		WNB FINA	ANCIAL	., N.A. C	ONSUMER	LOAN APP	PLICATION	Ę	07-454-4320		
										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 CREDIT REQUESTED: Check all boxes that apply											
					ITPE CRED	IT REQUEST	ED: Check all b	oxes that app	iy		
	SECURED		IN	DIVIDUAL	CREDIT (relyi	ng on my inco	me and assets	alone)			
	UNSECURE	C			DIT (we intend			Initials			
INDIVIDUAL CREDIT (relying on my income and assets as well as income or assets from other sources)											
	Collateral										
Amount reque	ested	How long	Monthly		Purpose of L	oan					
			Single p	ay							
Name							Social Securit	v #	# of Dependents	Birthdate	
Name								у #	# of Dependents	Dirtituate	
Phone			Cell #				Email address	3			
Address								-	How Long	Rent	
									Ū.	Own	
Previous add	ress (if < 2 yea	irs at present a	address)						How Long	Rent	
					-					Own	
Employer					Phone		How Long		Monthly income or h	ourly rate	
							Ave. Hours				
Previous emp	oloyer (if less th	nan 2 years on	present	employer)			How Long		Monthly income or hourly rate		
Alimony obil	d auropart ar a	oporata mainte		and not be	diaglogod if ye	u do not wich	Ave. Hours	dorod oo o bo	sis for repaying the lo		
-	: Source and a			eed not be	disclosed il yo	iu do not wish	to have it consi	dered as a ba	isis for repaying the id	Dan	
	ss & phone nu			not livina	with you		Relationship		Phone		
				5	, ,						
					JOINT APPL	ICANT (co-ap	plicant)				
Name							Social Securit	y #	# of Dependents	Birthdate	
			1								
Phone			Cell #				Email address	3		Dant	
Address									How Long	Rent Own	
Previous add	ress (if < 2 vea	rs at present a	address)						How Long	Rent	
	Previous address (if < 2 years at present address)								Own		
Employer Phone					How Long		Monthly income or h				
						Ave. Hours					
Previous employer (if less than 2 years on present employer)					How Long		Monthly income or hourly rate				
Ave. Hours											
Alimony, child support, or separate maintenance need not be disclosed if you do not wish to have it considered as a basis for repaying the loan											
Other income: Source and amount per month											
MARITAL STATUS Complete only for joint or secured credit, or applicant resides in a community property state (i.e. Wisconsin).											
Applicant	Complete on	Married		euit, or app eparated		Unmarried	y property state		SII1).		
Co-Applicant		Married		eparated		Unmarried					
			1 1		DECLARATI	<u> </u>	Complete the	following for a	all applicants		
APPLICANT	Have you file	d bankruptcy i	n the last	10 years?							
Are you a co-maker or co-signer on any loans? Yes / No For whom: Creditor:											
	Are there any unpaid judgements against you? Yes / No To Whom										
	Are you obligated to pay alimony, support or maintenance payments? Yes / No Monthly amount:										
	1										
CO-		d bankruptcy i							a		
APPLICANT Are you a co-maker or co-signer on any loans? Yes / No For whom: Creditor:											
	Are there any unpaid judgements against you? Yes / No To Whom: Are you obligated to pay alimony, support or maintenance payments?								What amount:		
	LUTO VOU Oblig	ated to pay ali	monv. su	oport or ma	aintenance pay	/ments?	Yes / No		Monthly amount:		

ASSETS & LIABILITIES If joint applicant list all for both								
ASSETS	NAME OF DEPOSITORY	OWNER OF ACCOUNT	ACCOUNT #	ESTIMATED BALAN	STIMATED BALANCE			
Checking								
Savings								
CD's								
Bonds								
Stock								
401K								
Other								
LIABILITIES	TO WHOM PAYABLE	LOAN BALANCE	PAYMENT AMOUNT	COLLATERAL	EST. VALUE			
Rent								
Mortgage								
Vehicle								
Vehicle								
Credit Card								
Credit Card								
Other								
Other								
Other								
Other								
Other								
	EEDEDAL CDEDIT ADD	TO A TOTAL THOUSE A NOT	DIGGI OGUDE					

FEDERAL CREDIT APPLICATION INSURANCE DISCLOSURE

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:**

- 1. My purchase of an insurance product or annuity from you or from any of your affiliates: or
- 2. 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.

