



# HEALTH CARE LOAN APPLICATION

APPLICATION TYPE:  Individual, Alone: without a co-signer or guaranty of a relative or other person or entity  
 Co- Application, with a person or entity who will also be contractually liable

PERSONAL INFORMATION			
<b>Applicant</b>			
Name:	DOB:	SSN:	
Home Address:	City:	State:	ZIP Code:
Phone number:	Fax Number:	Email Address:	
<b>Co-Applicant</b>			
Name:	DOB:	SSN:	
Home Address:	City:	State:	ZIP Code:
Phone number:	Fax Number:	Email Address:	
BUSINESS INFORMATION			
Business Name:	Type of Ownership:		
Business Address:	City:	State:	ZIP Code:
Phone number:	Fax Number:	No. of Years in Operation:	
Owner 1 Name:	Ownership	%	
Owner 2 Name:	Ownership	%	
LOAN REQUEST			
Amount Requested: \$			
Use of Loan Proceeds:			
STRATEGIC ADVISORS			
Bookkeeper / Accountant:	Phone:		
Attorney:	Phone:		
Insurance Company Agent:	Phone:		
Other (Specify):	Phone:		
PACTICE INFORMATION			
Office Size (in Sq. ft.):	Total number of operatories:	Total equipped operatories:	
Date of business fiscal year end:	Are all your business taxes current? (Including payroll taxes) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you own the building/office? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what is your monthly rent payment? \$	Expiration Date:	
How many employees?			



**PERSONAL FINANCIAL INFORMATION**

Assets		Amount	Liabilities		Amount	Monthly Payment
<b>Cash</b>	Summit Bank	\$ _____	<b>Revolving Debt</b>	Credit Cards	\$ _____	\$ _____
	Other	\$ _____		Personal Lines	\$ _____	\$ _____
<b>Stocks &amp; Bonds</b>	Marketable Securities	\$ _____	<b>Loans (non-real estate)</b>	Student Loans*	\$ _____	\$ _____
	Retirement Accounts	\$ _____		Vehicle Loans	\$ _____	\$ _____
	Other	\$ _____	<b>Real Estate Notes</b>	Primary Residence	\$ _____	\$ _____
<b>Insurance</b>	Cash Value	\$ _____		Secondary Residence(s) / Vacation Home(s)	\$ _____	\$ _____
	<b>Accounts &amp; Notes Receivable</b>	Personal	\$ _____	Unimproved Land	\$ _____	\$ _____
<b>Real Estate</b>		Primary Residence	\$ _____	Investment Properties	\$ _____	\$ _____
	Secondary Residence(s) / Vacation Home(s)	\$ _____	Other		\$ _____	\$ _____
	Unimproved Land	\$ _____	<b>Other Liabilities</b>	\$ _____	\$ _____	
	Investment Properties	\$ _____		\$ _____	\$ _____	
	Other	\$ _____		\$ _____	\$ _____	
<b>Other Assets</b>	_____	\$ _____		\$ _____	\$ _____	
	_____	\$ _____		\$ _____	\$ _____	
	_____	\$ _____		\$ _____	\$ _____	
	_____	\$ _____		\$ _____	\$ _____	
<b>Total Assets</b>	\$ _____		<b>Total Liabilities</b>	\$ _____		
			<b>Net Worth</b>	\$ _____		

\*If Student loans are on deferred payment or income based repayment, please provide further details:

*If you answer 'yes' to any of the following questions please provide further details:*

Are you a Non U.S. Citizen?  Yes  No

Do you have any outstanding tax liens?  Yes  No

Do you have any legal actions or judgments against you?  Yes  No

Do you have any contingent Liabilities? (Guarantor for an outside business venture or third party debt)  Yes  No

Are you a partner or officer in any other businesses or ventures?  Yes  No

Have you ever personally or professionally experienced any of the following (Check all that apply and provide an explanation for each)

Short Sale  Foreclosure  Bankruptcy

I (we) hereby affirm that the foregoing information contained in this financial statement is presented for the purpose of obtaining credit as of the date indicated and is true, complete and correct. I understand Lender is relying on this statement of my financial condition in making loan(s) to me. Lender is authorized to make any investigation of my credit or employment status either directly or through any agency employed by Lender for that purpose. I agree to inform Lender immediately of any matter which will cause any significant change in my/our financial condition. I understand that Lender will retain this financial statement whether or not credit is granted.

_____	_____	_____	_____
Applicant Name	Applicant Signature	Title	Date
_____	_____	_____	_____
Co-Applicant Name	Co-Applicant Signature	Title	Date

CONSENT. The lender may be relying on: 1) income from an individual who is not an applicant for the consumer loan, or 2) an individual coborrower, owner, partner, officer or guarantor, for the business loan. Because of your relationship to the loan applicant or your role in the accommodation for the loan, your personal creditworthiness is a factor in the evaluation of the application or accommodation for the loan. By signing above I authorize the financial institution to obtain a consumer credit report on me for that purpose to evaluate the loan application.



# SUMMITBANK

Monthly Living Expenses Worksheet	
Expenses	Amount Allowed
Rent (if home is unowned)	\$
Renter's Insurance	\$
Health Insurance (amount not paid for by the practice)	\$
Utilities (phone, internet, electric, water, etc.)	\$
Vehicle Expenses (fuel, insurance)	\$
Food (groceries and dining out)	\$
Entertainment (include club memberships and vacations)	\$
Services (child care, lawn, housekeeping)	\$
Tuition	\$
Charity	\$
Child Support	\$
Alimony	\$
Other (describe)	\$
Other (describe)	\$
Other (describe)	\$
<b>Total</b>	<b>\$</b>