

FARM BUREAU FINANCE COMPANY
 4122 E. Cleveland Blvd.
 Caldwell, Idaho 83605-0669
 Tel: (208) 455-1526 Fax: (208) 455-1563 *1569*

Married Unmarried Separated

Farm Bureau Member: Yes No

Applicant Name:		Social Security No:		Date of Birth:	Home Phone:	Ages of Children:			
Current Address:			City & State:		Zip:	How Long? Yrs Mths			
Previous Address: (if within 3 years)			City & State:		Zip:	How Long? Yrs Mths			
Employer:		How Long? Yrs Mths		Position	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Salary (Gross per Month):			
Work Phone:									
Previous Employer: (if within 2 years)		How Long? Yrs Mths		Position	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Gross salary per mo.:			
Name and Address of Two Relatives:									
1. _____				2. _____					
Name	Address	City	State	Zip	Name	Address	City	State	Zip

Spouse Name:		Social Security No:		Date of Birth:	Home Phone:	Ages of Children:			
Current Address:			City & State:		Zip:	How Long? Yrs Mths			
Previous Address: (if within 3 years)			City & State:		Zip:	How Long? Yrs Mths			
Employer:		How Long? Yrs Mths		Position	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Salary (Gross per Month):			
Work Phone:									
Previous Employer: (if within 2 years)		How Long? Yrs Mths		Position	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Gross salary per mo.:			
Name and Address of Two Relatives:									
1. _____				2. _____					
Name	Address	City	State	Zip	Name	Address	City	State	Zip

OTHER INCOME SOURCE(S): _____ **Amount:** _____ **When Received:** _____

(You are not required to list income from alimony, child support or maintenance unless you want us to consider it for the purpose of making the loan).

own rent my home with monthly payments of \$ _____ to _____ (Name of Creditor or Landlord)

own lease my vehicle with monthly payments of \$ _____ to _____ (Name of Creditor)

I must make monthly child support or alimony payments of \$ _____

CREDIT REFERENCES:

Name and Address of firms that have extended me credit:

1. _____
Firm Street City State
2. _____
Firm Street City State
3. _____
Firm Street City State

INSURANCE: I understand that I must insure any real or personal property securing my loan against loss or casualty, and that I may purchase such insurance through any insurance company that is reasonably acceptable to this finance company.

Insurance Company:	Agent:	Phone No.:
--------------------	--------	------------

I certify the information in this Credit Application is true and correct. I authorize you to investigate the references and other data furnished by me or any other person or firm pertinent to my credit responsibility.

Borrower Signature _____ Co-Borrower Signature _____ Date _____