

FOR CREDITOR USE ONLY

LOAN # _____
OFFICER _____ OFFICER # _____
NMLS # _____
LINE # _____ LINE BAL \$ _____
APPROVED [] BY _____
DECLINED [] BY _____

FNBNA LOAN APPLICATION
P.O. Box 367
Berryville, AR 72616



FOR CREDITOR USE ONLY

APPLICATION DATE _____
APPL COMPLETED DATE _____
CLOSING DATE _____
CLOSING TIME _____

TYPE OF APPLICATION

Check only one of the three types:

[] Individual Credit - You are relying solely on your income or assets.

[] Joint Credit - By signing below, you intend to apply for "joint credit".

[] Individual Credit - You are relying on my income or assets as well as income or assets from other sources.

APPLICANT _____ JOINT APPLICANT _____

Table with 5 columns: AMOUNT REQUESTED, FOR HOW LONG, PAYMENT DATE DESIRED, WANT TO REPAY, PROCEEDS OF LOAN TO BE USED FOR.

APPLICANT INFORMATION

APPLICANT _____ SSN# _____ Date of Birth: _____
APPLICANT PHYSICAL ADDRESS _____ [] Own [] Rent Yrs. There _____
APPLICANT MAILING ADDRESS _____ County _____
APPLICANT PHONE HOME _____ WORK _____ CELL _____
EMAIL _____ Driver's License # _____
Present Employer _____ Position _____ Yrs. There _____ Phone _____
Gross Salary \$ _____ Per _____ No. Dependents _____ Ages _____
Is any income listed in this Section likely to be reduced before the credit is paid off? [] No [] Yes Explain _____
Have you previously received credit from us? [] No [] Yes - When? _____
Previous Address _____ [] Own [] Rent Yrs. There _____
Previous Employer _____ Position _____ Yrs. There _____ Phone _____
Name and address of other contact: _____ Relationship _____ Phone#:

JOINT APPLICANT OR OTHER PARTY INFORMATION

JOINT APPLICANT _____ SSN# _____ Date of Birth: _____
JOINT APPLICANT PHYSICAL ADDRESS _____ [] Own [] Rent Yrs. There _____
JOINT APPLICANT MAILING ADDRESS _____ County _____
JOINT APPLICANT PHONE HOME _____ WORK _____ CELL _____
EMAIL _____ Driver's License # _____
Present Employer _____ Position _____ Yrs. There _____ Phone _____
Gross Salary \$ _____ Per _____ No. Dependents _____ Ages _____
Is any income listed in this Section likely to be reduced before the credit is paid off? [] No [] Yes Explain _____
Have you previously received credit from us? [] No [] Yes - When? _____
Previous Address _____ [] Own [] Rent Yrs. There _____
Previous Employer _____ Position _____ Yrs. There _____ Phone _____
Name and address of other contact: _____ Relationship _____ Phone#:

MARITAL STATUS

Complete only if for joint or secured credit, or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested.

APPLICANT [] MARRIED [] SEPARATED [] UNMARRIED (INCLUDING SINGLE, DIVORCED AND WIDOWED)
OTHER PARTY [] MARRIED [] SEPARATED [] UNMARRIED (INCLUDING SINGLE, DIVORCED AND WIDOWED)

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. ALIMONY, CHILD SUPPORT, SEPARATE MAINTENANCE RECEIVED UNDER: COURT ORDER WRITTEN AGREEMENT ORAL UNDERSTANDING

Complete the following information about both the Applicant and Joint Applicant or Other Party (if applicable):

Are you obligated to make Alimony, Support or Maintenance payments? [] No [] Yes
If yes, to (Name & Address) _____ Amount per month \$ _____
Are you a co-maker, endorser, or guarantor on any loan or contract? [] No [] Yes If yes, for whom? _____ To whom? _____
Are there any unsatisfied judgments against you? [] No [] Yes If yes, to whom owed? _____ Amount: \$ _____
Have you been declared bankrupt in the last 7 years? [] No [] Yes If yes, Year: _____ 1st loan since bankruptcy with FNB? [] Yes [] No

FINANCIAL INFORMATION

Other Income \$ _____ Per _____ Source(s) _____
Total Gross Monthly Income \$ _____
Banks you have accounts with: _____

Table with 5 columns: ASSETS (Description, \$ Value), LIABILITIES (Whom Owed, \$ Owed, Monthly Pymt.), TOTAL ASSETS, NET WORTH.

