



To Creditor: \_\_\_\_\_ Date of Application \_\_\_\_\_

1. **APPLICANT(S).** Check one of the following boxes. You may apply for separate credit in your name only, joint credit in your and the name of your spouse or joint credit in your name and the name(s) of other joint applicant(s). Note: Separate credit and joint credit may also be marital purpose debt under Wisconsin law.

Separate Credit. Complete Column I and sign on the reverse side. Complete Column II with information about your spouse only if you are married and a Wisconsin resident. Only the applicant signs on page 2.

Joint Credit with spouse as joint applicant. Complete Columns I and II. Both joint applicant spouses sign on the reverse side.

Joint Credit with \_\_\_\_\_ as joint applicant who is not your spouse. Each joint applicant must complete a separate application as if applying for separate credit and submit them together, including completing Column II if you are married and a Wisconsin resident. Only the applicant signs on page 2.

2. **LOAN**  Amount requested \$ \_\_\_\_\_ Purpose \_\_\_\_\_

To be secured by collateral  Yes  No. If yes, describe collateral \_\_\_\_\_

Owner(s) of collateral \_\_\_\_\_

	COLUMN I - Applicant	COLUMN II - Spouse <input type="checkbox"/> Co-Applicant (Joint Credit) <input type="checkbox"/> Non-Applicant
Name	(If information is identical to Column I write "same" in Column II)	
Marital Status (For secured credit or Wisconsin resident only)	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Legally Separated	
Social Security No.	Date of Birth _____	Date of Birth _____
Drivers License No. and State	State _____	State _____
No. of Dependents Other Than Self & Spouse	Ages _____ Home Telephone _____	Ages _____ Home Telephone _____
Street Address	Zip _____ Own <input type="checkbox"/> Rent <input type="checkbox"/>	Zip _____ Own <input type="checkbox"/> Rent <input type="checkbox"/>
City & State	How Long _____	How Long _____
Previous Address	How Long _____	How Long _____
Employer Name	Bus. Phone _____	Bus. Phone _____
Employer Address	How Long _____	How Long _____
Position	Gross Income \$ _____ Wk. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr. <input type="checkbox"/>	Gross Income \$ _____ Wk. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr. <input type="checkbox"/>
Previous Employer	How Long _____	How Long _____
Other Income --- Except alimony, child support and maintenance	\$ _____ Source _____ Mo. <input type="checkbox"/> Yr. <input type="checkbox"/>	\$ _____ Source _____ Mo. <input type="checkbox"/> Yr. <input type="checkbox"/>
Name of nearest relative not living with you	(Need not reveal income from medical insurance, disability or wage continuation insurance if applicant(s) does not choose to have such income considered as a basis for repaying of this obligation).	
Address	Zip _____	Zip _____

**INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS** --- Need not be revealed if applicant(s) does not choose to have it considered as a basis for repaying this obligation.

Kind of Income		
Name of Payor		
Amount per month	\$ _____ Ends _____ Amt. Past Due \$ _____	\$ _____ Ends _____ Amt. Past Due \$ _____
Is any listed income likely to be reduced before the credit requested is paid off?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain in detail on separate sheet)	<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain in detail on separate sheet)

