



FINANCIAL STATEMENT & LOAN APPLICATION

Locally owned and operated, Alpine Bank offers a variety of solutions to meet your individual banking needs. While we at Alpine Bank strive to make your loan process as easy as possible, we realize you may have questions. Please feel free to call at any time. Thank you for choosing Alpine Bank for your financial needs. We look forward to helping you reach your goals.

Name _____ Date of Birth _____ Soc. Sec. No. _____

Marital Status

Married Separated Unmarried*

*Single, Divorced, Widowed, Civil Union, Domestic Partnership, Registered Reciprocal Beneficiary Relationship

Dependents

Number _____

Ages _____

Contact Information

Home Phone _____ Cell Phone _____

E-mail _____

Current Address

Street _____ City _____ State _____ Zip Code _____

How Long at Current Address? _____ Years _____ Months Own Rent No primary housing expense If Rent \$ _____ /month

If at Current Address for LESS than 2 years, list Former Address

Street _____ City _____ State _____ Zip Code _____

How Long at Former Address? _____ Years _____ Months Own Rent No primary housing expense If Rent \$ _____ /month

Mailing Address - if different from Current Address

Street _____ City _____ State _____ Zip Code _____

Military Service - Did you (or your deceased spouse) ever serve, or are you currently serving, in the United States Armed Forces? No Yes

If YES, check all that apply: Currently service on active duty with projected expiration date of service/tour _____ (mm/yyyy)

Currently retired, discharged or separated from service

Only period of service was as a non-activated member of the Reserve or National Guard

Surviving Spouse

Employment

Employer or Business _____ How Long? _____

Address _____ Phone Number _____ Position _____

Former Employer _____ How Long? _____

JOINT APPLICANT INFORMATION - If Applicable

Joint Applicant _____ Date of Birth _____ Soc. Sec. No. _____

Marital Status

Married Separated Unmarried*

*Single, Divorced, Widowed, Civil Union, Domestic Partnership, Registered Reciprocal Beneficiary Relationship

Dependents

Number _____

Ages _____

Contact Information

Home Phone _____ Cell Phone _____

E-mail _____

Current Address

Street _____ City _____ State _____ Zip Code _____

How Long at Current Address? _____ Years _____ Months Own Rent No primary housing expense If Rent \$ _____ /month

If at Current Address for LESS than 2 years, list Former Address

Street _____ City _____ State _____ Zip Code _____

How Long at Former Address? _____ Years _____ Months Own Rent No primary housing expense If Rent \$ _____ /month

Mailing Address - if different from Current Address

Street _____ City _____ State _____ Zip Code _____

Military Service - Did you (or your deceased spouse) ever serve, or are you currently serving, in the United States Armed Forces? No Yes

If YES, check all that apply: Currently service on active duty with projected expiration date of service/tour _____ (mm/yyyy)

Currently retired, discharged or separated from service

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Surviving Spouse

Employment

Employer or Business _____ How Long? _____

Address _____ Phone Number _____ Position _____

Former Employer _____ How Long? _____

INCOME INFORMATION

Income Source	In the Name Of	Monthly Income
Provide TOTAL Amount Here:		

SCHEDULE 1 - CASH

Type of Account	Institution in Which Account is Held	In the Name(s) OF	Total Amount
Provide TOTAL Amount Here:			

SCHEDULE 2 - STOCKS AND BONDS OWNED

No. of Shares	Company	Registered in Name(s) Of	Cost	Market Value
Provide TOTAL Amount Here:				

SCHEDULE 3 - REAL ESTATE OWNED

Location of Property	Description of Property	Date Acquired	Title in the Name(s) Of	Cost	Market Value	Mortgages	Payment Amount
Provide TOTAL Amount Here:							

SCHEDULE 4 - LIFE INSURANCE

Policy Amount	Company	Beneficiary	Cash Value of Life Insurance	Policy Loans
Provide TOTAL Amount Here:				

SCHEDULE 5 - OTHER ASSETS

Item	Title in the Name(s) Of	Cost	Market Value
Provide TOTAL Amount Here:			

SCHEDULE 6 - LIABILITIES

List all liabilities below (except real estate) and include deferred payments. Under Account Type, choose from the types listed here:

- Revolving (e.g. credit cards) - Installment (e.g. car, student, personal loans). - Open 30-Day (balance paid monthly) - Lease (not real estate) - Other

