

# Zions Bank Application



Low Interest Loans  
for People  
with Disabilities

1187 Alturas Drive  
Moscow, ID 83843  
1-800-432-8324



**IDAHO ASSISTIVE TECHNOLOGY LOAN APPLICATION**  
**PLEASE COMPLETE AND RETURN TO THE IATP**

Idaho Assistive Technology  
Financial Loan Program  
1187 Alturas Drive  
Moscow, ID 83843

To Whom It May Concern,

I have applied for a loan under the Idaho Assistive Technology Loan Program, which is administered by the Idaho Assistive Technology Project and supported through the Idaho Assistive Technology Fund at the Idaho Community Foundation. I understand that pursuant to this application I will be referred to a participating bank for the purpose of obtaining financing for the purchase of assistive technology. Current participating banks include Zions Bank and KeyBank N.A. - Idaho District (KeyBank). I understand that the Idaho Assistive Technology Loan Program is an independent organization, not related to any of the aforementioned banks.

In connection with this application, I consent and agree that Zions Bank, KeyBank, the Idaho Assistive Technology Project, and the Idaho Community Foundation, may communicate to one another any and all information in their possession relating to me, my loan application, and any loan made in connection with the application. I hereby waive any and all right I may have to object to such disclosure of otherwise confidential information.

I further understand that this application is subject to credit approval according to credit standards established by the participating banks. Should my application be denied by either bank, I understand that I have the option of appealing their decision to the Idaho Assistive Technology Loan Program.

Sincerely,

\_\_\_\_\_  
Applicant

Date: \_\_\_\_\_

\_\_\_\_\_  
Co-Applicant

Date: \_\_\_\_\_

# ZIONS BANK

		For Branch use only	
<input type="checkbox"/> HRL	\$ _____	Br # _____	
<input type="checkbox"/> HECL <input type="checkbox"/> ETHEL	\$ _____	Emp # _____	
<input type="checkbox"/> Other _____	\$ _____	Contact _____	

## CONSUMER LOAN APPLICATION - Please Print Clearly

I am requesting credit in the amount of \$ \_\_\_\_\_ for \_\_\_\_\_ months. Purpose (required): \_\_\_\_\_

- Installment loan** (Please select):  Fixed-rate  Variable rate  
 (Please select):  Secured (Please complete "Collateral Information" below)  Unsecured
- Line of Credit** (Please select):  Home Equity Credit Line (please complete "Collateral Information" below)  Reddi-Credit  
 Check Reserve Overdraft Line Checking Account # \_\_\_\_\_
- Credit Card** (Please select):  VISA Platinum (128)  VISA Classic (85)  MasterCard (178)  VISA Secured (78)

Charge my monthly payments to my ZFNB Account No. \_\_\_\_\_

My preferred payment date is \_\_\_\_\_ (does not apply to Lines of Credit)

- INDIVIDUAL APPLICATION** - I am applying for credit based solely on my own creditworthiness and income.
- JOINT APPLICATION** - I am applying with a Co-applicant based on our combined incomes and creditworthiness. I understand that if any assets are not jointly owned, I must identify on the joint financial information who owns the asset or complete a separate application.
- CO-SIGNER APPLICATION** - I am applying as a co-signer for another applicant(s). In case of default by the applicant(s), I agree to pay the debt in full, plus late fees or collection costs that you may incur. If this debt is ever in default, I understand that the default may become a part of my credit report.

**NOTICE:** If you are married, you can still apply for a separate account in your own name. If you are married and reside in a community property state such as AK, AZ, CA, ID, LA, NM, TX, NV, WA or WI, the assets of your marital community may be liable on this account even if you apply for an individual account and this application is not signed by your spouse (unless you attach a signed statement that you wish to apply for a separate account based solely on your separate assets).