Applicants signature Date Co-applicants signature Date Application received by mail and disclosure mailed to client. Application received by phone and disclosure provided orally and mailed to client. Application received by phone and disclosure provided orally and mailed to client. Application received by phone and disclosure provided orally and mailed to client. Application received by phone and disclosure provided orally and mailed to client. Application received by mail and disclosure provided orally and mailed to client. 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. Applicants signature Date Co-applicants signature Date CIP APPLICANT State/Country Identification Number Issue Date Expire Date Secondary Documentation State Issued ID Identification Number Issue Date Employer ID Imployer ID Alien Registration Card Identification Number Issue Date Expire Date Secondary Documentation State Driver License Identification Number Issue Date Expire Date Secondary Documentation S				_						
Application received by phone and disclosure provided orally and mailed to client. APPLICATION SIGNATURES 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. Applicants signature Date Co-applicants signature Date CUSTOMER IDENTIFICATION CUSTOMER IDENTIFICATION CUSTOMER IDENTIFICATION CO-applicants signature Date Secondary Documentation State Driver License Issue Date Expire Date Secondary Documentation State Issued ID Image: Secondary Documentation Image: Secondary Documentation Social Security # Military ID Image: Secondary Documentation Image: Secondary Documentation Secondary Documentation State Driver License Image: Secondary Documentation Image: Secondary Documentation Image: Secondary Documentation Passport Image: Secondary Documentation Image: Secondary Documentation Image: Secondary Documentation State Driver License Image: Secondary Documentation <t< td=""><td>Applicants signatur</td><td>е</td><td>Date</td><td></td><td>Co-applicant</td><td>s signature</td><td></td><td>Date</td><td></td></t<>	Applicants signatur	е	Date		Co-applicant	s signature		Date		
APPLICATION SIGNATURES 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. Applicants signature Date Co-applicants signature Date CUSTOMER IDENTIFICATION Co-applicants signature Date Date CUSTOMER IDENTIFICATION Identification Number Issue Date Expire Date Credit Report/Date State Driver License Identification Number Issue Date Expire Date Social Security # Military ID Image: Social Security # Image: Social Security # Image: Social Security # Image: Social Security # Alien Registration Card Image: Social Security # Image: Social Security # Image: Social Security # Image: Social Security # State Driver License Image: Social Security # Image: Social Security # Image: Social Security # Image: Social Security # Military ID Image: Social Security #	Application rec	eived by mail an	nd disclosure	e mailed to	client.					
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. Applicants signature Date Co-applicants signature Date CUSTOMER IDENTIFICATION CUSTOMER IDENTIFICATION CUSTOMER IDENTIFICATION CUSTOMER IDENTIFICATION Customer is application Number Issue Date Expire Date Secondary Documentation State/Country Identification Number Issue Date Expire Date Social Security # Military ID Employer ID Employer ID Passport Other Miltary ID Alien Registration Card Other Social Security # State Driver License Other Other Other Other Other <td cols<="" td=""><td colspan="9">Application received by phone and disclosure provided orally and mailed to client.</td></td>	<td colspan="9">Application received by phone and disclosure provided orally and mailed to client.</td>	Application received by phone and disclosure provided orally and mailed to client.								