Account Type - use list above	Company Name	Account Number	Unpaid Balance	To be paid off at or before closing	Monthly Payment
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
			Provide TOTAL Amount Here:		

SCHEDULE 7 - OTHER LIABILITIES

Other Liabilities and Expenses. Choose from the types listed here: - Alimony - Child Support - Separate Maintenance - Job-related Expenses - Other	Monthly Payment
Provide TOTAL Amount Here:	

SCHEDULE 8 - NOTES RECEIVABLE

Description	Receivable From	Market Value	Maturity Date
Provide TOTAL Amount Here:			

SCHEDULE 9 - RETIREMENT ACCOUNTS

Type of Account	Financial Institution	Registered in Name(s) Of	Market Value
Provide TOTAL Amount Here:			

SCHEDULE 10 - BUSINESSES OWNED

Name of Business Owned	In the Name(s) Of	Total Net Worth
Provide TOTAL Amount Here:		

Assets	Total From Schedules	Liabilities	Total From Schedules
Cash (Schedule 1)		Liabilities (Schedule 6)	
Stocks & Bonds (Schedule 2)		Real Estate Loans (Schedule 3)	
Real Estate (Schedule 3)		Life Insurance Loans (Schedule 4)	
Cash Value of Life Insurance (Schedule 4)			
Other Assets (Schedule 5)			
Notes Receivable (Schedule 8)			
Retirement Accounts (Schedule 9)			
Businesses Owned (Schedule 10)			
Total Assets		Total Liabilities	

CONTINGENT LIABILITIES - Debts on which I am or the joint applicant is comaker, guarantor or endorser on obligations either of us will have to pay if the person or company primary liable does not pay.

Name of Lender	Loan is in the Name Of:	Total Amount
Provide TOTAL Amount Here:		

LOAN AND COLLATERAL INFORMATION

Loan Amount Requested _____ Term Requested _____ Loan Purpose: Purchase Refinance Other _____
 Collateral Description _____

COMPLETE SECTIONS BELOW IF COLLATERAL IS REAL ESTATE - OTHERWISE, PROCEED TO 'ABOUT YOUR FINANCES'

Property Information

Street _____ City _____ State _____ Zip Code _____
 Property Value _____ Number of Units _____ Expected Monthly Rental Income (if applicable) _____
 Occupancy: Primary Residence Second Home Investment Property FHA Secondary Residence Owner Occupied Comm. Nonowner-occupied
 1. Mixed-Use Property. If you will occupy the property, will you set aside space within the property to operate your own business? NO YES
 (e.g., day-care facility, medical office, beauty/barber shop)
 2. Manufactured Home. Is the property a manufactured home? (e.g., a factory-built dwelling built on a permanent chassis) NO YES

Other New Mortgage Loans on the Property You are Buying or Refinancing

Creditor Name _____ First Lien Subordinate Lien Monthly Payment _____ Loan Amount _____

COMPLETE SECTION BELOW IF THE PROPERTY SECURING THIS LOAN IS A DWELLING

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, sex and race) 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. **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, sex, and race 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. **Instructions:** You may check one or more "Hispanic or Latino" origins and one or more designations for "Race". If you do not wish to provide some or all of this information, select the applicable check box.

Applicant Information:

Ethnicity

- Hispanic or Latino
 - Mexican Puerto Rican Cuban
 - Other Hispanic or Latino - Enter origin: _____

Examples: Argentinean, Columbian, Dominican, Nicaraguan, Salvadorian, Spaniard, etc.

- Not Hispanic or Latino
- I do not wish to provide this information

Sex

- Female
- Male
- I do not wish to provide this information

Race

- American Indian or Alaska Native
Enter name of enrolled or principal tribe: _____
- Asian
 - Asian Indian Chinese Filipino Japanese
 - Korean Vietnamese
 - Other Asian - Enter Race: _____
Examples: Hmong, Laotian, Thai, Pakistani, Cambodian, etc.
- Black or African-American
- Native Hawaiian or Other Pacific Islander
 - Native Hawaiian Guamanian or Chamorro Samoan
 - Other Pacific Islander - Enter Race _____
Examples: Fijian, Tongan, etc.
- White
- I do not wish to provide this information

Joint Applicant Information:

Ethnicity

- Hispanic or Latino
 - Mexican Puerto Rican Cuban
 - Other Hispanic or Latino - Enter origin: _____

Examples: Argentinean, Columbian, Dominican, Nicaraguan, Salvadorian, Spaniard, etc.

