

CONSUMER LOAN APPLICATION

Account Number _____
 Census Tract _____

LOAN REQUEST

PURPOSE OF LOAN	AMOUNT REQUESTED \$	MONTHS NEEDED	RATE
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PERSONAL INFORMATION

This application is designed to be completed by the applicant(s) with the lender's assistance.
 Check One: Individual. Relying solely on my income. Joint. We intend to apply for joint credit. (initials) _____
 The Co-Applicant section and all other Co-Applicant questions should be completed to the extent possible if: (a) co-applicant will be jointly obligated with you on the loan; (2) you will be relying on income or assets of the co-applicant as a basis for repayment of the loan; (3) you are relying on income from alimony, child support or separate maintenance from the co-applicant or other party; or (4) you are married to the co-applicant and reside in, or the property is located in, a community property State, if you are married, your spouse need not be jointly obligated with you on the loan and need not sign as a co-applicant unless Item (2) above applies or unless the spouse's signature is required under state law to create a valid lien, pass clear title or waive inchoate rights to property.

APPLICANT	CO-APPLICANT
Birth Date _____ Age _____ M/D/Y	Birth Date _____ Age _____ M/D/Y
FULL NAME _____	FULL NAME _____
PRESENT ADDRESS - <input type="checkbox"/> Own <input type="checkbox"/> Rent Years _____ Phone _____	PRESENT ADDRESS - <input type="checkbox"/> Own <input type="checkbox"/> Rent Years _____ Phone _____
PREVIOUS ADDRESS (Complete if less than 2 years at present address)	PREVIOUS ADDRESS (Complete if less than 2 years at present address)

MARITAL STATUS	DEPENDENTS	MARITAL STATUS	DEPENDENTS
COMPLETE FOR SECURED LOANS ONLY <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried - (Includes Single, Divorced or Widowed)	Do Not Include Co-Applicant	COMPLETE FOR SECURED LOANS ONLY <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried - (Includes Single, Divorced or Widowed)	Do Not Include Applicant or Dependents Listed by Applicant
NO. _____	AGES _____	NO. _____	AGES _____
SOCIAL SECURITY NO. _____		SOCIAL SECURITY NO. _____	
NAME & ADDRESS OF EMPLOYER--How Long _____ Phone _____		NAME & ADDRESS OF EMPLOYER--How Long _____ Phone _____	
Type of Business _____ Position/Title _____		Type of Business _____ Position/Title _____	
PREVIOUS EMPLOYER--How Long _____ (Complete if current job held less than two years)		PREVIOUS EMPLOYER--How Long _____ (Complete if current job held less than two years)	
Type of Business _____ Position/Title _____		Type of Business _____ Position/Title _____	
Are there any unsatisfied judgments against you? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are there any unsatisfied judgments against you? Yes <input type="checkbox"/> No <input type="checkbox"/>	
In the last 7 years, have you been declared bankrupt? Yes <input type="checkbox"/> No <input type="checkbox"/>		In the last 7 years, have you been declared bankrupt? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did you ever have credit in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, what name: _____		Did you ever have credit in any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, what name: _____	

IF SELF EMPLOYED, PLEASE SUBMIT BALANCE SHEET, PROFIT AND LOSS STATEMENT, AND COPY OF LATEST FEDERAL TAX RETURN

INCOME

Monthly Income	Applicant	Co-Applicant
Base Earnings <input checked="" type="checkbox"/> Gross <input type="checkbox"/> Net		
Overtime		
Bonuses		
Commissions		
Dividends - Interest		
Other-Optional-See Remarks		
Secondary Income		
TOTAL INCOME ->		

INCOME REMARKS-Note: Income from Alimony, Child Support or Maintenance Payments need not be disclosed unless their consideration is desired.

ASSETS

DEPOSITS IN CHECKING & SAVINGS ACCOUNTS

Name of Institution	Type	Account No.	AMOUNT OR VALUE
Applicant			

Net worth of Business Owned: Attach Current Financial Statement

Vehicles-List Make	Year	Fully Paid
1) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
2) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
3) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
4) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
5) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

Personal Property-Furniture, Art, Jewelry, etc.

ASSETS

AMOUNT OR VALUE

Stocks-Bonds-Name Real Estate Owned Other Assets	Number	Value Ea.	Pledged <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
TOTAL ASSETS ->				

LIABILITIES-OBLIGATIONS-CREDIT REFERENCES

NOTE: LIST ALL PERSONAL, TRUST, PARTNERSHIP, OR CORPORATE DEBTS. IF RECENTLY PAID OFF, LIST FOR CREDIT REFERENCE. INCLUDE DEBTS FOR 1ST AND 2ND LIEN LOANS (MORTGAGE OR TRUST DEED), AUTOS, APPLIANCES, FURNITURE, PERSONAL LOANS AND NOTES, CO-SIGNED NOTES, ALIMONY, SUPPORT PAYMENTS, AND CHARGE ACCOUNTS. *If Balance is Zero Indicate Date Closed In This Space

