

THE LYONS NATIONAL BANK, Lyons, New York 14489

Consumer Loan Application

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 Section C, about the Joint Applicant or user: We intend to apply for Joint Credit.

Applicant _____

Co-Applicant _____

WHAT KIND OF CREDIT WOULD YOU LIKE? (See SECTION B below for specific loan details).

OVERDRAFT LINE OF CREDIT

PERSONAL LINE OF CREDIT

INSTALLMENT LOAN

AMOUNT REQUESTED: _____ CHECKING ACCT. NO. _____ NO. OF MONTHS: _____

PERSONAL LOAN
(DESCRIBE)

SECTION A	SECTION B <i>use separate sheet if necessary</i>
PLEASE TELL US ABOUT YOURSELF. (APPLICANT)	
NAME (Include Jr., Sr., III, if applicable) _____ Date of Birth _____	NAME (Include Jr., Sr., III, if applicable) _____ Date of Birth _____
PRESENT ADDRESS (No & Street) _____ Apt Number _____	PRESENT ADDRESS (No & Street) _____ Apt Number _____
CITY _____ STATE _____ ZIP _____ COUNTY _____	CITY _____ STATE _____ ZIP _____ COUNTY _____
TELEPHONE (Inc area code) _____ HOW LONG AT THE ABOVE ADDRESS? _____ SOCIAL SECURITY NUMBER _____	TELEPHONE (Inc area code) _____ HOW LONG AT THE ABOVE ADDRESS? _____ SOCIAL SECURITY NUMBER _____
DO NOT COMPLETE THIS SECTION IF APPLYING FOR INDIVIDUAL UNSECURED CREDIT	
MARRIED _____ SEPARATED _____ UNMARRIED (INCLUDES SINGLE, DIVORCED, AND WIDOWED) _____	MARRIED _____ SEPARATED _____ UNMARRIED (INCLUDES SINGLE, DIVORCED, AND WIDOWED) _____
PREVIOUS ADDRESS (If less than 3 years at current address) _____	PREVIOUS ADDRESS (If less than 3 years at current address) _____
DEPENDENTS _____ HOW MANY YEARS AT THIS ADDRESS? _____	DEPENDENTS _____ HOW MANY YEARS AT THIS ADDRESS? _____
CHILDREN _____ ADULTS _____	CHILDREN _____ ADULTS _____
LIST ANY OTHER NAMES UNDER WHICH YOU HAVE APPLIED FOR OR BEEN GRANTED CREDIT: _____	
PLEASE PROVIDE US WITH HOUSING INFORMATION	
LIVE WITH PARENTS _____ RENT _____ MONTHLY PAYMENT: _____ OWN _____ MONTHLY MORTGAGE (Inc Taxes) _____	LIVE WITH PARENTS _____ RENT _____ MONTHLY PAYMENT: _____ OWN _____ MONTHLY MORTGAGE (Inc Taxes) _____
BALANCE ON MORTGAGE: _____	BALANCE ON MORTGAGE: _____
WE'D LIKE TO KNOW ABOUT YOUR INCOME.	
EMPLOYER _____	EMPLOYER _____
EMPLOYER'S ADDRESS _____	EMPLOYER'S ADDRESS _____
LENGTH OF EMPLOYMENT: _____ EMPLOYER'S TELEPHONE NO. _____	LENGTH OF EMPLOYMENT: _____ EMPLOYER'S TELEPHONE NO. _____