I have applied for an extension of credit with you. You are soliciting, offering, or selling me an insurance product or annuity in connection with this extension of credit. FEDERAL LAW PROHIBITS YOU FROM CONDITIONING THE EXTENSION OF CREDIT ON EITHER:

- 1. My purchase of an insurance product or annuity from you or from any of your affiliates; or
2. My agreement not to obtain, or a prohibition on me from obtaining, an insurance product or annuity from an unaffiliated entity.

By signing, I acknowledge that I have received a copy of this form on today's date. Unless this disclosure is provided electronically or I have applied for credit by mail, I also acknowledge that you have provided this disclosure to me orally.

Everything that I / we have stated on the front and back of this application is correct to the best of my / our knowledge. I / we understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me. I / we fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the facts as applicable under the provisions of Title 18, United States Code, Section 101.

APPLICANT SIGNATURE

DATE

OTHER SIGNATURE (where applicable)

DATE

FNBNA INSTITUTION WORKSHEET (FOR CREDITOR USE ONLY)

APPLICANT CREDIT SCORE _____ DATE: _____ OTHER CREDIT SCORE _____ DATE: _____
 RATING _____ CENSUS TRACT _____ BRANCH CODE _____ EOD CODE _____ TELLER ALERT _____ ACCOUNT REL CODE _____
 PURPOSE CODE _____ PURPOSE _____
 LOAN CLASS _____ COL CODE (1) _____ (2) _____ (3) _____ W-HSE _____ MISC. _____

Amount Requested \$ _____
 Fees LSI \$ _____
 Direct Lien \$ _____
 DFA Fee \$ _____
 UCC \$ _____
 LPF \$ _____
 Mortgage Filing \$ _____
 Origination Fee _____ % \$ _____

Title Company
 \$ _____ Owner's Policy
 \$ _____ Lender's Policy
 \$ _____ Title Search
 \$ _____ Closing Fee
 \$ _____ Closing Protection
 \$ _____ Deed Stamp/Filing Fee
 \$ _____ Other
 Title Company TOTAL \$ _____
 Release Fee \$ _____
 Prop Ins \$ _____
 Initial Escrow \$ _____
 Flood
 \$ _____ Certification
 \$ _____ Life of Loan
 Flood TOTAL \$ _____
 Appraisal \$ _____

FNBNA / Other
 Credit Report \$ _____
 FNB Loan # _____ \$ _____
 FNB Loan # _____ \$ _____
 Other _____ \$ _____
 SUBTOTAL: \$ _____
 CR Life: Y / N _____
 Secondary Beneficiary: _____
 Company: _____
 \$ _____ Single / Joint Code: _____
 \$ _____ A & H Code: _____
 Credit Ins Total: \$ _____

TOTAL LOAN AMOUNT \$ _____

ARM Type: _____ Index _____ Margin _____
 Periodic Cap _____ Floor _____ Ceiling _____
 VARType: _____ Index _____ Margin _____
 Periodic Cap _____ Floor _____ Ceiling _____
 INTEREST RATE _____ % APR _____ %
 Line Amount including this debt: \$ _____
 Repayment _____
 _____ Amtz _____

Payment Begins: _____
 Loan Disbursement:
 Deposit Acct #: _____
 Loan Check: Y / N Check #: _____
 Other: _____

Payment
 Auto Draft YES NO Account # _____
 ACH YES NO Bank: _____
 Routing: _____
 Account # _____
 Coupon Book: YES NO
 Bill by Notice: YES NO
 Int: _____ Total Loan Including Int.: _____

RENEWAL/ EXTENSION	
ORIGINAL DATE: _____	ORIGINAL AMOUNT: \$ _____
COLLECT: INT: _____	LATE CHARGE: _____ PRIN: _____
TOTAL TO COLLECT: _____	

ADDITIONAL APPROVAL (AS REQUIRED)	
Line Amount	_____
RE LTV: _____ %	_____
Flood Policy Waived	_____
Other Policy Exception:	_____
Other	_____
Other	_____
Loan Assistant: _____	Date Loaded: _____
Checked by: _____	Date: _____

PURCHASE YES / No	SECURITY DESCRIPTION	APPLICANTS COST	APPLICANTS VALUE	LOAN VALUE
TOTAL				

Collateral Location: County _____ State _____ Ins. Company _____ File Title: Y / N or HOLD
 Real Estate: ROR: Y / N Date: _____ HMDA: Y / N Geo Code: _____ File UCC: Y or Prev.
 Consumer: Monthly debt service \$ _____ ÷ Monthly gross income \$ _____ = _____ % DTI
 Commercial/agri: Annual income \$ _____ ÷ Annual expenses \$ _____ = _____ DSCR

Exception / Recognition / Denial	
FNBNA Deposit Customer: Y / N	_____
FNBNA Exception:	_____
Reason for Exception/Recognition/Denial:	_____