



Credit Application

Credit Limit Requested

If mailing application back, please include all supporting documentation and seal edges completely with tape.

- Individual Account
- Joint Account
- Secured Account by Acct. #:
- Co-Signer for _____
- Guarantor for _____

\$ _____
 (Co-applicant signature required for joint account only. A separate application must be filled out for co-signer or guarantor account)

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to you: When you open an Account we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license and/or other identifying documentation.

APPLICANT Note: all applicable sections should be filled out completely to avoid delay in processing your application.	Last Name		First Name			Middle Initial		Social Security Number			
	Current Address				City		State		Zip		Monthly Housing Payment
	Date of Birth			# of Dependents	Cell Phone		Home Phone		Own <input type="checkbox"/> Rent <input type="checkbox"/>	Years at present address	
	Mailing Address (if different than current)				City		State		Zip		Years using mailing address
	Previous Address (If you have moved in the past 2 years)				City		State		Zip		Years at previous address
	Employer (Please include pay stub or W-2 with this application)					Self Employed <input type="checkbox"/>	Work Phone			Years at current employer	
	Employer Address						Position/Occupation			Monthly Gross Income	
	Name and Address of Previous Employer (if you have worked at your current employer less than 2 years)						Position/Occupation			Previous Monthly Gross Income	
	Source of Additional Income: Income from alimony, child support or separate maintenance need not be revealed if it is not considered in determining creditworthiness										Amount per month (attach verification)
	Name and Address of Nearest Relative Not Living with You						Relative's Phone Number			Relationship	
CO-APPLICANT This area for joint applications only. Co-signers and Guarantors should fill out a second application with a reference to the primary applicant.	Last Name		First Name			Middle Initial		Social Security Number			
	Current Address				City		State		Zip		Monthly Housing Payment
	Date of Birth			# of Dependents	Cell Phone		Home Phone		Own <input type="checkbox"/> Rent <input type="checkbox"/>	Years at present address	
	Mailing Address (if different than current)				City		State		Zip		Years using mailing address
	Previous Address (If you have moved in the past 2 years)				City		State		Zip		Years at previous address
	Employer (Please include pay stub or W-2 with this application)					Self Employed <input type="checkbox"/>	Work Phone			Years at current employer	
	Employer Address						Position/Occupation			Monthly Gross Income	
SIGNATURES	PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I/we certify that all information herein is true and complete. I/we agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties, and that these inquiries are not limited to the time of application. It is understood that this offer is subject to the credit policies of Hometown Bank. I/we agree to be bound by the terms and conditions of the cardholder agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use of the account. If you intend to apply for joint credit, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. We may report information about your account to credit bureaus. Late payment, missed payment or other defaults on your account may be reflected in your credit report. I/we understand that Hometown Bank does NOT offer credit life insurance.										
	X _____ Applicant Signature Date					X _____ Co-Applicant Signature					
BALANCE TRANSFER REQUEST	Upon approval I wish to transfer the balances from my present card(s) listed below to my new Hometown Bank Card										
	Old Credit Card Company _____										
	Card Number _____ Amount \$ _____										
	Cardholder Name _____										
Signature Authorizing Transfer X _____											
I/We understand that transferring the balance from my old credit card does not close the account, so interest and fees may still accrue. It is my/our responsibility to call the old credit card company and close the account.											
AUTO-PAY REQUEST	I/We wish to have Hometown Bank set up an automatic payment from my Hometown Bank Account listed below to my new Card.										
	Deposit Account Number _____										
	Desired Payment Date _____										
	Pay at least \$ _____ <input type="checkbox"/> Minimum Payment, or <input type="checkbox"/> Full Balance										
	Signature Authorizing Transfer X _____										
Signature Authorizing Transfer X _____											
If transfer is coming from a Joint Account, all signors on the deposit account must sign this form. I/We understand that all payments are due by the 3rd of every month, and if funds are not available in the donor account the payment will be returned, which will result in returned payment fees.											

Interest Rates and Interest Charges		MasterCard® Platinum
Annual Percentage Rate (APR) for Purchases and Balance Transfers	Based on the prime rate + 5% This APR may vary with the market based on the Prime Rate.	
APR for Cash Advances	Based on the prime rate + 5% This APR may vary with the market based on the Prime Rate.	
Penalty APR and When it Applies	None	
Paying Interest	Your due date is at least 25 days after the close of each billing cycle. We will not charge interest on retail purchases if you pay your entire balance by the due date. We will be charging interest on cash advances and/or balance transfers on the transaction date.	
Minimum Interest Charge	None	
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore	
Fees		MasterCard® Platinum
Annual Fee	None	
Transaction Fees	<ul style="list-style-type: none"> • Balance Transfer 0% of the amount transferred • Cash Advances Up to 2.0% of the amount advanced • Foreign Transaction Up to 1.0% 	
Penalty Fees	<ul style="list-style-type: none"> • Late Payment Up to \$25.00 • Over-the-Credit-Limit None • Returned Payment Up to \$25.00 	
Other Fees	None	
<p>How we calculate your balance: We use a method called “average daily balance” (including new purchases). An explanation of this method is provided in your account agreement.</p> <p>Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.</p> <p>Prime Rate: The APR may vary based on changes in the Index, the Prime Rate (the base rate on corporate loans posted by at least 70% of the ten largest U.S. banks) published in the Wall Street Journal’. The Index may be adjusted on the 25th day of each month or the business day preceding the 25th day if that day falls on a weekend or a holiday recognized by the Board of Governors of the Federal Reserve System. Changes in the Index may take effect beginning with the first billing cycle in the month following a change in the Index. Increases or decreases in the Index will cause the APR and Periodic rate to fluctuate, resulting in increased or decreased Interest Charges on the Account. As of July, 27, 2023 the index was 8.50%. We add 5.00% to the Prime Rate to determine the APR for Purchases, Balance Transfers, and Cash Advances. The Account will never have an APR over 25%</p>		