



JOHN MARSHALL BANK
 (NMLS ID # 812719)
 1943 ISAAC NEWTON SQUARE, SUITE 100
 RESTON, VA 20190
 703-584-0840

Bank Use Only Revised: March 2015

Consumer Loan Application (Please complete both sides)

IMPORTANT: Read these directions before completing this application.

I would like to apply for a John Marshall Bank Home Equity Line of Credit Overdraft Protection Line of Credit Automobile Loan Other: _____.

AMOUNT REQUESTED:\$ _____ TERM: _____ (MONTHS) SPECIFIC PURPOSE: _____

We are applying for joint credit - complete all sections _____
 Applicant Signature _____ Co-applicant Signature _____

I am applying for an individual account in my own name and you are relying on my own income or assets and not the income and assets of another person, complete all sections EXCEPT Section 2.

1. APPLICANT (Please Print)

FIRST NAME		INITIAL	LAST NAME		SOCIAL SECURITY NUMBER		DATE OF BIRTH			
							MO	DAY	YR	
STREET ADDRESS				CITY	STATE	ZIP	<input type="checkbox"/> RENT <input type="checkbox"/> BUYING			
HOME TELEPHONE	YRS AT PRESENT ADDRESS	MONTHLY PMT (PITI / RENT)		PREVIOUS ADDRESS			YRS THERE			
EMPLOYER	ADDRESS			CITY/STATE/ZIP		BUS PHONE				
GROSS MONTHLY SALARY (if self employed, attach business operating statements and Federal Tax Returns for past two years)				POSITION			YEARS THERE			
PREVIOUS EMPLOYER		ADDRESS			POSITION		YEARS THERE			
OTHER INCOME – INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION				SOURCE OF OTHER INCOME		NET MONTHLY		# DEPENDENTS		
ARE YOU OBLIGATED TO MAKE ALIMONY CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS?		<input type="checkbox"/> YES <input type="checkbox"/> NO		MONTHLY AMOUNT:	AUTO(S)	YEAR	MAKE	MODEL		
				\$						
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP	ADDRESS			TELEPHONE			

2. CO-APPLICANT (Please Print) – (Complete This Portion Only If Applying for a Joint Account)

FIRST NAME		INITIAL	LAST NAME		SOCIAL SECURITY NUMBER		DATE OF BIRTH			
							MO	DAY	YR	
STREET ADDRESS				CITY	STATE	ZIP	<input type="checkbox"/> RENT <input type="checkbox"/> BUYING			
HOME TELEPHONE	YRS AT PRESENT ADDRESS	MONTHLY PMT (PITI / RENT)		PREVIOUS ADDRESS			YRS THERE			
EMPLOYER	ADDRESS			CITY/STATE/ZIP		BUS PHONE				
GROSS MONTHLY SALARY (if self employed, attach business operating statements and Federal Tax Returns for past two years)				POSITION			YEARS THERE			
PREVIOUS EMPLOYER		ADDRESS			POSITION		YEARS THERE			
OTHER INCOME – INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION				SOURCE OF OTHER INCOME		NET MONTHLY		# DEPENDENTS		
ARE YOU OBLIGATED TO MAKE ALIMONY CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS?		<input type="checkbox"/> YES <input type="checkbox"/> NO		MONTHLY AMOUNT:	AUTO(S)	YEAR	MAKE	MODEL		
				\$						
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP	ADDRESS			TELEPHONE			

3. OUTSTANDING DEBTS AND CREDIT REFERENCES (including credit cards and lines of credit that do not currently have a balance).

CREDITORS NAME & ADDRESS	ACCOUNT #	NAME(S) IN WHICH ACCOUNT CARRIED	ORIGINAL DEBT / CREDIT LIMIT	PRESENT BALANCE	MONTHLY PAYMENT

4. REAL ESTATE OWNED (attach additional sheet if necessary)

LOCATION	TITLED IN NAME OF	YEAR PURCHASED	COST	PRESENT VALUE	AMOUNT OWED	MORTGAGE HELD BY	MONTHLY PAYMENT	RENT RECEIVED

5. PERSONAL FINANCIAL STATEMENT

IMPORTANT: Check box "J" if assets or liabilities are owned jointly with someone other than co-applicant. Indicate how the asset is titled and how much you own or owe in the appropriate schedules below. If additional space is needed, attach separate sheet.

ASSETS	AMOUNT	J	LIABILITIES	AMOUNT	J
Cash (itemize below)	\$		Notes payable to banks	\$	
Marketable Securities	\$		Notes payable to others	\$	
Notes Receivable	\$		Credit Cards	\$	
Primary Residence	\$		Other Accounts Payable	\$	
Other Real Estate	\$		Mortgage Debt	\$	
Retirement Assets	\$		Other Real Estate Debt	\$	
Other assets (describe):			Other liabilities (describe):		
1.	\$		1.	\$	
2.	\$		2.	\$	
3.	\$		3.	\$	
TOTAL ASSETS	\$		TOTAL LIABILITIES	\$	
			NET WORTH (Assets minus Liabilities)	\$	

6. CASH IN BANKS

NAME OF INSTITUTION	CITY / STATE	ACCT TYPE	ACCT #	BALANCE

7. COMPLETE FOR VEHICLE LOAN (Attach copy of dealer invoice)

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE IDENTIFICATION NUMBER
PURCHASE PRICE	SELLERS NAME & ADDRESS		PHONE NUMBER	
CASH DOWN PAYMENT	NAME OF INSURANCE COMPANY		EFFECTIVE DATE OF POLICY	
NET TRADE-IN AMOUNT	NAME AND ADDRESS OF AGENT			
BALANCE TO BE FINANCED	PHONE NUMBER	POLICY NUMBER		

8. GENERAL INFORMATION (If the answer to any of the following questions is yes, attach additional sheet and give details)

1. Are you or co-applicant a citizen or permanent resident of the U.S.? _____	5. Are you or co-applicant obligated to make alimony or child support payments? _____
2. Have you or co-applicant ever gone through bankruptcy? _____	6. Have you or co-applicant ever been granted credit under any other name? _____
3. Are you or co-applicant liable for any debts not shown? _____	7. If yes, give name(s): _____
4. Are you or co-applicant a co-maker or endorser on any other loan or contract? _____	

The credit and other information in this application is true and complete. John Marshall Bank is authorized to verify the correctness of statements and to procure other information it might require to evaluate this application, including verification of credit and employment history and review of a credit report prepared by a credit reporting agency. I (We) authorize John Marshall Bank to retain this application as its property. I(We) agree to reimburse John Marshall Bank for all appraisal, title and other fees incurred by John Marshall Bank should I(We) cancel this application, rescind, or not accept the credit facility offered.

_____ APPLICANT _____ DATE
 _____ CO-APPLICANT _____ DATE

To be Completed by Loan Originator. This information was provided:

In a face-to-face interview
 By the applicant and submitted by fax mail e-mail

 Loan Originator's Signature DATE

Loan Originator's Name (print or type) Loan Originator Identifier Loan Originator's Phone Number (including area code)