

FSM DEVELOPMENT BANK

CONSUMER LOAN APPLICATION CHECKLIST

INSTRUCTIONS: Use the checklist below to complete and provide all the required information needed to process your loan application. Failure to complete and provide all the necessary information may result in delay or decline of your loan application.

1. GENERAL REQUIREMENTS

- ☐ Loan Application
- ☐ Authority to Release and Obtain Information
- ☐ Current Employment Check stubs (3 latest stubs)
- ☐ Employment Verification
- ☐ Other Sources of Income
- ☐ Current Months Bank Statements: savings, loans & credit cards
- ☐ Copy of I.D. (Driver's License; passport, social security, Birth Certificate)
- ☐ Personal Financial Statement (\$10,000.00 and above)

2. AUTOMOBILE/VEHICLE LOANS

- ☐ Pro forma Bill of Sale or Invoice
- ☐ Insurance policy reflecting full coverage and listing FSMDB as loss payee

To be completed by Bank personnel:

Ⓐ **Applicant:** _____,
Print (Last Name, First Name)

Ⓑ **Co-Applicant:** _____,
Print (Last Name, First Name)

Ⓒ **Date of Interview:** _____

Certification:

I certify this application to be completed:

Interviewer's signature

Date certified



FSM DEVELOPMENT BANK

CONSUMER LOAN APPLICATION

PART I: Please Tell us what You want to Borrow

I am applying for an:

- ☐ Unsecured
☐ Secured
☐ Other _____

Loan Purpose:

- ☐ Home Improvement
☐ Debt Consolidation
☐ Other _____
☐ Auto Purchase:

Year: _____ Model: _____ Sale Price: _____

Amount Requested and Term of Repayment:

\$ _____	No. of Months: _____
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PART II: Please Tell Us About Yourself

First Name	Middle Initial	Last Name	Date of Birth	Social Security	
Current Home Address/Mailing Address			City	State	Zip Code
Home Phone	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	Mortgage/Rent Payment	Mortgage Holder/Landlord	How Long There	E-Mail Address
Permanent Address (Village, Island or Municipality)			Previous Address	State	Zip Code
Name & Address of Employer			Position/Occupation	How long there	GR. Annual Salary
Name and Address of Previous Employer (if less than 2 years)			How long there	Other Income (List Sources and Amounts using additional sheet if needed)	

NOTE: You do not have to include information about income from alimony, child support or separate maintenance payments, unless you want us to consider this income in connection with this application credit.

Checking Account/Bank	Savings Account/Bank	Others
Name & Address of Nearest Relative Not Living with you	Relationship	Phone Number ()
Applicant's Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Separated

☐ Unmarried (Including Single, Divorced, Widowed)

Part III: Please Tell Us About Your Co Applicant

First Name	Middle Initial	Last Name	Date of Birth	Social Security	
Current Home Address/Mailing Address			City	State	Zip Code
Home Phone	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	Mortgage/Rent Payment	Mortgage Holder/Landlord	How Long There	E-Mail Address
Permanent Address (Village, Island or Municipality)			Previous Address	State	Zip Code
Name & Address of Employer			Position/Occupation	How long there	GR. Annual Salary
Name and Address of Previous Employer (if less than 2 years)			How long there	Other Income (List Sources and Amounts using additional sheet if needed)	

NOTE: You do not have to include information about income from alimony, child support or separate maintenance payments, unless you want us to consider this income in connection with this application credit.

Checking Account/Bank	Acct. #	Savings Account/Bank	Acct. #	Relationship to Applicant
Name & Address of Nearest Relative Not Living with you		Relationship		Phone Number ()
Applicant's Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (Including Single, Divorced, Widowed)	

Part IV. Please Tell US About Your Assets

Description of Assets	Value	Encumbered?	Names & Owners of Record
Cash (Checking & Savings): Where?	\$		
Automobiles (Year, Make & Model)			
Cash Value of Life Insurance (Issue, Face Value)			
Residential Home (Location & Year Built)			
Other Real Estate (Location, Date Acquired):			
Marketable Securities (Issuer, Type, Shares)			
Other Assets (Boats, Business owned, to list)			
Total Assets	\$		Assets Owned: Used Separate Sheet If Necessary

Part V: Please Tell Us About Your Financial Obligations

LIST ALL YOUR CURRENT OBLIGATIONS, INCLUDING FINANCIAL INSTITUTIONS, DEPARTMENT STORES, CREDIT CARDS, LEASES, ALIMONY AND CHILD SUPPORT, ETC.

