

CONSUMER LOAN APPLICATION

BANK OF MICHIGAN

Bank of Michigan
30095 Northwestern Highway
Farmington Hills, MI 48334

OFFICE USE ONLY: DATE RECEIVED _____
 In Person By phone
 By Mail By Internet

Are you interested in Credit Life/Disability Insurance that is offered by Lender if the loan is approved? Yes No

Amount of Loan	Term (in months)	Purpose (<input type="checkbox"/> Joint Credit or <input type="checkbox"/> Individual Credit)
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Collateral Type <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Auto <input type="checkbox"/> Unsec. <input type="checkbox"/> Boat <input type="checkbox"/> R.V. <input type="checkbox"/> Real Estate <input type="checkbox"/> Stock <input type="checkbox"/> Other <input type="checkbox"/> Savings Acct	Collateral Description: Should include make, model, year, VIN#, serial numbers, existing liens, etc. DEBIT CARDS (Visa Check Card) Bank of Michigan Acct# _____
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APPLICANT NAME
 Last First Initial

CO-APPLICANT NAME
 Last First Initial

Social Security Number	Date of Birth	# Dependents
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Social Security Number	Date of Birth	# Dependents
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Driver's License Number & Expiration Date: _____

Driver's License Number & Expiration Date: _____

Address (Street, City, State Zip Code)	Phone Number
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Address (Street, City, State Zip Code)	Phone Number
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Current Address:
 Own Rent Other Years/Mos There: _____

Current Address:
 Own Rent Other Years/Mos There: _____

Name of Mortgage Holder or Landlord	Monthly Payment
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Name of Mortgage Holder or Landlord	Monthly Payment
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Purchase Price of Home	Present Value	Balance Owing
\$ _____	\$ _____	\$ _____

Purchase Price of Home	Present Value	Balance Owing
\$ _____	\$ _____	\$ _____

Previous Address (if less than 5 years at present address)	Years There
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Previous Address (if less than 5 years at present address)	Years There
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Employer	Phone Number
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Employer	Phone Number
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Address (Street, City, State, ZIP Code)	Years There
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Address (Street, City, State, ZIP Code)	Years There
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Position	Income \$ _____
	<input type="checkbox"/> Gross Pay <input type="checkbox"/> Net Pay

Position	Income \$ _____
	<input type="checkbox"/> Gross Pay <input type="checkbox"/> Net Pay

Previous Employer	Years There
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Previous Employer	Years There
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Have you ever declared bankruptcy? Yes No If yes explain _____

Have you ever declared bankruptcy? Yes No If yes explain _____

Depository Account(s): (Type & Balance)

Depository Account(s): (Type & Balance)

Name of nearest relative not living with you	Relationship
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Name of nearest relative not living with you	Relationship
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Relative's address (Street, City, State, Zip Code)

Relative's address (Street, City, State, Zip Code)

Additional Information	* You are not required to disclose income from alimony, child support, or separate maintenance payments. However, if you are relying on income from alimony, child support, or separate maintenance payments as a basis for repayment of this obligation, please complete the information below.			Information about
				_____ Applicant
				_____ Co-Applicant
	Alimony per Month	Child Support per Month	Separate Maintenance per Month	
	\$	\$	\$	

*Other Income	Applicant	*Amount \$	* Source
	Co-Applicant	*Amount \$	* Source

Marital Status: Do not complete if this application is for individual unsecured credit *unless* responding party resides in a community property state or is relying on property located in such a state for repayment of the credit requested.

Applicant _____ Married _____ Separated _____ Unmarried (including single, divorced and widowed)

Co-Applicant _____ Married _____ Separated _____ Unmarried (including single, divorced and widowed)

The following are all of the loans or debts you presently owe, including alimony, child support, or separate maintenance payments which you are obligated to make: (Attach additional sheets if necessary)

Name	Name of Bank, Company or Individual Address	Account Number	Original Amount	Current Balance	Monthly Payment	Collateral

(If joint application, read singular pronouns in the plural.) You warrant the truth of the information contained in this application and you realize it will be relied upon by Lender in deciding whether or not to grant the credit which is applied for. You warrant that the financial obligations you have disclosed in relation to this application are totally complete and that you have no other outstanding financial obligations of any kind, including any guarantor or co-signer liability. If you have left any spaces in this application blank, Lender may assume the information required is answered by you in the negative. You hereby authorize Lender and its employees and agents to investigate and verify any information provided to Lender by you. You agree and recognize that it is your sole and exclusive responsibility to determine any and all aspects of federal tax considerations related to consumer loan interest deductibility and acknowledge that Lender has not provided any tax advice whatsoever to you. You authorize Lender to make any credit, employment or investigative inquiry that Lender determines is appropriate for the extension of credit or the collection of amounts you owe. Lender can furnish information concerning your loan to consumer reporting agencies and others who may properly receive that information. If this application is approved and Lender is required to report the amount of interest paid on the loan to the Internal Revenue Service, the Applicant understands that Lender will do so using the Applicant's Social Security Number shown above (tax identification number). The Applicant understands that if the Applicant's Social Security Number is incorrect that the Applicant may be subject to Internal Revenue Service penalties. You understand this application will be kept by Lender whether or not your request is approved.

Date	Signature of Applicant or Co-Signer	Signature of Co-Applicant