

**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 _____

**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

<b>APPLICANT</b>	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: _____
<b>CO-APPLICANT</b>	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							
Stock/401K							
Other							
LIABILITIES	TO WHOM PAYABLE	LOAN BALANCE	PAYMENT AMOUNT	COLLATERAL	EST. VALUE		
Mortgage							
	Property Taxes	Annual \$	Monthly \$	Included in pmt above <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Homeowners Ins.	Annual \$	Monthly \$	Included in pmt above <input type="checkbox"/> Yes <input type="checkbox"/> No			
Rent							
Vehicle							
Vehicle							
Credit Card							
Credit Card							
Other							
Other							
Other							
Other							
Other							
Other							
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	Mar-13		

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