RESPONSIBILITY (X)		Creditor	Original Amount	Current Outstanding Balance	Monthly Payment Or Other Terms	Check Debts To Be Paid By This Loan
Applicant	Co-applicant					
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
		Total debts	\$			

Part VI. Declaration

If you answer "Yes" to any of the questions below 1-9, please use continuation sheet for explanation.

Questions:

- | | | |
|---|--|--|
| | Borrower | Co-borrower |
| 1. Are there any outstanding judgments against you? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you declared bankruptcy within the past 7 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you had any property foreclosed upon, given title or deed in lieu thereof in the past 7 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you a party to a lawsuit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer or title in lieu of foreclosure, or judgment? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are you obligated to pay child alimony, child support, or separate maintenance? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Is any of the down payment borrowed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are you a co-maker or endorser on a note? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Do you intend to occupy the property as your primary residence? If "Yes" answer the following question. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Have you had an ownership interest in a property in the last three years?

- a. Principal Residence [] b. Secondary Home [] c. Investment Property []

Part VII. Secured Credit

BRIEFLY DESCRIBE THE PROPERTY TO BE GIVEN AS SECURITY AND LIST NAMES AND ADDRESSES OF ALL CO-OWNERS OF PROPERTY

IF THE SECURITY IS TO BE REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (IF ANY)

Part VIII. Acknowledgment and Agreement

I/We have read and understood the disclosure, and understand that the disclosure is a required part of the mortgage application as evidenced by my/our signature(s) below. The undersigned hereby acknowledge that any owner of the Loan, its servicers, successors and assigns, may verify or re-verify any information contained in this application or obtain any information or date relating to the loan, for any legitimate business purpose through any source, including a source named in this application or a consumer reporting agency.

CERTIFICATION

The information contained in this application is provided for the purpose of obtaining or maintaining credit with FSM Development Bank (FSMDB). The undersigned understands that FSMDB is relying on the information provided herein in deciding to grant or continue credit. The undersigned represents and warrants that the information provided is true and complete and that FSMDB may consider this information as continuing to be true and correct until a written notice of change is given to the bank by the undersigned. FSM Development Bank is authorized to make all inquiries it deems necessary to verify the accuracy of the information provided in this application, and to determine your creditworthiness.

Signature _____

Date: _____

Signature _____

Date: _____

The FSM Development Bank is an equal opportunity employer, provider and lender. For Discrimination Complaints,
please write to: the Chairman of the Board of Directors, P.O. Box M, Kolonia, Pohnpei FM 96941
Telephone: (691) 320-2840/5300/2419; Fax: (691) 320-2842/2056; E-mail: info@fsmdb.fm



**FSM DEVELOPMENT BANK
REQUEST FOR VERIFICATION OF EMPLOYMENT**

To: (Name & Address of Employer)	Name & Address of Applicant
<p>I have applied for a loan and stated that I am now employed by you I authorized you to verify this information to FSM Development Bank</p> <div style="border-top: 1px solid black; width: 60%; margin: 0 auto; text-align: center;">Applicant's Signature</div>	
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">Date of Employment: _____</div><div style="width: 45%;">Salary \$ _____</div></div> <div style="display: flex; justify-content: flex-end; margin-top: -20px;"><div style="text-align: right;"><input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 40%;">Present Position: _____</div><div style="width: 60%;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 35%;">Employment Status:</div><div style="width: 65%;"><input type="checkbox"/> Permanent <input type="checkbox"/> Probationary <input type="checkbox"/> Contract</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 35%;">Continue Employment Probability:</div><div style="width: 65%;"><input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 45%;">Any Salary Advanced or Loan to Employee? <input type="checkbox"/> No</div><div style="width: 55%;">If yes, amount \$ _____</div></div>	
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">_____ Employer – Print Name and Signature</div><div style="width: 20%;">_____ Title</div><div style="width: 20%;">_____ Date</div></div>	
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">From: FSM Development Bank</div><div style="width: 60%;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 40%;">_____ Signature of Employer</div><div style="width: 20%;">_____ Title</div><div style="width: 20%;">_____ Date</div></div>	



**FEDERATED STATES OF MICRONESIA
DEVELOPMENT BANK
Corporate Office
P.O. Box M
POHNPEI, FSM 96941**

AUTHORIZATION TO RELEASE AND OBTAIN INFORMATION AND DOCUMENTS

The undersigned hereby authorizes the Federated States of Micronesia Development Bank and its staff to obtain from and for, and to disclose to the bank all types of information and provide copies of documents in conjunction with my request for financial assistance. This Authorization applies to any and all persons, businesses and government entities. This authorization shall remain in effect during the processing of the loan application, and if the loan is consummated, this authorization shall remain in effect so long as there is any amount outstanding on the loan.

