WNB FINANCIAL, N.A. CONSUMER LOAN APPLICATION 507-454-4320													
										Mail			
Date:	: Application Taken by:						Account #:		How received	Phone			
		MLO #: _								Person			
IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your													
identity. You may be asked questions and to provide one or more forms of identification. In some cases we may use outside sources or													
or services to confirm the information. The information you provide is protected by our privacy policy and federal law.													
					TYPE CRED	IT REQUESTE	E <mark>D:</mark> Check all b	oxes that app	bly				
	SECURED					ing on my inco	me and assets	alone)					
	SECURED INDIVIDUAL CREDIT (relying on my income and assets alone) UNSECURED JOINT CREDIT (we intend to apply for joint credit) Initials												
INDIVIDUAL CREDIT (we intend to apply for joint credit) initials INDIVIDUAL CREDIT (relying on my income and assets as well as income or assets from other sources)													
Collateral													
Amount reque	ested	How long	Mont	hly	Purpose of L	ban	·						
		Ŭ	Singl	e pay									
INDIVIDUAL APPLICANT													
Name							Social Securit	y #	# of Dependents	Birthdate			
Phone			Cell #	ŧ			Email address	3					
Address									How Long	Rent			
										Own			
Previous add	ress (if < 2 yea	ars at present a	addres	s)					How Long	Rent			
										Own			
Employer					Phone		How Long		Monthly income or h	ourly rate			
D	1 //f 1 (l						Ave. Hours		Marcal I. Service and				
Previous emp	loyer (if less tr	han 2 years on	prese	nt employer)			How Long		Monthly income or hourly rate				
Alimony obil	d auronart ar a	oporata mainte			diaglogod if ye	u do not wich	Ave. Hours	dorod oo o by					
-		amount per mo		e need not be			to have it consi	uereu as a ba	asis for repaying the lo	Jan			
		mber of neares		tive not living	with you		Relationship		Phone				
riamo, adaroc			orrola	ave not aving	initi you		rolationip						
					JOINT APPL	ICANT (co-ap	plicant)						
Name							Social Securit	y #	# of Dependents	Birthdate			
Phone			Cell #	#			Email address	6	_				
Address									How Long	Rent			
										Own			
Previous add	ress (if < 2 yea	ars at present a	addres	s)					How Long	Rent			
							Howlong			Own			
Employer					Phone		How Long		Monthly income or h	ourly rate			
							Ave. Hours		Manthlyingama ar h	ourbu roto			
Previous employer (if less than 2 years on present employer) How Long Ave. Hours									Monthly income or h	ouny rate			
Alimony child	d support or s	enarate mainte	enance	e need not be	disclosed if vo	u do not wish		dered as a b	asis for repaying the lo	an			
		amount per mo							asio ion ropaying the t				
					MARITAL S	TATUS							
	Complete on	ly for joint or se	ecured	credit, or app			y property state	e (i.e. Wiscon	sin).				
Applicant	·	Married		Separated		Unmarried			,				
Co-Applicant		Married		Separated		Unmarried							
					DECLARAT	ONS	Complete the	following for	all applicants				
APPLICANT	Have you file	d bankruptcy i	n the la	ast 10 years?	Yes / No								
	Are you a co-maker or co-signer on any loans? Yes / NoFor whom:Are there any unpaid judgements against you? Yes / NoTo Whom:								Creditor:				
								What amount:					
	Are you obligated to pay alimony, support or maintenance payments? Yes / No Monthly amount:												
CO-	Have you filed bankruptcy in the last 10 years? Yes / No												
APPLICANT													
							What amount:						
	Are you oblig	ated to pay ali	mony,	support or ma	aintenance pay	yments?	Yes / No		Monthly amount:				

ASSETS & LIABILITIES If joint applicant list all for both											
ASSETS	NAME OF DE	POSITORY		OWNER OF A	ACCOUNT ACCOUNT #			ESTIMATED BALANCE			
Checking											
Savings											
CD's											
Stock/401K											
Other											
LIABILITIES	TO WHOM P.	AYABLE		LOAN BALANCE		PAYMENT AMOUNT		COLLATERAL	EST. VALUE		
Mortgage											
	Property Taxe	s		Annual \$		Monthly \$		Included in pmt above Yes No			
	Homeowners	Ins.	Annual \$			Monthly \$		Included in pmt above Yes No			
Rent											
Vehicle											
Vehicle											
Credit Card											
Credit Card											
Other											
Other											
Other											
Other											
Other											
	FEDERA	L CREDIT A	PPLICAT	TION INSU	JRANCE	DISCLOS	SURE				
I have applied for an extension of credit with you. You are soliciting, offering, or selling me an insurance product or annuity in connection with this extension of credit. FEDERAL LAW PROHIBITS YOU FROM CONDITIONING THE EXTENSION OF CREDIT ON EITHER: My purchase of an insurance product or annuity from you or from any of your affiliates: or My agreement not to obtain, or a prohibition on me from obtaining, an insurance product or annuity from an unaffiliated entity. By signing, I acknowledge that I have received a copy of this disclosure on today's date. Unless this disclosure is provided electronically or I have applied for credit by mail. I also acknowledge that you have provided this disclosure to me orally.											
	cants signatur	eived by mail an	Date d diaglogure		Co-applicants	signature		Date			
		•				mailed to a	liant				
Арр	lication rece	eived by phone				mailed to c	lient.				
Les all all star		· · · · · · · · · · · · · · · · · · ·				1 I. I			4		
I certify that everything I have stated in this application is true and accurate to the best of my knowledge. Lender may keep this application whether the loan is approved or not. By signing below I authorize lender to check my credit and verify my employment history. I understand that I must update credit information at the lender's request.											
Appli	cants signature	Э	Date	-	Co-applicants	signature		Date			
	0					J.					
			CUSTOMER	IDENTIFICAT	ON						
CIP APPLICA	NT	State/Country	Identification	Number		Issue Date	Expire Date	Secondary Documenta	ation		
State Driver License								Credit Report/Date			
State issued ID								Social Security #			
Military ID								Employer ID			
Passport								Tax Return			
Alien Registration Card								Other			
Mothers Maiden Name								Other			
CIP CO-APPL		State/Country Identification Number			Issue Date Expire Dat		Expire Date	Secondary Documenta	ation		
State Driver License								Credit Report/Date			
State issued ID								Social Security #			
Military ID								Employer ID			
Passport								Tax Return			
Alien Registration Card								Other			
Mothers Maiden Name								Other			
BANK USE ONLY											
Insurance Company Insurance Agent											
Census Trac Form updated Mar-13											

N:/Loans/Consumer/Forms/LoanApplication