**LIST ALL DEBTS AND OBLIGATIONS OF PERSONS IDENTIFIED IN COLUMNS I AND II.**

MORTGAGE HOLDER OR LANDLORD		FINANCED BY/ADDRESS		PURCHASE PRICE	BALANCE OWED	MONTHLY MORTG./RENT
YEAR	MAKE/MODEL			\$	\$	\$
VEHICLE				PURCHASE PRICE	BALANCE OWED	MONTHLY PAYMENT
				\$	\$	\$
				PURCHASE PRICE <th>BALANCE OWED</th> <th>MONTHLY PAYMENT</th>	BALANCE OWED	MONTHLY PAYMENT
				\$	\$	\$
<input type="checkbox"/> ALIMONY <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> MAINTENANCE PAYMENTS <input type="checkbox"/> OTHER						
CHARGE CARD	CARD NO.	ISSUER	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE	CREDIT LIMIT	BALANCE	MONTHLY PAYMENT
CHARGE CARD	CARD NO.	ISSUER	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE	CREDIT LIMIT	BALANCE	MONTHLY PAYMENT
DEPT. STORE	ACCOUNT NO.	ADDRESS	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE	CREDIT LIMIT	BALANCE	MONTHLY PAYMENT
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OTHER CREDITOR	ACCOUNT NO.	BRANCH/LOCATION	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE	CREDIT LIMIT	BALANCE	MONTHLY PAYMENT
OTHER CREDITOR	ACCOUNT NO.	BRANCH/LOCATION	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE	CREDIT LIMIT	BALANCE	MONTHLY PAYMENT
OTHER CREDITOR	ACCOUNT NO.	BRANCH/LOCATION	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE	CREDIT LIMIT	BALANCE	MONTHLY PAYMENT
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OTHER CREDITOR	ACCOUNT NO.	BRANCH/LOCATION	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE	CREDIT LIMIT	BALANCE	MONTHLY PAYMENT
				<b>TOTAL MONTHLY PAYMENTS</b> ▲		
				\$		

**NOTICE TO MARRIED APPLICANTS:** No provision of any marital property agreement, unilateral statement under s.766.59, Wis. Stats., or court decree under s.766.70, Wis. Stats., adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted or an open-end credit plan is entered into, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision.

**NOTICE OF RIGHT TO RECEIVE COPY OF APPRAISAL:** Under the Federal Equal Credit Opportunity Act, if the credit being applied for will be secured by a 1-4 family dwelling, you have the right to a copy of the appraisal report used in connection with your application. If a copy was not already provided to you and you wish a copy, please write to the creditor at the address on the face page of this application. Be sure to include your name and address. The creditor must hear from you no later than ninety (90) days after it notifies you about action taken on your application or you withdraw your application.  In order to receive a copy of the appraisal report, you must also have paid for  the appraisal  the costs of photocopying the report.

**NOTICE:** We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

For the purpose of obtaining the credit described above, and any future credit granted to the undersigned by the creditor named above, the undersigned, jointly and severally, (1) represent that the above statements are true and complete, (2) authorize the creditor named above, or its agents, to verify them and obtain additional information concerning our credit, employment history or any other information, including credit reports, (although the creditor may rely on these statements without any further verification), to furnish, to the extent not prohibited by applicable law, credit experience with me to others, and to answer any questions about our credit experience and other financial relationships with the creditor, and (3) agree to the provisions of any rules, regulations or agreements of the creditor governing such credit. This application is creditor's property. **The creditor may share information bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living with its affiliates unless (1) I direct the creditor at the address above that such information is unrelated to my transactions or experiences with the creditor and may not be shared by the creditor with its affiliates, (2) the information constitutes "medical information" as defined under applicable federal law, or (3) the information when provided to an affiliate would constitute a "consumer report" under applicable federal law.**

The undersigned understand that it may be a crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts.

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OBTAINING CREDIT**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who obtains credit.

What this means for you: When you obtain credit, 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 or other identifying documents.

Applicant Sign Here \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Spouse Sign Here \_\_\_\_\_ Date \_\_\_\_\_  
(Joint Credit Only)

For married Wisconsin resident:

The credit being applied for, if granted, will be incurred in the interest of my marriage or family. I understand the creditor may be required by law to give notice of this credit transaction to my spouse.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

**WORKSHEET & CHECKLIST FOR CREDIT USE ONLY**

Application received for Creditor by \_\_\_\_\_

# The Necedah Bank

P.O. BOX 490

Necedah, Wisconsin 54646

Phone (608)565-2296

Fax (608)565-7944

“Member FDIC”

## GENERAL RELEASE

To Whom It May Concern:

I/We hereby authorize you to release to The Necedah Bank and any credit reporting agency for verification purpose, information concerning:

- Employment history, dates, title, income, hours worked, etc.
- Banking and savings account records.
- Loan rating information. (opening date, high credit, payment history, collateral)
- Any information deemed necessary in connection with a consumer credit report for a real estate mortgage transaction.

This information is for the confidential use in compiling a mortgage credit report for a mortgage lender.

A photographic, carbon, or fax copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

Your prompt reply will help my real estate transaction. Thank You

Sincerely,

\_\_\_\_\_ Date

\_\_\_\_\_ Date

“Equal Housing Lender”