

CONSUMER CREDIT APPLICATION



Member FDIC

Check appropriate box:

Must be a Hawaii resident

- If you are applying for individual credit in your own name and are relying on your own income or assets and not on the income or assets of another person as the basis for repayment of the credit requested, complete only non-shaded sections.
- If you are applying for joint credit with another person, complete all sections.
- If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance, or on the income or assets of another person as the basis for repayment of the credit requested, complete all sections to the extent possible. Provide information in the shaded sections about the person on whose alimony, support, or maintenance payments or income or assets you are relying on even if that person is not a co-applicant.

INSTALLMENT LOAN Number of months _____
Not available for college or postsecondary educational expenses

OPTION – AUTO-PAY Check if interested

LINE OF CREDIT

OVERDRAFT PROTECTION
Checking Account # _____

Loan Amount Requested

\$

PROCEEDS TO BE USED FOR:

Full Name (Last, First, Middle Initial)						Social Security No.		Date of Birth		No. Dependents & Ages	
Address (Street, City, Zip)				How long?		Previous Address if less than 2 years, how long?					
Employer			Position/Title			How long? <small>Yrs./Mo.</small>	Bus. Phone		Home Phone		
Employer's Address (Street, City, Zip)				Previous Employer if less than 2 years, how long? Position/Title				Monthly Gross Income \$			
Disclosures of alimony, child support or separate maintenance is optional if you do not wish to have it considered as a basis for repaying this obligation. Alimony, child support, separate maintenance received under: <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding						Sources of Other Income			Other Income \$		
Name of Nearest Relative not living with you or Personal Reference			Relationship		Street Address/City, State Zip		Telephone		Total Monthly Income \$		
Checking Account No.		Institution & Branch			Savings Account No.		Institution & Branch				

Full Name (Last, First, Middle Initial)						Social Security No.		Date of Birth		No. Dependents & Ages	
Address (Street, City, Zip)				How long?		Previous Address if less than 2 years, how long?					
Employer			Position/Title			How long? <small>Yrs./Mo.</small>	Bus. Phone		Home Phone		
Employer's Address (Street, City, Zip)				Previous Employer if less than 2 years, how long? Position/Title				Monthly Gross Income \$			
Disclosures of alimony, child support or separate maintenance is optional if you do not wish to have it considered as a basis for repaying this obligation. Alimony, child support, separate maintenance received under: <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding						Sources of Other Income			Other Income \$		
Name of Nearest Relative not living with you or Personal Reference			Relationship		Street Address/City, State Zip		Telephone		Total Monthly Income \$		

Creditor • A – Applicant CA* – Co-Applicant	A	CA*	Monthly Payment	Balance Due
HOME <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live w/Parent			\$	\$
Installment Loans/Credit Cards			\$	\$
			\$	\$
			\$	\$
Alimony, child support			\$	\$

Attach additional page if necessary.

TOTAL

CREDIT REFERENCES

- 1.
- 2.

I confirm that all information provided above is correct to the best of my knowledge. Territorial Savings Bank is authorized to verify my credit and employment history. I understand that Territorial Savings Bank will retain this application whether or not it is approved. For OVERDRAFT, I understand that if I receive my overdraft agreement and approval letter, I will be bound by its terms, which include paying any cash advances and all other charges, until Territorial Savings Bank or I cancel my account. Are there any unsatisfied judgments against you? Yes No In the last 7 years, have you been declared bankrupt? Yes No

YOUR SIGNATURE X	DATE / /	CO-APPLICANT SIGNATURE X	DATE / /
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If you are self-employed, retired, or a commissioned sales person, please attach copies of your **tax returns** for the last two years, otherwise, provide (1 month) current paystubs.

ALL LOAN REQUESTS ARE SUBJECT TO CREDIT APPROVAL.

Branch _____	Loan Interviewer _____	Date received _____
BRANCH COMMENTS:		