



# FIRST FINANCIAL BANK

Farm and Ranch Division

1717 Alliant Ave., Suite 12 • Louisville, KY 40299  
(888) 398-4119 • Fax: (502) 267-9484 • www.ffb1.com

## LOAN APPLICATION

### APPLICANT(S) INFORMATION (Complete as applicable)

Extend Joint Credit: <input type="checkbox"/> We intend to apply for joint credit. NAME (Initials ____ ) (Initials ____ )	Social Security or Tax I.D. Number	Date of Birth	Marital Status*	No. of Dependents
1.				
2.				
3.				
4.				
5.				
6.				

Farm Website \_\_\_\_\_

SPECIFY:  Sole Proprietorship  Partnership  Corporation  LLC

PERCENT OF OWNERSHIP: Applicant \_\_\_\_% Co-Applicant \_\_\_\_%

Home Phone

Business Phone

Email Address

County

Cellular Phone

Fax Number

Billing Address

Farm Address

### DESCRIBE YOUR LOAN REQUEST

Construct \_\_\_\_\_ \$ \_\_\_\_\_  
Purchase \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ Purchase Price \$ \_\_\_\_\_  
Refinance \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
Operating Expenses \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
Loan Fees & Closing Costs \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

### DESCRIBE YOUR LOAN REPAYMENT PLAN

Collateral Offered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Preferred Term: \_\_\_\_\_  
Check One:  
\_\_\_\_ Monthly \_\_\_\_ Quarterly \_\_\_\_ Semi-annual \_\_\_\_ Annual

### HOW DID YOU FIND OUT ABOUT FIRST FINANCIAL BANK?

Personally Contacted  Advertisement  From Friend or Relative  Other \_\_\_\_\_

Briefly describe your farming experience, training, business experience & education: \_\_\_\_\_

What farm products do you sell? \_\_\_\_\_ What year did you begin farming? \_\_\_\_\_

How many acres do you own? \_\_\_\_\_ How many acres do you rent? \_\_\_\_\_

Have you ever operated a farm before? \_\_\_\_\_ If so, when? Please describe: \_\_\_\_\_

Do you plan any major changes in your operation within the next 12 months? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

### DESCRIBE ANY NON-FARM INCOME Alimony, child support, or separate maintenance need not be revealed if you do now wish it to be.

Applicant's Name	Employer	Employer's Address & Phone Number	Years Employed	Annual Salary
1.				
2.				
3.				



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### ADDITIONAL INFORMATION

Please Explain any "YES" Answers

Are there any judgements of record against you?.....Yes No \_\_\_\_\_

Have you been a debtor in bankruptcy in the past 10 years? .....Yes No \_\_\_\_\_

Are you a party to a lawsuit? .....Yes No \_\_\_\_\_

Are any of your taxes delinquent or under dispute?.....Yes No \_\_\_\_\_

Are you obligated to pay alimony, child support, or separate maintenance? ..Yes No \_\_\_\_\_

Are you obligated as a cosigner or guarantor on any other obligations? .....Yes No \_\_\_\_\_

Does anyone else own an interest in the property listed on the balance sheet?Yes No \_\_\_\_\_

Are you or an immediate family member an employee of \_\_\_\_\_

Farm Service Agency or SBA? .....Yes No \_\_\_\_\_

Are you a citizen of any country other than the United States? .....Yes No \_\_\_\_\_

Are you a veteran? .....Yes No \_\_\_\_\_

If "YES", what branch? \_\_\_\_\_ Dates of service: From \_\_\_\_\_ to \_\_\_\_\_

Have you ever obtained a Guaranteed Loan from SBA/FmHA? .....Yes No If "YES", date loan paid in full: \_\_\_\_\_

Was the loan debt settled or were you released from personal liability as a part of a debt settlement action? If so, please explain \_\_\_\_\_

Are you or have you ever been delinquent on any Federal debt? .....Yes No \_\_\_\_\_

Have you ever been convicted of a felony? .....Yes No \_\_\_\_\_

### SIGNATURES AND AUTHORIZATIONS:

**EQUAL CREDIT OPPORTUNITY NOTICE:** The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning the creditor is the Federal Reserve Consumer Help Center, P.O. Box 1200, Minneapolis, MN 55480, toll-free number: (888) 851-1920.

**IF THE BANK, IN PROCESSING THIS APPLICATION, INCURS ANY FEE SUCH AS APPRAISALS OR PACKAGING FEES, AND FOR ANY REASON YOU WITHDRAW YOUR APPLICATION AFTER SUCH FEES HAVE BEEN INCURRED, YOU WILL BE RESPONSIBLE FOR REIMBURSING THE BANK.**

The information and the information provided on all accompanying financial statements and schedules is provided for the purpose of obtaining credit for the Applicant(s) or for the purpose of Applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this statement will be relied on by Creditor in its decision to grant such credit. This statement is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the date given below. Creditor is authorized to make all inquires it deems necessary to verify the accuracy of the information contained herein and to determine to the credit worthiness of the Applicant(s). Applicant(s) will promptly notify Creditors of any subsequent changes which would affect the accuracy of this Statement. Creditors are further authorized to answer any questions about the Creditor's credit experience with the Applicant(s). Applicant(s) are aware that any knowing or willful false statements regarding the value of the property for purposes of influencing the actions of Creditor can be a violation of federal law, 18 U.S.C & 1014, and may result in a fine or imprisonment or both.

By signing below, each applicant declares that he/she has read and understand the statement above, and all information.

By _____ Signature	Date _____	By _____ Signature	Date _____
By _____ Signature	Date _____	By _____ Signature	Date _____
By _____ Signature	Date _____	By _____ Signature	Date _____