

WISCONSIN RIVER BANK CONSUMER LOAN APPLICATION

Credit Requested Is: <input type="checkbox"/> Home Equity Loan <input type="checkbox"/> Collateral Secured Loan <input type="checkbox"/> Personal Unsecured Loan	Account Requested: <input type="checkbox"/> Individual <input type="checkbox"/> Joint
Amount Requested \$	Description of Collateral Offered
We intend to apply for joint credit Initial	
Purpose of Credit Request	Applicant Co-Applicant

If the Applicant is married, he or she may apply for individual credit. For Marital Status, check one if a) you are applying for a secured credit; b) you reside in a community property state; or c) you are relying on property in a community property state as a basis for repayment of the credit requested.

Applicant APPLICANT INFORMATION Co-Applicant

Applicant Role: <input type="checkbox"/> Borrower <input type="checkbox"/> Co-Signer <input type="checkbox"/> Guarantor	Applicant Role: <input type="checkbox"/> Borrower <input type="checkbox"/> Co-Signer <input type="checkbox"/> Guarantor				
Applicant Name (include Jr. or Sr. if applicable)					
Co-Applicant Name (include Jr. or Sr. if applicable)					
Social Security Number	Home Phone (incl. area code)	DOB (mm-dd-yyyy)	Social Security Number	Home Phone (incl. area code)	DOB (mm-dd-yyyy)
Email Address			Email Address		
<input type="checkbox"/> Married <input type="checkbox"/> Separated		<input type="checkbox"/> Unmarried (include single, divorced, widowed)		Dependents (not listed by Co-Applicant)	
<input type="checkbox"/> Married <input type="checkbox"/> Separated		<input type="checkbox"/> Unmarried (include single, divorced, widowed)		Dependents (not listed by Applicant)	
Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non-Resident Alien		Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non-Resident Alien		Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non-Resident Alien	
Present Address (street, city, state, ZIP) since			Present Address (street, city, state, ZIP) since		
Mailing Address, if different from Present Address			Mailing Address, if different from Present Address		
If residing at present address for less than two years, complete the following:					
Former Address (street, city, state, ZIP) from to			Former Address (street, city, state, ZIP) from to		

Applicant EMPLOYMENT / INCOME INFORMATION Co-Applicant

Name & Address of Employer <input type="checkbox"/> Self Employed	Yrs. on this job		Name & Address of Employer <input type="checkbox"/> Self Employed	Yrs. on this job	
<input type="checkbox"/> Full time			<input type="checkbox"/> Full time		
Position/Title & Type of Business	Business Phone (incl. area code)		Position/Title & Type of Business	Business Phone (incl. area code)	
Gross Monthly Income \$			Gross Monthly Income \$		
Name & Address of Employer <input type="checkbox"/> Self Employed	Dates from to		Name & Address of Employer <input type="checkbox"/> