

CATSKILL HUDSON BANK

CHECK BOX FOR JOINT ACCOUNT: If you are applying for a joint account or an account that you and another person will use, complete all sections, providing information in Part III, below, about the Joint Applicant or user.
We intend to apply for Joint Credit.

Applicant _____ Co-Applicant _____

PART I

CREDIT APPLICATION
IMPORTANT: Lender/Dealer Must Complete Part I Before Applicant Completes Application.

CHECK APPLICABLE BOX INDIVIDUAL ACCOUNT-SECURED AUTHORIZED USER
 INDIVIDUAL ACCOUNT-UNSECURED INDIVIDUAL ACCOUNT
 JOINT ACCOUNT (RELYING ON INCOME OF SPOUSE OR OTHER PERSON)

DATE _____ AMOUNT REQUESTED _____ TERM _____ PAYMENT DATE DESIRED _____ PROCEEDS OF LOAN TO BE USED FOR _____

APPLICANT INSTRUCTIONS - PERSONAL Part II Must Be Completely Filled in Except For Shaded Areas Which Are Optional.

TITLE OPTIONAL MS. MR. MISS MRS. NAME LAST FIRST MIDDLE NO. OF DEP. DATE OF BIRTH

ADDRESS NO. & STREET CITY COUNTY STATE ZIP CODE YEARS SOCIAL SECURITY NO.

FORMER ADDRESS NO. & STREET CITY COUNTY STATE ZIP CODE YEARS RESIDENCE PHONE

ARE YOU A U.S. CITIZEN? YES NO IF NO, DESCRIBE IMMIGRATION STATUS DO NOT COMPLETE IF THIS APPLICATION IS FOR INDIVIDUAL UNSECURED CREDIT MARRIED UNMARRIED (INC. SINGLE, DIVORCED, WIDOWED) SEPARATED CELL PHONE

YOUR JOB PRESENT EMPLOYER POSITION NO. YEARS THERE WAGES \$ WEEKLY BI-WEEKLY MONTHLY

ADDRESS NO. & STREET CITY STATE ZIP CODE BADGE NO. BUSINESS PHONE

FORMER EMPLOYER (IF LESS THAN 3 YEARS) ADDRESS

PART II

OPTIONAL INCOME Alimony or child support or separate maintenance payments are optional information and need not be revealed if the applicant does not choose to rely on such income in applying for credit. VERIFICATION REQUIRED MONTHLY QUARTERLY SEMI-ANNUALLY ANNUALLY SOURCE

ADDITIONAL INCOME

INVESTMENT INCOME \$ MONTHLY QUARTERLY SEMI-ANNUALLY ANNUALLY SOURCE

FINANCIAL CHECKING — BANK BRANCH SAVINGS — BANK BRANCH

DEBTS - LIST ALL BANKS, STORES, LOAN & FINANCE COMPANIES, CREDIT UNIONS AND OTHERS TO WHOM YOU ARE INDEBTED. INCLUDE ANY REVOLVING LINE OF CREDIT.

| IF NECESSARY | CREDITOR | MONTHLY PAYMENT | PRESENT BALANCE | CREDITOR | MONTHLY PAYMENT | PRESENT BALANCE |
|-------------------------------|----------------------------|--|-----------------|----------|-----------------|-----------------|
| LANDLORD OR MORTGAGE HOLDER 1 | | <input type="checkbox"/> RENT <input type="checkbox"/> OWN | 4 | | | |
| AUTO - LIENHOLDER 2 | | | 5 | | | |
| 3 | | | 6 | | | |
| OTHER OBLIGATIONS | NO. OF DEPENDENTS AND AGES | TOTAL MONTHLY LIABILITY TO PAY ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE \$ | | | | |

CREDIT REFERENCES

| | | |
|---|--|---|
| 1 | | 3 |
| 2 | | 4 |

PREVIOUS CREDIT I HAVE RECEIVED CREDIT IN THE PAST WHILE USING THE FOLLOWING NAME

| NAME | CREDITOR | YEAR |
|------|----------|------|
| | | |

ARE YOU A CO-MAKER, ENDORSER OR GUARANTOR ON ANY LOAN OR CONTRACT? YES NO IF "YES" FOR WHOM? TO WHOM?

ARE THERE ANY UNSATISFIED JUDGMENTS AGAINST YOU? YES NO OMIT IF MORE THAN 7 YEARS AMOUNT \$ IF "YES" TO WHOM OWED?

WERE YOU EVER BANKRUPT? YES NO OMIT IF MORE THAN 10 YEARS IF "YES" WHERE? YEAR

NAME OF NEAREST RELATIVE OR FRIEND NOT LIVING WITH YOU ADDRESS PHONE

DESCRIPTION OF PROPERTY SECURING CREDIT (IF APPLICABLE)

PART III

PART III-CO-APPLICANT/USER: PERSONAL To Be Checked by Lender.
 JOINT ACCOUNT AUTHORIZED USER INDIVIDUAL ACCOUNT (RELYING ON INCOME OF SPOUSE OR OTHER PERSON)

Co-Applicant/User Instructions Must Be Completely Filled-In Except for Shaded Areas Which Are Optional.