APPLICANT INFORMATION						
First Name	M.I.	Last Name	Sr., Jr. or III.		Social Security No.	Date of Birth Month / Day / Year
Home Address <i>No P.O. Boxes</i>	Street	APT #	City	State	Zip Code	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live w/Parents/Relatives How long? ___ Yrs ___ mo
Mailing Address (if different than above)	Street		City	State	Zip Code	Home Phone ( )
Previous Address (if at current address < 2 yrs)	Street	APT #	City	State	Zip Code	<input type="checkbox"/> Rented <input type="checkbox"/> Owned <input type="checkbox"/> Lived w/Parents/Relatives How long? ___ Yrs ___ mo
Name of your Employer	Position Held	Business Phone ( )	How long? ___ Yrs ___ mo	Gross Monthly Salary \$	Monthly Mortgage or Rent Payment: \$	
OTHER INCOME: You need not disclose alimony, child support or separate maintenance payments unless you wish to have it considered as a basis for repaying this loan				I receive \$ _____ per month from _____ I receive \$ _____ per month from _____		
Name of Previous Employer (if at current employer < 2 yrs)	Position Held		Business Phone ( )		How long? ___ Yrs ___ mo	
Name and address of nearest relative not living with you	Relationship	Home Phone ( )		Name of Applicant's Bank <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
CO-APPLICANT INFORMATION						
First Name	M.I.	Last Name	Sr., Jr. or III.		Social Security No.	Date of Birth Month / Day / Year
Home Address <i>No P.O. Boxes</i>	Street	APT #	City	State	Zip Code	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live w/Parents/Relatives How long? ___ Yrs ___ mo
Mailing Address (if different than above)	Street		City	State	Zip Code	Home Phone ( )
Previous Address (if at current address < 2 yrs)	Street	APT #	City	State	Zip Code	<input type="checkbox"/> Rented <input type="checkbox"/> Owned <input type="checkbox"/> Lived w/Parents/Relatives How long? ___ Yrs ___ mo
Name of your Employer	Position Held	Business Phone ( )	How long? ___ Yrs ___ mo	Gross Monthly Salary \$	Monthly Mortgage or Rent Payment: \$	
OTHER INCOME: You need not disclose alimony, child support or separate maintenance payments unless you wish to have it considered as a basis for repaying this loan				I receive \$ _____ per month from _____ I receive \$ _____ per month from _____		
Name of Previous Employer (if at current employer < 2 yrs)	Position Held		Business Phone ( )		How long? ___ Yrs ___ mo	
Name and address of nearest relative not living with you	Relationship	Home Phone ( )		Name of Applicant's Bank <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
OTHER INFORMATION						
<input type="checkbox"/> I do <input type="checkbox"/> I do not have debts that are past due.		<input type="checkbox"/> I have <input type="checkbox"/> I have not had collateral repossessed or foreclosed. If yes, date: _____		<input type="checkbox"/> I have <input type="checkbox"/> I have not filed for bankruptcy. If yes, date of filing: _____		
<input type="checkbox"/> I have <input type="checkbox"/> I have not transferred my assets to a Trust or Life Estate. If yes, I will provide Zions First National Bank with a complete copy of my Trust or Life Estate documents.						

Applicant's Initials \_\_\_\_\_

Co-applicant's Initials \_\_\_\_\_

Please proceed to page 2 of the Consumer Loan Application

# ZIONS BANK®

## CONSUMER LOAN APPLICATION (Page 2)

Applicant's First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Sr., Jr. or III. \_\_\_\_\_ Co-Applicant's First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Sr., Jr. or III. \_\_\_\_\_

### COLLATERAL INFORMATION

I estimate the value of my collateral to be: \$ \_\_\_\_\_

Real Estate or a Dwelling will secure this loan. The loan I am requesting will be secured by a (please select):

first mortgage on my (please select):  primary residence  second/vacation home  rental property  land/lot

second mortgage on my (please select):  primary residence  second/vacation home  rental property  land/lot

Other Collateral will secure this loan:  
Please Describe (for vehicle loans, please include year, make and model): \_\_\_\_\_

Property Address: \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Property Type (Select one):  
 1-4 family residential real estate  
 Mobile/Manufactured Home, the land (select):  will  will not be financed  
 5+ unit multi-family dwelling  
 Land/Lot

**If you are applying only for a VISA, MasterCard or Check-Reserve product, please proceed to the signature area of this application.**

DESCRIPTION	VALUE	TITLED OWNERS	MONTHLY PMTS	PAID TO WHOM	ORIGINAL BALANCE	CURRENT BALANCE	MONTHLY PAYMENT
Home	\$		1 <sup>st</sup> Mortgage/Rent		\$	\$	\$
	\$		2 <sup>nd</sup> Mortgage		\$	\$	\$
Automobiles	\$		Vehicle Loans		\$	\$	\$
Other Real Estate	\$		Other Mtge.		\$	\$	\$
Cash in Financial Institutions	\$		Credit Cards (List)		\$	\$	\$
Marketable Securities	\$				\$	\$	\$
Other Assets (List)	\$				\$	\$	\$
	\$				\$	\$	\$
	\$				\$	\$	\$
	\$		Other		\$	\$	\$
	\$		Alimony/Child Support		\$	\$	\$
<b>TOTAL ASSETS</b>	\$		<b>TOTAL LIABILITIES</b>		\$	\$	\$

### Service Provider Authorization

In the event that Zions Bank cannot approve my loan request, I understand that Zions Bank may refer the application file in its entirety to a lender who may be able to approve my application. I am under no obligation to accept any offer of loan terms made by a referral lender, nor is the referral lender under any obligation to provide financing. I further understand that in the event the referral lender or lenders may not be able to approve the loan request, the referral lender is obligated to issue a statement of Credit Denial.

