

First Ponca Financial Inc.
 211 West Third Street
 Grand Island 68801
 (308) 850-0303
 pete@firstponcafinancial.com

PERSONAL CREDIT 85H5

APPLICANT INFORMATION



Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent (Please circle)	Monthly payment or rent:	How long?
Previous address:		
City:	State:	ZIP Code:
Owned Rented (Please circle)	Monthly payment or rent:	How long?
EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:
Previous employer:		
Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:

First Ponca Financial Inc.
PERSONAL CREDIT DATA

Relationship:

CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Own Rent (Please circle)

Monthly payment or rent:

How long?

Previous address:

City:

State:

ZIP Code:

Owned Rented (Please circle)

Monthly payment or rent:

How long?

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Annual income:

Previous employer:

Address:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Annual income:

APPLICATION INFORMATION CONTINUED

Name of a relative not residing with you:

First Ponca Financial Inc.
PERSONAL CREDIT DATA

Address:	Phone:
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City:	State:	ZIP Code:
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Relationship:

CREDIT CARDS

Name	Account no.	Current balance	Monthly payment

MORTGAGE COMPANY

Account no.:	Address:
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AUTO LOANS

Auto loans	Account no.	Balance	Monthly payment

OTHER LOANS, DEBTS, OR OBLIGATIONS

Description	Account no.	Amount

OTHER ASSETS OR SOURCES OF INCOME

Description	Amount per month or value

First Ponca Financial Inc.
PERSONAL CREDIT DATA

I authorize First Ponca Financial Inc. to verify the information provided on this form as to my credit and employment history.	
Signature of applicant	Date
Signature of co-applicant, if for joint account	Date