TITLE OPTIONAL MS. MR. MISS MRS. NAME LAST FIRST MIDDLE NO. OF DEP. DATE OF BIRTH

ADDRESS NO. & STREET CITY COUNTY STATE ZIP CODE YEARS SOCIAL SECURITY NO.

FORMER ADDRESS NO. & STREET CITY COUNTY STATE ZIP CODE YEARS RESIDENCE PHONE

YOUR JOB PRESENT EMPLOYER POSITION NO. YEARS THERE WAGES \$ WEEKLY BI-WEEKLY MONTHLY

ADDRESS NO. & STREET CITY STATE ZIP CODE BADGE NO. BUSINESS PHONE

FORMER EMPLOYER (IF LESS THAN 3 YEARS) ADDRESS

OPTIONAL INCOME: Alimony or child support or separate maintenance payments are optional information and need not be revealed if the applicant does not choose to rely on such income in applying for credit. VERIFICATION REQUIRED
 MONTHLY
 QUARTERLY
 SEMI-ANNUALLY
 ANNUALLY
 SOURCE

ADDITIONAL INCOME
 INVESTMENT INCOME \$ MONTHLY QUARTERLY SEMI-ANNUALLY ANNUALLY SOURCE

FINANCIAL
 CHECKING — BANK _____ BRANCH _____ SAVINGS — BANK _____ BRANCH _____

DEBTS — LIST ALL BANKS, STORES, LOAN & FINANCE COMPANIES, CREDIT UNIONS AND OTHERS TO WHOM YOU ARE INDEBTED. INCLUDE ANY REVOLVING LINE OF CREDIT. USE EXTRA SHEET IF NECESSARY

| USE EXTRA SHEET IF NECESSARY | CREDITOR | MONTHLY PAYMENT | PRESENT BALANCE | CREDITOR | MONTHLY PAYMENT | PRESENT BALANCE |
|----------------------------------|--|-----------------|-----------------|----------|-----------------|-----------------|
| LANDLORD OR MORTGAGE HOLDER 1 | <input type="checkbox"/> RENT <input type="checkbox"/> OWN | | | | 4 | |
| AUTO — LIENHOLDER 2 | | | | | 5 | |
| 3 | | | | | 6 | |

OTHER OBLIGATIONS NO. OF DEPENDENTS AND AGES TOTAL MONTHLY LIABILITY TO PAY ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE \$

CREDIT REFERENCES

| | |
|---|---|
| 1 | 3 |
| 2 | 4 |

PREVIOUS CREDIT I HAVE RECEIVED CREDIT IN THE PAST WHILE USING THE FOLLOWING NAME

| NAME | CREDITOR | YEAR |
|------|----------|------|
| | | |

ARE YOU A CO-MAKER, ENDORSER OR GUARANTOR ON ANY LOAN OR CONTRACT? YES NO IF "YES" FOR WHOM? TO WHOM?

ARE THERE ANY UNSATISFIED JUDGMENTS AGAINST YOU? YES NO OMIT IF MORE THAN 7 YEARS AMOUNT \$ IF "YES" TO WHOM OWED?

WERE YOU EVER BANKRUPT? YES NO OMIT IF MORE THAN 10 YEARS IF "YES" WHERE? YEAR

CREDIT INQUIRIES

I/WE AUTHORIZE the Lender to make whatever credit inquiries it deems necessary in connection with this credit application or in the course of review or collection of any credit extended in reliance on the application. I/We authorize and instruct any person or consumer reporting agency to compile and furnish to the Lender any information it may have or obtain in response to such credit inquiries and agree that same shall remain your property whether or not credit is extended.

I am/We are hereby notified that a consumer report may be requested in connection with this credit application. If I/we request, I/we will be informed whether or not a consumer report was requested, and if such report was requested, I/we will be informed of the name and address of the consumer reporting agency that furnished the report. Subsequent consumer reports may be requested or utilized in connection with an update, renewal or extension of the credit.

All information set forth in this application is declared to be a true representation of facts for the purpose of obtaining the credit requested and any willful misrepresentation on this application could result in criminal action.

NOTICE TO GUARANTOR: If you are providing information to the Lender on this Application for the purpose of acting as a guarantor for one or more primary applicant(s) and the Lender determines that you, as a guarantor, do not meet the credit underwriting standards for this particular loan and/or amount, be advised that the Lender is required by law to, and will, provide an adverse action notice detailing the specific reasons for the credit denial *directly* to the primary applicant(s) and not to you.

As a guarantor, be prepared to share any specific reasons for adverse action based on your credit history with the primary applicant(s). If you are unwilling to share this information, you should not complete this application in the capacity of guarantor.

By completing and submitting this application as guarantor, you are authorizing the Lender to share the specific reasons for adverse action with the primary applicant(s) in the event this application is denied.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

IMPORTANT: THIS APPLICATION MUST BE SIGNED AND DATED BELOW, BEFORE IT CAN BE PROCESSED.

SIGNATURE OF APPLICANT _____ DATE _____ SIGNATURE OF CO-APPLICANT _____ DATE _____

COMPLETED BY LENDER:

Identification: _____

Interviewer's Signature: _____ Name and/or Title: _____

A Bank employee will be contacting you within one business day from the date you submit this form. At that time we will arrange for an appointment to discuss the application and collect any necessary signatures and documentation. You may feel free to print, sign and bring this form to the appointment.