

FIRST NATIONAL BANK

LOAN APPLICATION FORM

Application #: LOAN-28137

Date: 2025-03-20

PERSONAL INFORMATION

First Name: Sarah
Last Name: Johnson
Date of Birth: 1990-03-22
Email: sarah.j@example.com
Phone: (555) 987-6543
Address: 456 Oak Ave, Somewhere, US 54321
SSN: XXX-XX-8765

EMPLOYMENT INFORMATION

Employment Status: Employed
Employer: Health Systems Inc.
Job Title: Registered Nurse
Years at Current Job: 7

FINANCIAL INFORMATION

Annual Income: \$85,000
Additional Income: \$5,000
Monthly Housing Payment: \$1,800
Liquid Assets: \$30,000
Existing Debt: \$22,000

LOAN REQUEST

Loan Purpose: Debt Consolidation
Loan Amount Requested: \$30,000
Loan Term (months): 48