- Not Hispanic or Latino
- I do not wish to provide this information

Sex

- Female
- Male
- I do not wish to provide this information

Race

- American Indian or Alaska Native
Enter name of enrolled or principal tribe: _____
- Asian
 - Asian Indian Chinese Filipino Japanese
 - Korean Vietnamese
 - Other Asian - Enter Race: _____
Examples: Hmong, Laotian, Thai, Pakistani, Cambodian, etc.
- Black or African-American
- Native Hawaiian or Other Pacific Islander
 - Native Hawaiian Guamanian or Chamorro Samoan
 - Other Pacific Islander - Enter Race _____
Examples: Fijian, Tongan, etc.
- White
- I do not wish to provide this information

To Be Completed by Financial Institution (for application taken in person):

- Was the ethnicity of the Borrower collected on the basis of visual observation or surname? NO YES
- Was the sex of the Borrower collected on the basis of visual observation or surname? NO YES
- Was the race of the Borrower collected on the basis of visual observation or surname? NO YES
- The Demographic Information was provided through: Face-to-Face Interview Telephone Interview Fax or Mail E-mail or Internet

ABOUT YOU AND YOUR FINANCES

	APPLICANT	JOINT APPLICANT
Are you a cosigner or guarantor on any debt or loan that is not disclosed on this application? Please describe _____	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> NO <input type="radio"/> YES
Are there any outstanding judgments against you?	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> NO <input type="radio"/> YES
Are you currently delinquent or in default on a federal debt?	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> NO <input type="radio"/> YES
Are you a party to a lawsuit in which you potentially have any personal financial liability?	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> NO <input type="radio"/> YES
Have you conveyed title to any property in lieu of foreclosure in the past seven years?	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> NO <input type="radio"/> YES
Within the past seven years, have you completed a pre-foreclosure sale or short sale, whereby the property was sold to a third party and the Lender agreed to accept less than the outstanding mortgage balance due?	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> NO <input type="radio"/> YES
Have you had property foreclosed upon in the last seven years?	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> NO <input type="radio"/> YES
Have you declared bankruptcy within the past seven years? If YES, identify the type(s) of bankruptcy: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> NO <input type="radio"/> YES
Do you currently have a will?	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> NO <input type="radio"/> YES
Are you the trustee or beneficiary or any trusts? If YES, list name/type of trust _____	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> NO <input type="radio"/> YES
Are you a U.S. Citizen?	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> NO <input type="radio"/> YES
Are you a permanent resident alien?	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> NO <input type="radio"/> YES

PLEASE CHECK APPROPRIATE BOX:

- I AM APPLYING FOR AN INDIVIDUAL ACCOUNT in my own name and am relying solely on my own income and assets as the basis for repayment of the credit requested. I have completed only the 'applicant' sections of this application. Applicant Initials
- WE ARE APPLYING FOR A JOINT ACCOUNT. We will be jointly responsible for repayment of the credit requested and have completed all sections of this application. Applicant Initials Joint Applicant Initials
- I am applying for an individual account, but I am relying on income from alimony, child support, separate maintenance, or on the income or assets of another person as the basis for repayment of the credit requested. I have completed all sections to the extent possible and have completed the 'joint applicant' sections with the information about the person whose alimony, child support, separate maintenance, income or assets I am relying on. Applicant Initials

For higher-priced mortgage loans or loans secured by a first lien on a dwelling, Alpine Bank 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.

Lender Name _____ NMLS Number _____

I/We represent and warrant that the information set forth above and on the reverse side of this application is complete and accurate in all respects, and that such information constitutes a complete disclosure of our financial condition as of the date of this application. I/We understand that this application is made for the purpose of inducing this bank to loan money from time to time, secured or unsecured, to us or to accept our endorsement or guarantee of the obligations of others. I/We authorize the bank to make such investigation of our financial condition and the representations contained in this application as the bank may deem desirable. I/We understand that this application shall remain the property of the bank for all purposes. I/We further understand that you will continue to rely on this information as being full and accurate until I/We provide you with notice in writing of any changes. I/We agree to notify you immediately, in writing, of any adverse change in our financial condition.

Applicant Signature & Date _____

Joint Applicant Signature & Date _____

Drivers License Number _____ State Issued _____ Issue Date _____ Expiration Date _____

Drivers License Number _____ State Issued _____ Issue Date _____ Expiration Date _____

