

BITTERROOT VALLEY BANK
LOLO, MT

CLARK FORK VALLEY BANK
FRENCHTOWN, MT

AIRWAY BOULEVARD BANK
MISSOULA, MT



TWO RIVERS BANK
MILLTOWN, MT

MULLAN TRAIL BANK
ST. REGIS, MT

MULLAN TRAIL BANK
SUPERIOR, MT

AMOUNT REQUESTED	COLLATERAL	PURPOSE OF LOAN	DESIRED PMT/MONTH
\$			\$

APPLICANT INFORMATION

NAME L		BIRTHDATE / /		SOCIAL SECURITY # - -	
MAILING ADDRESS L		TELEPHONE #		MOBILE #	
CITY, STATE ZIP CODE L		TIME AT ADDRESS Yrs/ Mos		EMAIL ADDRESS	
FORMER ADDRESS L		TIME AT THIS ADDRESS Yrs/ Mos			
AGES OF DEPENDANTS L		MARITAL STATUS: (required for secured loans only) <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED			
NEAREST RELATIVE NOT LIVING WITH YOU L		CITY		PHONE # RELATIONSHIP	
PRESENT EMPLOYER L		CITY		PHONE # TIME WITH THIS EMPLOYER Yrs/ Mos	
JOB TITLE OR POSITION L		PAYROLL SCHEDULE \$		MONTHLY GROSS \$	
PREVIOUS EMPLOYER L		PHONE #		JOB TITLE OR POSITION YEARS THERE ENDING SALARY \$	
OTHER INCOME ▶		\$ PER MONTH.		SOURCE: RECEIVED SINCE:	
OTHER INCOME ▶		\$ PER MONTH.		SOURCE: RECEIVED SINCE:	

▶ I AM APPLYING FOR CREDIT ON A INDIVIDUAL JOINT BASIS _____ DATE _____

CO-APPLICANT INFORMATION

NAME L		BIRTHDATE / /		SOCIAL SECURITY # - -	
MAILING ADDRESS L		TELEPHONE #		MOBILE #	
CITY, STATE ZIP CODE L		TIME AT ADDRESS Yrs/ Mos		EMAIL ADDRESS	
FORMER ADDRESS L		TIME AT THIS ADDRESS Yrs/ Mos			
AGES OF DEPENDANTS L		MARITAL STATUS: (required for secured loans only) <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED			
NEAREST RELATIVE NOT LIVING WITH YOU L		CITY		PHONE # RELATIONSHIP	
PRESENT EMPLOYER L		CITY		PHONE # TIME WITH THIS EMPLOYER Yrs/ Mos	
JOB TITLE OR POSITION L		PAYROLL SCHEDULE \$		MONTHLY GROSS \$	
PREVIOUS EMPLOYER L		PHONE #		JOB TITLE OR POSITION YEARS THERE ENDING SALARY \$	
OTHER INCOME ▶		\$ PER MONTH.		SOURCE: RECEIVED SINCE:	
OTHER INCOME ▶		\$ PER MONTH.		SOURCE: RECEIVED SINCE:	

▶ I AM APPLYING FOR CREDIT ON A INDIVIDUAL JOINT BASIS _____ DATE _____

CREDIT HISTORY

	APPLICANT		COAPPLICANT		
IS ANY OF THIS INCOME LIKELY TO BE REDUCED BEFORE THE CREDIT REQUEST IS PAID OFF?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
HAVE YOU DECLARED BANKRUPTCY IN THE PAST 14 YEARS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	WHERE FILED? _____
ARE THERE ANY UNSATISFIED JUDGEMENTS AGAINST YOU?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	WHEN? _____
ARE YOU A CO-MAKER, ENDORSER OR GUARANTOR ON ANY LOAN OR CONTRACT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	TO WHOM? _____
					FOR WHOM? _____

INSURANCE DISCLOSURE

You have submitted an application for a loan. In connection with your loan application, Lender may be soliciting, offering to sell, or will sell you an insurance product or annuity. Federal law requires Lender to provide you with the following disclosures:

- Lender, as a condition of granting you a loan, cannot require that you purchase an insurance product or annuity from Lender or any of its affiliates.
- Lender, as a condition of granting you a loan, cannot require your agreement not to obtain or prohibit you from obtaining an insurance product or annuity from an unaffiliated entity.

By signing below, I acknowledge that I have read, have been told about the above insurance disclosure, and that I understand it.

Pursuant to the national privacy law that took effect July 1, 2001. I authorize the Family of Banks to obtain verification of any information needed to complete my loan request. This information includes but is not limited to my bank account, other assets, employment earnings records and the need to order a consumer credit report. I further authorize anyone to accept a photocopy or facsimile of this document as their authorization to release such information to the Family of Banks. I have received the Family of Bank's privacy statement.

SIGNATURES—I certify that everything I have stated in this application and on any attachments are correct. You may keep this application whether or not it is approved. By signing below, I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

X _____ **X** _____
 APPLICANT'S SIGNATURE DATE CO-APPLICANT'S SIGNATURE DATE

ASSETS	CURRENT VALUE	LIABILITIES	UNPAID BALANCE	MONTHLY PAYMENT
Family of Banks Savings/Checking Accounts		Mortgage Holder/Landlord		
Other Bank/Credit Union Accts		Other Real Estate Payments		
Stocks/Bonds/IRA/Mutual Funds				
Pension/401K				
Vehicles (Include Year, Make, Model) List Below ↓		Vehicle Lender (s) LIST BELOW ↓		
Home		Bank/Credit Union Loans		
Other Real Estate		Charge Cards ↓		
Life Ins.				
Face Value \$ Cash Value \$				
Net Worth of Business		Child Support or Alimony Payments		
Other Assets (Boats, RVs, Etc.)		TOTAL MONTHLY PAYMENTS		
		TOTAL LIABILITIES (B)	\$	
TOTAL ASSETS (A)	\$	NET WORTH (A-B)	\$	

ONLY COMPLETE THE FOLLOWING SECTION IF THE PURPOSE OF THIS REQUEST IS TO PURCHASE, REFINANCE OR IMPROVE A DWELLING.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may discriminate neither on the basis of this information, nor on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosure satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

BORROWER: <input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information
ETHNICITY: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	ETHNICITY: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
RACE: <input type="checkbox"/> American Indian or Alaskan Native Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White	RACE: <input type="checkbox"/> American Indian or Alaskan Native Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White
SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male	SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male

TO BE COMPLETED BY INTERVIEWER:	Interviewer's Name: (Print or type)	Name and Address of Interviewer's Employer
This application was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Signature of Interviewer Date	Telephone

******FOR BANK USE ONLY******

CUSTOMER IDENTIFICATION

Existing Family of Banks Customer? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, description of document(s) used to verify the customer's identity:					
	DOCUMENT TYPE	ID NUMBER	PLACE OF ISSUANCE	DATE OF ISSUANCE	EXPIRATION DATE
APPLICANT					
CO-APPLICANT					
Description of the method (s) and results of any non-documentary measures used to verify customer identity: _____					
Description of any substantive discrepancy between the identifying information provided by the "customer" and that found in identifying methods. Please note how discrepancy was resolved: _____					
Employee verifying Customer Identity			Employee Signature		Date Verified