YEARS _____ MONTHS : _____	YEARS _____ MONTHS _____
OCCUPATION/POSITION _____	OCCUPATION/POSITION _____
MONTHLY GROSS SALARY _____ EMPLOYEE I.D. NO. (if any) _____	MONTHLY GROSS SALARY _____ EMPLOYEE I.D. NO. (if any) _____
PREVIOUS EMPLOYER (if less than 3 years at present employer) _____	PREVIOUS EMPLOYER (if less than 3 years at present employer) _____
PREVIOUS EMPLOYER'S ADDRESS _____	PREVIOUS EMPLOYER'S ADDRESS _____
LENGTH OF EMPLOYMENT: _____ EMPLOYER'S TELEPHONE NO. _____	LENGTH OF EMPLOYMENT: _____ EMPLOYER'S TELEPHONE NO. _____
YEARS _____ MONTHS _____	YEARS _____ MONTHS _____
TELL US ABOUT YOUR BANK ACCOUNTS.	
CHECKING _____ SAVINGS ACCOUNT WITH: _____ ACCOUNT NUMBERS: _____	CHECKING _____ SAVINGS ACCOUNT WITH: _____ ACCOUNT NUMBERS: _____
ADDRESS _____	ADDRESS _____
CHECKING _____ SAVINGS ACCOUNT WITH: _____ ACCOUNT NUMBERS: _____	CHECKING _____ SAVINGS ACCOUNT WITH: _____ ACCOUNT NUMBERS: _____
ADDRESS _____	ADDRESS _____
TELL US ABOUT YOUR CREDIT REFERENCES.	
CREDITOR _____ UNPAID BALANCE _____	CREDITOR _____ UNPAID BALANCE _____
ACCOUNT NUMBER _____ MONTHLY PAYMENT _____	ACCOUNT NUMBER _____ MONTHLY PAYMENT _____
CREDITOR _____ UNPAID BALANCE _____	CREDITOR _____ UNPAID BALANCE _____
ACCOUNT NUMBER _____ MONTHLY PAYMENT _____	ACCOUNT NUMBER _____ MONTHLY PAYMENT _____
CREDITOR _____ UNPAID BALANCE _____	CREDITOR _____ UNPAID BALANCE _____
ACCOUNT NUMBER _____ MONTHLY PAYMENT _____	ACCOUNT NUMBER _____ MONTHLY PAYMENT _____
CREDITOR _____ UNPAID BALANCE _____	CREDITOR _____ UNPAID BALANCE _____
ACCOUNT NUMBER _____ MONTHLY PAYMENT _____	ACCOUNT NUMBER _____ MONTHLY PAYMENT _____
WERE YOU EVER BANKRUPT OR HAD ANY JUDGEMENTS, LIENS OR LEGAL PROCEEDINGS AGAINST YOU? YES _____ NO _____	WERE YOU EVER BANKRUPT OR HAD ANY JUDGEMENTS, LIENS OR LEGAL PROCEEDINGS AGAINST YOU? YES _____ NO _____
OTHER INCOME: DO NOT REVEAL income from alimony, child support or separate maintenance payments unless you are relying on such income to repay this account.	OTHER INCOME: DO NOT REVEAL income from alimony, child support or separate maintenance payments unless you are relying on such income to repay this account.
DESCRIBE SOURCE OF OTHER INCOME: _____ TOTAL GROSS MONTHLY INCOME _____	DESCRIBE SOURCE OF OTHER INCOME: _____ TOTAL GROSS MONTHLY INCOME _____