I understand that Zions Bank provides this referral service for the convenience of its clients and is not responsible for any change in terms, including rate, number of months (term), dollar amount (loan amount), or type of credit offered; actions or failure to act by the referral lender, including but not limited to, Truth-in-Lending and Real Estate Settlement Procedures Act. I further understand that Zions Bank may receive a fee for this referral.

- I hereby authorize Zions Bank to refer my loan application to another lender together with all necessary credit information which may include my employment records and earnings amounts, savings and checking account information, consumer credit balances, and payment history including mortgage payment records and balances. This authorization does not cancel or annul any election I may have made under Zions Bank Consumer Privacy Policy. I hereby hold Zions Bank harmless of any legal action or liability resulting from this referral.
- I do not authorize Zions Bank to refer my loan application to another lender for consideration.

Everything you have stated in this application is correct to the best of your knowledge. You understand that the Bank will retain this application whether or not it is approved. The Bank is authorized to check your credit and employment history and to answer questions about its credit experience with you. You have read and understand the application form and agree to provide any additional information which may be legally required to determine creditworthiness. (NOTE: Falsification of credit information to a federally insured bank may be a federal offense and may result in exemption from discharge in the event a petition for bankruptcy is filed.)

For credit cards, you authorize issuance of your Personal Identification Number (PIN) for use of your card(s) in any accepting Automated Teller Machine (ATM) and Point of Sale (POS) Debit Device and agree to be bound by the agreement that will be provided to you and which will govern your account if this application is approved.

For Check Reserve Overdraft Lines, you agree to be bound by the terms included in the "Deposit Agreement."

Except as noted in this paragraph, applicant(s) represents that it has no claims against, or defenses to obligations owing by applicant(s) to Zions Bank or (if) waives all such claims and defenses to the extent allowed by law. This provision is subject to claims for performance of express contractual obligations owing to applicant(s) by Zions Bank.

All disagreements arising as a result of this application or processing of the application shall be resolved by binding arbitration in accordance with Commercial Arbitration Rules of the American Arbitration Association.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Acknowledged by: \_\_\_\_\_  
Zions Bank Representative

**Application must be signed by all applicants**



IDAHO ASSISTIVE TECHNOLOGY PROJECT  
Financial Loan PROGRAM

Financial Statement

Applicant's First Name	M.I.	Last Name	Sr., Jr. or III	Co-Applicant's First Name	M.I.	Last Name	Sr., Jr. or III

ASSETS		TITLED OWNERS	DEBTS		ORIGINAL BALANCE	CURRENT BALANCE	MONTHLY PAYMENT
DESCRIPTION	VALUE		MONTHLY PAYMENT	(Place an * next to PAID TO WHOM			
Home	\$		1 <sup>ST</sup> Mortgage /Rent		\$	\$	\$
	\$		2 <sup>nd</sup> Mortgage		\$	\$	\$
Automobiles	\$		Vehicle Loans		\$	\$	\$
Other Real Estate	\$		Other Mtge.		\$	\$	\$
Cash in Financial Institutions	\$		Credit Cards (List)		\$	\$	\$
Marketable Securities	\$				\$	\$	\$
Other Assets (List)	\$				\$	\$	\$
	\$				\$	\$	\$
	\$				\$	\$	\$
	\$		Other		\$	\$	\$
	\$		Alimony/ Child Support		\$	\$	\$
<b>TOTAL ASSETS</b>	\$		<b>TOTAL LIABILITIES</b>		\$	\$	\$

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Acknowledged by: \_\_\_\_\_



# Idaho Assistive Technology Project

## CUSTOMER IDENTITY VERIFICATION FORM

### Zions Bank

	Applicant Name	Co-Applicant Name
<b>SSN:</b>		
<b>E-Mail Address:</b>		
<b>Date of Birth</b>	(Month/Day/Year)	(Month/Day/Year)
<b>US Citizen</b>	Yes _____ No _____	Yes _____ No _____
<b>ID Type &amp; ID Number</b> <i>Please provide a photo copy of one of the following with your application:</i>  DLIC- Drivers License PASP- Passport MILID- Military ID STID- State Issued ID GOVID- Federal, State or Local TRBID- Tribal ID ALN- Alien ID (green card) FID- Foreign ID	Type of ID: _____   ID#: _____	Type of ID: _____   ID#: _____
<b>Address</b> <i>Please provide verification of current address. A copy of a utility bill (envelope) or other mailing meets this requirement. We can also accept your ID if your address is current.</i>	Street Address: _____ City: _____ State: _____ Zip: _____  Country: _____	
<b>APO or FPO, if no Street Address</b>	Box Number: _____ City: _____ State: _____ Zip: _____  Country: _____	