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. Applicants signature Date Date CUSTOMER IDENTIFICATION State Issued ID Alien Registration Card Alien Registration Card Alien Registration Card State Issued ID Credit Report/Date State Issued ID Credit Report/Date <td colspan="9"></td>										
credit information at the lender's request. Applicants signature Date Co-applicants signature Date CUSTOMER IDENTIFICATION CUSTOMER IDENTIFICATION CUSTOMER IDENTIFICATION CUSTOMER IDENTIFICATION CUSTOMER IDENTIFICATION Customer License Credit Report/Date State Secondary Documentation State issued ID Military ID Passport Alien Registration Card Mothers Maiden Name CiP CO-APPLICANT State/Country Identification Number Issue Date Expire Date Other Other Other Other Other Other Credit Report/Date Social Security # Military ID Other Other Military ID Passport <td< td=""><td colspan="9">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</td></td<>	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									
Applicants signature Date Co-applicants signature Date Co-applicants signature Date CUSTOMER IDENTIFICATION CIP APPLICANT State/Country Identification Number Issue Date Expire Date Secondary Documentation State Driver License Identification Number Issue Date Expire Date Social Security # Identification State issued ID Identification Identification Identification Identification Identification Passport Identification Number Identification Identification Identification Identification Alien Registration Card Identification Number Issue Date Expire Date Secondary Documentation State Driver License Identification Number Issue Date Expire Date Secondary Documentation State Driver License Identification Number Issue Date Expire Date Secondary Documentation State Driver License Identification Number Issue Date Expire Date Secondary Documentation State Driver License Identification Number Issue Date Expire Date Secondary Document										
CUSTOMER IDENTIFICATION CIP APPLICANT State/Country Identification Number Issue Date Expire Date Secondary Documentation State Driver License Image: Credit Report/Date Social Security # Image: Credit Report/Date Image: Credit Report/Date State issued ID Image: Credit Report/Date Social Security # Image: Credit Report/Date Military ID Image: Credit Report/Date Image: Credit Report/Date Image: Credit Report/Date Passport Image: Credit Report ID Image: Credit Report ID Image: Credit Report ID Alien Registration Card Image: Credit Report ID Image: Credit Report ID Image: Credit Report ID Mothers Maiden Name Image: Credit Report ID Image: Credit Report ID Image: Credit Report ID Image: Credit Report ID State Driver License Image: Credit Report ID Image: Credit Report ID Image: Credit Report ID Image: Credit Report ID State issued ID Image: Credit Report ID Image: Credit Report ID Image: Credit Report ID Image: Credit Report ID State issued ID Image: Credit Report ID Image:	credit information at the lend	der's request.								
CUSTOMER IDENTIFICATION CIP APPLICANT State/Country Identification Number Issue Date Expire Date Secondary Documentation State Driver License Image: Credit Report/Date Social Security # Image: Credit Report/Date Social Security # State issued ID Image: Credit Report/Date Social Security # Image: Credit Report/Date Military ID Image: Credit Report/Date Image: Credit Report/Date Image: Credit Report/Date Passport Image: Credit Report ID Image: Credit Report ID Image: Credit Report ID Alien Registration Card Image: Credit Report ID Image: Credit Report ID Image: Credit Report ID Mothers Maiden Name Image: Credit Report ID Image: Credit Report ID Image: Credit Report ID Image: Credit Report ID State Driver License Image: Credit Report ID State issued ID Image: Credit Report ID </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>										
CUSTOMER IDENTIFICATION CIP APPLICANT State/Country Identification Number Issue Date Expire Date Secondary Documentation State Driver License Image: Credit Report/Date Social Security # Image: Credit Report/Date Social Security # State issued ID Image: Credit Report/Date Social Security # Image: Credit Report/Date Military ID Image: Credit Report/Date Image: Credit Report/Date Image: Credit Report/Date Passport Image: Credit Report ID Image: Credit Report ID Image: Credit Report ID Alien Registration Card Image: Credit Report ID Image: Credit Report ID Image: Credit Report ID Mothers Maiden Name Image: Credit Report ID Image: Credit Report ID Image: Credit Report ID Image: Credit Report ID State Driver License Image: Credit Report ID State issued ID Image: Credit Report ID </td <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td>				-						