A PERSONAL REFERENCE.		
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		
ADDRESS (NO & STREET)		
CITY	STATE	ZIP
RELATIONSHIP	TELEPHONE NUMBER	

A PERSONAL REFERENCE.		
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		
ADDRESS (NO & STREET)		
CITY	STATE	ZIP
RELATIONSHIP	TELEPHONE NUMBER	

SECTION C		
COMPLETE THIS SECTION FOR AN AUTO/RECREATIONAL VEHICLE/MOBILE HOME/TRUCK/BOAT LOAN		
NAME OF SELLER		
ADDRESS (NO & STREET)		
CITY	STATE	ZIP
SERIAL NUMBER		
MAKE/MODEL	YEAR	<input type="checkbox"/> NEW <input type="checkbox"/> USED
PURCHASE PRICE	DOWN PAYMENT	AMOUNT TO BE FINANCED \$ -

SECOND MORTGAGE:	OWNER OCCUPIED	YES	NO
	REFINANCING	YES	NO
ADDRESS (NO & STREET)			
CITY	STATE	ZIP	
DATE PROPERTY PURCHASED		GROSS MONTHLY INCOME OF APPLICANT	
PURCHASE PRICE		ESTIMATED VALUE	

AUTO/RECREATIONAL VEHICLE/MOBILE HOME/TRUCK ONLY.		
NAME OF SELLER		
ADDRESS (NO & STREET)		
CITY	STATE	ZIP
BOAT ONLY LENGTH	TYPE SINGLE INBOARD TWIN I/O	
ENGINE MAKE	H.P.	YEAR
HULL/SERIAL NUMBER		
BOAT REGISTRATION/DOCUMENTATION NUMBER (DOCUMENTED OWNER TO SIGN AGREEMENT)		

COMPLETE THIS SECTION FOR A HOME IMPROVEMENT LOAN	
ADDRESS OF PROPERTY TO BE IMPROVED(NO & STREET)	
CITY	STATE ZIP
PROPERTY OWNER (S) - ALL OWNERS MUST BE PRESENT AT CLOSING	
DATE PURCHASED	PRESENT VALUE
DESCRIBE THE IMPROVEMENT (S) PLANNED	

(INFORMATION FOR GOVERNMENT MONITORING PURPOSES BELOW, SHOULD ONLY BE COMPLETED FOR HOME IMPROVEMENT, REFINANCE AND MOBILE HOME LOANS.)

INFORMATION FOR GOVERNMENT MONITORING PURPOSES.

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may discriminate neither on the basis of this information, nor on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this Lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for.)

APPLICANT:	I do not wish to furnish this information		CO-APPLICANT:	I do not wish to furnish this information	
Ethnicity	Hispanic or Latino	Not Hispanic or Latino	Ethnicity	Hispanic or Latino	Not Hispanic or Latino
Race:	American Indian or Alaskan Native	Asian	White	American Indian or Alaskan Native	Asian
	Black or African American	Native Hawaiian or other Pacific Islander		Black or African American	Native Hawaiian or other Pacific Islander
Sex	Female	Male	Sex	Female	Male

CERTIFICATION AND SIGNATURE(S): I (We) certify that the information stated is complete and accurate, and has been furnished by me (us) knowing that you intend to rely on it in considering my (our) application. I (We) understand that you may request a consumer report in connection with this application and for purposes of updating, renewing or extending further credit, taking collection action on my loan, or other legitimate purposes associated with my loan, and, if I (we) ask, I (we) will be informed whether or not such a report was requested and, if so, the name and address of the consumer reporting agency that furnished the report. I (We) also authorize you to check my (our) employment history.

Please deduct my (our) monthly loan payment automatically from my (our) Personal Checking/Money Market/NOW Account No. _____

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 to adverse action with the primary applicant(s) in the event this application is denied.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OBTAINING A LOAN:

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 and/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 OR OTHER (WHEN APPLICABLE)	DATE
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IF THE CREDIT IS TO BE USED FOR SECOND MORTGAGE, HOME IMPROVEMENT, OR THE PURCHASE OF AN AUTOMOBILE, MOBILE HOME, RECREATIONAL VEHICLE OR BOAT, WE NEED TO KNOW YOUR:

INSURANCE AGENT'S NAME			
INSURANCE AGENT'S ADDRESS (NO & STREET)		CITY	STATE ZIP

FOR BANK USE ONLY	Identification: _____			
	Application Taken By: _____	Mail _____	Telephone _____	Internet _____
	Interviewer's Signature _____		Name and/or Title: _____	
	BRANCH _____	R/C _____	DATE RECEIVED _____	ACCT NUMBER: _____
	MSA Number _____	State Code _____	Country Code _____	Census Tract _____