PURPOSE	(A) - Applicant; (CA) - Co-Applicant; (JT) - Jointly OWED TO (NAME & ADDRESS)	ACCOUNT NUMBER	MONTHLY PAYMENT	BALANCE * OWED
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
1) ATTACH ADDITIONAL LIST IF MORE SPACE NEEDED. 2) IF ANY OBLIGATIONS PAST DUE - ATTACH LETTER OF EXPLANATION.			\$	\$

REAL ESTATE OWNED

ADDRESS OF PROPERTY	MORTGAGE HOLDER	ADDRESS OF MORTGAGE HOLDER	ACCOUNT NUMBER
PRESENT VALUE	DATE PURCHASED	PURCHASE PRICE	BALANCE FINANCED
			MONTHLY PAYMENT
			PRESENT BALANCE

ADDRESS OF PROPERTY	MORTGAGE HOLDER	ADDRESS OF MORTGAGE HOLDER	ACCOUNT NUMBER
PRESENT VALUE	DATE PURCHASED	PURCHASE PRICE	BALANCE FINANCED
			MONTHLY PAYMENT
			PRESENT BALANCE

ADDRESS OF PROPERTY	MORTGAGE HOLDER	ADDRESS OF MORTGAGE HOLDER	ACCOUNT NUMBER
PRESENT VALUE	DATE PURCHASED	PURCHASE PRICE	BALANCE FINANCED
			MONTHLY PAYMENT
			PRESENT BALANCE

INSURANCE

LIFE INSURANCE-COMPANY NAME AND ADDRESS	(A)-Applicant; (CA)-Co-Applicant; (JT)-Jointly		
	TYPE	FACE AMOUNT	CASH VALUE

INSURANCE ON AUTOMOBILE	Carrier: _____	Policy #: _____
Agent: _____	Address: _____	Phone: _____

PERSONAL REFERENCES

NAME OF NEAREST RELATIVE NOT OR PERSONAL LIVING WITH YOU OR REFERENCE	RELATIONSHIP	ADDRESS	CITY	STATE	PHONE

AGREEMENT

I CERTIFY THAT THE CREDIT BEING APPLIED FOR, IF GRANTED, WILL BE INCURRED OR OBTAINED DURING MARRIAGE AND WILL BE IN THE INTEREST OF THE MARRIAGE OR FAMILY. THIS STATEMENT IS MADE IN ACCORDANCE WITH WISCONSIN STATUTE SEC. 766.55(1).

APPLICANTS SIGNATURE

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.

The undersigned hereby declare and represent that they have read the foregoing Application, that all statements made therein are complete and true to their knowledge, that all financial and credit information of value to the consideration of this Loan Request has been given and that the statements are made and information given as an inducement to the Lender to grant the Loan for which this Application is made. The Applicant(s) authorize the Lender, or his Agent, to verify the information contained herein and to make such additional normal inquiries as reasonably may be related to or associated with this Application, from credit bureaus and from employers, creditors, and references listed on this Application, and agree that such information, along with this Application, shall remain the Lender's property. I understand that I must update credit information at your request if my financial condition changes.

Accepted:

Applicant _____ Date _____

Co-Applicant _____ Date _____

Driver's License No. _____

Driver's License No. _____

Witness _____

Witness _____

LENDER USE

DESCRIPTION OF COLLATERAL

New Year _____ Make _____
 Used > Model _____ Mileage _____
 Serial Number _____
 Color _____ Body Style _____
 No. of Cylinders _____ License Plate # _____
 Sales Price \$ _____ Invoice \$ _____
 Down Payment \$ _____ Trade-In \$ _____
 Loan Requested \$ _____ % to Price _____ %
 Dealer Name: _____
 Address: _____
 Phone: _____ Salesman: _____

OTHER COLLATERAL OR A LIST OF ACCESSORIES: _____

 NADA Ave. Loan \$ _____ Month _____ Yr. _____ Page _____
 Ave. Trd-In _____

If secured by collateral, has an insurance loss payable been requested?			
Confirming Agent Rep. _____	Carrier Company _____	Policy # _____	
Full Name _____			
Comp. Deduct \$ _____	Coll. Deduct \$ _____	Date Confirmed _____	Time _____ By _____

BUDGET ANALYSIS

1) Total Monthly Income	\$ _____
Total Housing Expense	\$ _____
Payments on All Debts	\$ _____
Payment for This Loan	\$ _____
2) Total All Payments	\$ _____
Debt to Income Ratio (Line 2 Divided by Line 1)	_____ %

Comments: _____

LOAN DISPOSITION

Loan Approved - Rejected - Amount \$ _____

Special Conditions _____

Interest Rate: _____ % Simple Add-on Discount

Term: _____ months - Payment \$ _____ -1st Due: _____

Security: _____

Customer Notified _____ Dealer Notified _____

Approved by _____ Date _____