

# 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