CIP APPLICANT State/Country Identification Number Issue Date Expire Date Secondary Documentation State Driver License Credit Report/Date State issued ID Social Security # Military ID Employer ID <td< td=""><td>Applicants signatur</td><td>е</td><td>Date</td><td></td><td>Co-applicant</td><td>s signature</td><td></td><td>Date</td><td></td></td<>	Applicants signatur	е	Date		Co-applicant	s signature		Date		
CIP APPLICANT State/Country Identification Number Issue Date Expire Date Secondary Documentation State Driver License Credit Report/Date State issued ID Social Security # Military ID Employer ID <td< td=""><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td></td<>				-						
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-APPLICANT State/Country Identification Number Issue Date Expire Date Secondary Documentation State issued ID Credit Report/Date State issued ID Credit Report/Date State State/Country Identification Number Issue Date Expire Date Secondary Documentation State issued ID Credit Report/Date State issued ID Social Security # State issued ID Social Security # Military ID Employer ID Passport Employer ID Alien Registration Card Tax Return Alien Registration Card Other Mothers Maiden Name Other					TION					
State issued ID Social Security # Military ID Employer ID Passport Tax Return Alien Registration Card Other Mothers Maiden Name Other CIP CO-APPLICANT State/Country Identification Number Issue Date Expire Date State Driver License Credit Report/Date State issued ID Credit Report/Date Military ID Social Security # Military ID Image: State Issued ID Social Security # Military ID Image: State Issue ID Social Security # Military ID Image: State Issue ID Social Security # Military ID Image: State Issue ID Social Security # Military ID Image: State Issue ID Image: State Issue ID Military ID Image: State Issue ID Image: State Issue ID Passport Image: State Issue ID Image: State Issue ID Alien Registration Card Image: State Issue Iss		State/Country	Identification	Number		Issue Date	Expire Date		ation	
Military ID Employer ID Passport Tax Return Alien Registration Card Other Mothers Maiden Name Other CIP CO-APPLICANT State/Country Identification Number Issue Date Expire Date Secondary Documentation State Driver License Credit Report/Date State issued ID Social Security # Military ID Employer ID Passport Tax Return Alien Registration Card Tax Return Military ID Tax Return Passport Tax Return Alien Registration Card Other Mothers Maiden Name Other Other BANK USE ONLY							_			
Passport Tax Return Alien Registration Card Other Mothers Maiden Name Other CIP CO-APPLICANT State/Country Identification Number Issue Date Expire Date 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								, ,		
Alien Registration Card Other Other Mothers Maiden Name Other Other CIP CO-APPLICANT State/Country Identification Number Issue Date Expire Date Secondary Documentation State Driver License Issue Date Expire Date Secondary Documentation State issued ID Issue Date Social Security # Issue Date Social Security # Military ID Issue Date Issue Date Employer ID Issue Date Employer ID Passport Issue Date Issue Date Issue Date Issue Date Issue Date Alien Registration Card Issue Date Issue Date Issue Date Issue Date Issue Date Mothers Maiden Name Issue Date										
Mothers Maiden Name Other CIP Co-APPLICANT State/Country Identification Number Issue Date Expire Date Secondary Documentation State Driver License Credit Report/Date Credit Report/Date Social Security # Issue Date Issue Date <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>										
CIP CO-APPLICANT State/Country Identification Number Issue Date Expire Date Secondary Documentation State Driver License Credit Report/Date Credit Report/Date State issued ID Social Security # Social Security # Military ID Employer ID Passport Tax Return Alien Registration Card Other Mothers Maiden Name EANK USE ONLY	v									
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 Dother			-			-				
State issued ID Social Security # Military ID Employer ID Passport Tax Return Alien Registration Card Other Mothers Maiden Name Other	CIP CO-APPLICANT	State/Country	Identification	Number		Issue Date	Expire Date	Secondary Documenta	ation	
Military ID Employer ID Passport Tax Return Alien Registration Card Other Mothers Maiden Name Other	State Driver License							Credit Report/Date		
Passport Tax Return Alien Registration Card Other Mothers Maiden Name Other	State issued ID							Social Security #		
Alien Registration Card Other Mothers Maiden Name Other BANK USE ONLY	Military ID							Employer ID		
Mothers Maiden Name Other Other	Passport							Tax Return		
BANK USE ONLY	Alien Registration Card							Other		
	Mothers Maiden Name Other									
Insurance Company Insurance Agent	Insurance Company Insurance Agent									
Census Trac Form updated June-2018										