT CONDITION AN EXTENSION OF CREDIT ON EITHER:  
 1. A REQUIREMENT TO PURCHASE AN INSURANCE PRODUCT FROM THE LENDER OR ANY OF ITS AFFILIATES, OR  
 2. AN AGREEMENT NOT TO OBTAIN, OR PROHIBITION FROM OBTAINING, AN INSURANCE PRODUCT FROM AN UNAFFILIATED ENTITY.

Insurance Disclosure – INSURANCE PRODUCTS ARE:  
 1. NOT A DEPOSIT OR OTHER OBLIGATION OF THE LENDER OR ANY OF ITS AFFILIATES.  
 2. NOT GUARANTEED BY THE LENDER OR ANY OF ITS AFFILIATES.  
 3. NOT INSURED BY THE FEDERAL DEPOSIT INSURANCE CORPORATION (FDIC) OR ANY OTHER AGENCY OF THE UNITED STATES, THE LENDER OR ANY OF ITS AFFILIATES.

**Applicant's Request for Quote:**  No Insurance  Credit Life  Accident & Health  Gap  Warranty

**By signing this application form, I/We hereby acknowledge receipt of the above credit disclosure and insurance disclosure, both orally and in writing.**

Applicant's Signature	Date	Applicant's Signature	Date
▶		▶	

**If this is an application for joint credit, the Borrower and Co-Borrower each agree we intend to apply for joint credit (sign below):**

\_\_\_\_\_

**Borrower**

\_\_\_\_\_

**Co-Borrower**

\*\*\*\*\*  
**For Bank Use Only**  
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Method for Receiving Application:  Face-to-Face Interview  Mail or Fax

Application Received On: \_\_\_\_\_ By: \_\_\_\_\_

Disclosures were mailed to the following address (for telephone applications only)

Address: \_\_\_\_\_

Date mailed: \_\_\_\_\_ By: \_\_\_\_\_

## Covered Borrower Identification Statement

Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: the costs associated with credit insurance premiums; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account).

Please call (918) 789-2581 to have this disclosure provided to you orally.

**To ensure that these protections are provided to eligible applicants, we require you to sign one of the following statements as applicable:**

I **AM** a member of the U.S. Armed Forces, such as Army, Navy, Marine Corps, Air Force, or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer or on active Guard and Reserve duty (generally for a period of 180 consecutive days or more).

**APPLICANT:**

**CO-APPLICANT:**

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

I **AM** a dependent of a member of the U.S. Armed Forces on active duty as described above. Dependents include, for example, a member's spouse, a member's child under the age of twenty-one years old, or an individual for whom the member provided more than one-half of the individual's financial support for 180 days immediately preceding today's date.

**APPLICANT:**

**CO-APPLICANT:**

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

I **AM NOT** a regular or reserve member of the U.S. Armed Forces, such as Army, Navy, Marine Corps, Air Force, or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer or on active Guard and Reserve duty (or a dependent of such a member).

**APPLICANT:**

**CO-APPLICANT:**

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

Warning: It is important to fill out this form accurately. Knowingly making a false statement on a credit application is a crime.

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### **USA PATRIOT ACT NOTICE**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. When you open an account, we will ask for your name, street address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents. Business customers are asked to furnish documents related to the organization.

### **Fair and Accurate Credit Transactions Act of 2003 Notification:**

We may report information about your loan to credit bureaus. Late payments, missed payments, or other defaults on your loan may be reflected in your credit report.

### **FEDERAL NOTICE FOR SALE OF INSURANCE**

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