Print Name

Print All Other First and Last Names Used,
Including Different Spelling

Signature

Subscribed and sworn to before me this ____ day of _____ 20__.

Notary Public

My commission expires: _____

The FSM Development Bank is an equal opportunity employer, provider and lender. For Discrimination Complaints, please write to: the Chairman of the Board of Directors, P.O. Box M, Kolonia, Pohnpei FM 96941



**FEDERATED STATES OF MICRONESIA
DEVELOPMENT BANK
P.O BOX M
KOLONIA, POHNPEI FM 96941**

REQUEST FOR CREDIT INFORMATION

Date: _____

Information Provider: Bank Of GUAM - Yap Branch

Address: _____

Applicant: _____

SSN: _____

Co-Applicant: _____

SSN: _____

The above applicant(s) has/have granted FSM Development Bank authorization to obtain information from your lending institution. Please provide us with the following information:

Credit Information: Active Loans only

Individual or Joint	Account Number	Opened Date	Principal Amount	Current Balance	Term	Monthly Payment	Last Payment	Next Payment	Credit Rating

Credit Information: Fully Paid Loans

Individual or Joint	Account Number	Opened Date	Principal Amount	Current Balance	Term	Monthly Payment	Last Payment	Next Payment	Credit Rating

The undersigned hereby authorizes the Federated States of Micronesia Development Bank and its staff to obtain from for, and to disclose to the Bank all types information and provide copies of documents in conjunction with my request for financial assistance. This authorization applies to any and all persons, offices and entities, credit reporting agencies, businesses, lenders, banks, government entities and tax authorities. This authorization shall remain in effected during the processing of the loan application, and if the loan is approved, this authorization shall remain in effect so long as there are is amount outstanding on the loan.

Applicant's Signature

Co-Applicant's Signature

I am authorized representative of the address and attest to the accuracy of the information provided herein.

Creditor's Signature _____

Title: _____

Print Name: _____



**FEDERATED STATES OF MICRONESIA
DEVELOPMENT BANK
P.O BOX M
KOLONIA, POHNPEI FM 96941**

REQUEST FOR CREDIT INFORMATION

Date: _____

Information Provider: Bank of FSM - Yap Branch
Address: _____

Applicant: _____

SSN: _____

Co-Applicant: _____

SSN: _____

The above applicant(s) has/have granted FSM Development Bank authorization to obtain information from your lending institution. Please provide us with the following information:

Credit Information: Active Loans only

Individual or Joint	Account Number	Opened Date	Principal Amount	Current Balance	Term	Monthly Payment	Last Payment	Next Payment	Credit Rating

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Applicant's Signature

Co-Applicant's Signature

I am authorized representative of the address and attest to the accuracy of the information provided herein.

Creditor's Signature _____

Title: _____

Print Name: _____



**FEDERATED STATES OF MICRONESIA
DEVELOPMENT BANK
P.O BOX M
KOLONIA, POHNPEI FM 96941**

REQUEST FOR CREDIT INFORMATION

Date: _____

Information Provider: Community AYUW Services Credit Union (CASCU)

Address: _____

Applicant: _____

SSN: _____

Co-Applicant: _____

SSN: _____

The above applicant(s) has/have granted FSM Development Bank authorization to obtain information from your lending institution. Please provide us with the following information:

Credit Information: Active Loans only

Individual or Joint	Account Number	Opened Date	Principal Amount	Current Balance	Term	Monthly Payment	Last Payment	Next Payment	Credit Rating

Credit Information: Fully Paid Loans

Individual or Joint	Account Number	Opened Date	Principal Amount	Current Balance	Term	Monthly Payment	Last Payment	Next Payment	Credit Rating

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Applicant's Signature

Co-Applicant's Signature

I am authorized representative of the address and attest to the accurancy of the information provided herein.

