



CONSUMER CREDIT APPLICATION

CREDIT REQUEST

Which product are you applying for? Personal Loan Term Requested: _____
 Overdraft Protection for Account #: _____
 Personal Line of Credit

Amount Requested: \$ _____
 Loan Purpose (check one): Purchase Vehicle Home Improvement
 Other (Describe): _____

If you are applying for a joint account or an account that you and another person will use, complete all sections for applicant and co-applicant. **We intend to apply for joint credit.** **Applicant:** _____ **Co-Applicant:** _____

APPLICANT INFORMATION

CO-APPLICANT INFORMATION

Name:	Name:
Social Security # :	Social Security # :
Date of Birth:	Date of Birth:
# of Dependents:	# of Dependents:
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Driver's License #: _____ State of Issue: _____	Driver's License #: _____ State of Issue: _____
Issue Date: _____ Expiration Date: _____	Issue Date: _____ Expiration Date: _____
Other Identification: _____	Other Identification: _____
Issue Date: _____ Expiration Date: _____	Issue Date: _____ Expiration Date: _____
Marital Status (Do not complete if this is an application for individual unsecured credit) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including Single, Divorced, and Widowed)	Marital Status (Do not complete if this is an application for individual unsecured credit) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including Single, Divorced, and Widowed)

RESIDENCE INFORMATION

Present Street Address: _____	Present Street Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home Phone (include area code): _____	Home Phone (include area code): _____
Cell Phone: _____	Cell Phone: _____
Email Address: _____	Email Address: _____
Length At Residence: (yrs) _____	Length At Residence: (yrs) _____
Previous Street Address: _____ (if less than 1 year at present)	Previous Street Address: _____ (if less than 1 year at present)
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Do you rent or own your home? <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	Do you rent or own your home? <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other
Monthly Rent Payment: \$ _____	Monthly Rent Payment: \$ _____
Monthly Mortgage Payment: \$ _____	Monthly Mortgage Payment: \$ _____

EMPLOYMENT INFORMATION

Employer Name: _____	Employer Name: _____
Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation/Title: _____	Occupation/Title: _____
Length of Employment: (yrs) _____	Length of Employment: (yrs) _____
Business Phone (include area code): _____	Business Phone (include area code): _____
Employer Address: _____	Employer Address: _____
Gross Income: \$ _____ Net Income: \$ _____	Gross Income: \$ _____ Net Income: \$ _____
Frequency: <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly	Frequency: <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly
Add'l Income: \$ _____ per _____	Add'l Income: \$ _____ per _____
* Source of Add'l Income: _____	* Source of Add'l Income: _____
Previous Employer: _____ (if less than 2 yrs at present)	Previous Employer: _____ (if less than 2 yrs at present)
Length of Emp: (yrs) _____ Occupation: _____	Length of Emp: (yrs) _____ Occupation: _____

* Alimony or child support or separate maintenance income is optional information and need not be revealed if the applicant does not choose to rely on such income in applying for credit.

APPLICANT INFORMATION		CO-APPLICANT INFORMATION	
Personal Reference:	_____	Personal Reference:	_____
Address:	_____	Address:	_____
Phone Number:	_____	Phone Number:	_____
Nearest Relative (not living with you)	_____	Nearest Relative (not living with you):	_____
Address:	_____	Address:	_____
Phone Number:	_____	Phone Number:	_____

ASSET INFORMATION
 (Asset Information will be considered if provided. Attach additional sheets or statements, as necessary)

DEBT INFORMATION*
 (*Required for Debt Consolidation loans only. Complete the Debt Consolidation Worksheet)

COLLATERAL INFORMATION*
 *Complete this section only if the loan will be secured by an automobile, boat, motorcycle, manufactured home, etc)

Collateral Type: Automobile Boat Manufactured Home Motorcycle Other Please Describe: _____

Model Year: _____ VIN or Serial #: _____

Manufacturer: _____

Model Name: _____

Insurance Agent: _____

Insurance Agency: _____

Will the loan proceeds be used to purchase the collateral? Yes No If yes- purchased from: Individual or Dealer?

Vehicle/Manufactured Home will be titled in the name(s) of:
 Applicant Co-Applicant Other(s) – please list name(s): _____

Vehicle/Manufactured Home will be registered in the name(s) of:
 Applicant Co-Applicant Other(s) – please list name(s): _____

AUTOMATIC PAYMENTS*
 *Minimum payment will be automatically deducted on the monthly due date

Would you like to set-up automatic payments to be deducted from your checking or savings account with us? Yes No

If YES, enter the Checking or Savings Account # to be debited: _____

INSURANCE DISCLOSURE

Credit Life and Accident and Health Insurance are not required to obtain credit. Hazard and Vendor's Single Interest ("VSI") Insurance may be required in connection with this loan. We may not condition an extension of credit on your purchase of insurance from the bank or any of our affiliates or your agreement not to obtain, or any prohibition on you from obtaining, insurance from a person or company that is not affiliated with the bank.

The insurance you obtain is not a deposit or other obligation of, or guaranteed by, the bank or any of our affiliates. The insurance is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, the bank, or any of our affiliates.

Would you like to enroll in:
 Credit Life Insurance? Applicant: Yes No Co-Applicant: Yes No
 Credit Disability Insurance? Yes No If YES, one applicant may enroll (select one): Applicant OR Co-Applicant

OBTAINING INFORMATION ABOUT MY CREDIT EXPERIENCE

By completing this application, you agree that we may verify your employment, income and debts. You also agree that we may rely on the information provided in your application to furnish credit to you, and you certify that the information is true. We may request additional information if necessary.

Pursuant to the requirements of the New York State Fair Credit Reporting Act, you are hereby notified that a "Consumer Report" as therein defined may be requested by the Lender in connection with your application for credit and that subsequent reports may be requested in connection with an update, renewal or further extension of credit; and you are further advised that upon your request, you will be informed whether or not we obtained a "Consumer Report" and if so, the name and address of the consumer reporting agency that furnished the report. The application and credit information remains the property of the Lender. The Lender may use the information provided on this application or on the consumer report for loan collection purposes for this or any other loan I (we) may have with your Bank.

Applicant Signature: _____ Date: _____ Co-Applicant Signature: _____ Date: _____

FOR BANK USE ONLY:

Branch Office: _____ Servicing Officer: _____
 Date Application Received: _____





NEW YORK ALTERNATIVE PAYMENT SCHEDULE DISCLOSURE

Lender: Tompkins Community Bank
118 E Seneca St
Ithaca NY 14850

For this disclosure “you” and “your” means Borrower.

You have made a loan application, your loan has been granted, or you have requested that an alternative payment schedule be established for a loan. Lender hereby provides you notice pursuant to the New York Banking Law that accepting such alternative payment schedule may have a negative impact on your credit score or rating.

By signing below, Borrower acknowledges that Borrower has read, received, and understood this New York Alternative Payment Schedule Disclosure.

BORROWER:

DATE:

BORROWER:

DATE:
