

WNB FINANCIAL, N.A. CONSUMER LOAN APPLICATION

507-454-4320

Date: _____	Application Taken by: _____	Account #: _____	How received _____	Mail _____
	MLO #: _____			Phone _____
				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 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

<input type="checkbox"/> SECURED	<input type="checkbox"/> INDIVIDUAL CREDIT (relying on my income and assets alone)	
<input type="checkbox"/> UNSECURED	<input type="checkbox"/> JOINT CREDIT (we intend to apply for joint credit) Initials _____	
	<input type="checkbox"/> INDIVIDUAL CREDIT (relying on my income and assets as well as income or assets from other sources)	
		Collateral _____
Amount requested	How long	Monthly Single pay
Purpose of Loan _____		

INDIVIDUAL APPLICANT

Name	Social Security #	# of Dependents	Birthdate
Phone	Cell #	Email address	
Address		How Long	Rent _____ Own _____
Previous address (if < 2 years at present address)		How Long	Rent _____ Own _____
Employer	Phone	How Long Ave. Hours	Monthly income or hourly rate
Previous employer (if less than 2 years on present employer)		How Long Ave. Hours	Monthly income or hourly rate
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 _____			
Name, address & phone number of nearest relative not living with you		Relationship	Phone

JOINT APPLICANT (co-applicant)

Name	Social Security #	# of Dependents	Birthdate
Phone	Cell #	Email address	
Address		How Long	Rent _____ Own _____
Previous address (if < 2 years at present address)		How Long	Rent _____ Own _____
Employer	Phone	How Long Ave. Hours	Monthly income or hourly rate
Previous employer (if less than 2 years on present employer)		How Long Ave. Hours	Monthly income or hourly rate
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	Married	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Unmarried	<input type="checkbox"/>
Co-Applicant	Married	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Unmarried	<input type="checkbox"/>

DECLARATIONS

Complete the following for all applicants

APPLICANT	Have you filed bankruptcy in the last 10 years? Yes / No
	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: _____ What amount: _____
	Are you obligated to pay alimony, support or maintenance payments? Yes / No Monthly amount: _____
CO-APPLICANT	Have you filed bankruptcy in the last 10 years? Yes / No
	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: _____ What amount: _____
	Are you obligated to pay alimony, support or maintenance payments? Yes / No Monthly amount: _____

ASSETS & LIABILITIES If joint applicant list all for both

ASSETS	NAME OF DEPOSITORY	OWNER OF ACCOUNT	ACCOUNT #	ESTIMATED 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					

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
----------------------	------	-------------------------	------

<input type="checkbox"/>	Application received by mail and disclosure mailed to client.
<input type="checkbox"/>	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

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
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					Other
Mothers Maiden Name					Other

BANK USE ONLY

Insurance Company		Insurance Agent	
Census Trac		Form updated	June-2018