Creditor's Signature _____

Title: _____

Print Name: _____



**FEDERATED STATES OF MICRONESIA
DEVELOPMENT BANK
P.O BOX M
KOLONIA, POHNPEI FM 96941**

REQUEST FOR CREDIT INFORMATION

Date: _____

Information Provider: Yap Community Action Program (YAPCAP)

Address: _____

Applicant: _____

SSN: _____

Co-Applicant: _____

SSN: _____

The above applicant(s) has/have granted FSM Development Bank authorization to obtain information from your lending institution. Please provide us with the following information:

Credit Information: Active Loans only

Individual or Joint	Account Number	Opened Date	Principal Amount	Current Balance	Term	Monthly Payment	Last Payment	Next Payment	Credit Rating

Credit Information: Fully Paid Loans

Individual or Joint	Account Number	Opened Date	Principal Amount	Current Balance	Term	Monthly Payment	Last Payment	Next Payment	Credit Rating

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Applicant's Signature

Co-Applicant's Signature

I am authorized representative of the address and attest to the accurarcy of the information provided herein.

Creditor's Signature _____

Title: _____

Print Name: _____



**FEDERATED STATES OF MICRONESIA
DEVELOPMENT BANK
P.O BOX M
KOLONIA, POHNPEI FM 96941**

REQUEST FOR CREDIT INFORMATION

Date: _____

Information Provider: TC Savings
Address: _____

Applicant: _____

SSN: _____

Co-Applicant: _____

SSN: _____

The above applicant(s) has/have granted FSM Development Bank authorization to obtain information from your lending institution. Please provide us with the following information:

Credit Information: Active Loans only

Individual or Joint	Account Number	Opened Date	Principal Amount	Current Balance	Term	Monthly Payment	Last Payment	Next Payment	Credit Rating

Credit Information: Fully Paid Loans

Individual or Joint	Account Number	Opened Date	Principal Amount	Current Balance	Term	Monthly Payment	Last Payment	Next Payment	Credit Rating

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Applicant's Signature

Co-Applicant's Signature

I am authorized representative of the address and attest to the accurancy of the information provided herein.

Creditor's Signature _____

Title: _____

Print Name: _____



**FEDERATED STATES OF MICRONESIA
DEVELOPMENT BANK
P.O BOX M
KOLONIA, POHNPEI FM 96941**

REQUEST FOR CREDIT INFORMATION

Date: _____

Information Provider: Pacific Islands Development Bank (PIDB)

Address: _____

Applicant: _____

SSN: _____

Co-Applicant: _____

SSN: _____

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Credit Information: Active Loans only

Individual or Joint	Account Number	Opened Date	Principal Amount	Current Balance	Term	Monthly Payment	Last Payment	Next Payment	Credit Rating

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Applicant's Signature

Co-Applicant's Signature

I am authorized representative of the address and attest to the accurarcy of the information provided herein.

Creditor's Signature _____

Title: _____

Print Name: _____



**FEDERATED STATES OF MICRONESIA
DEVELOPMENT BANK
P.O BOX M
KOLONIA, POHNPEI FM 96941**

REQUEST FOR CREDIT INFORMATION

Date: _____

Information Provider: FSMDB - Yap Branch

Address: _____

Applicant: _____

SSN: _____

Co-Applicant: _____

SSN: _____

The above applicant(s) has/have granted FSM Development Bank authorization to obtain information from your lending institution. Please provide us with the following information:

Credit Information: Active Loans only

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Applicant's Signature

Co-Applicant's Signature

I am authorized representative of the address and attest to the accurancy of the information provided herein.

Creditor's Signature _____

Title: _____

Print Name: _____



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DEVELOPMENT BANK
P.O BOX M
KOLONIA, POHNPEI FM 96941**

REQUEST FOR CREDIT INFORMATION

Date: _____

Information Provider: _____

Address: _____

Applicant: _____

SSN: _____

Co-Applicant: _____

SSN: _____

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Applicant's Signature

Co-Applicant's Signature

I am authorized representative of the address and attest to the accurancy of the information provided herein.

Creditor's Signature _____

Title: _____

Print Name: _____

FSMDB Consumer Loan Application

PAYMENT of Loan Fee* and Credit Life Insurance (CLI) Premium**

Please make a check mark among the following options below:

- ☐ Loan Fee to be paid directly by Applicant(s)
- ☐ Loan Fee to be taken from the loan proceeds within the loan amount requested
- ☐ Loan Fee to be taken from the loan proceeds as an addition to the loan amount requested
- ☐ CLI Premium to be paid directly by the Applicant(s)
- ☐ CLI premium to be taken from the loan proceeds within the loan amount requested
- ☐ CLI premium to be taken from the loan proceeds as an addition to the loan amount requested

**Loan Fee of \$25,00*

***CLI Premium to be determined*

Applicant's Signature: _____

Date: _____

Co- Applicant's Signature: _____

Date: _____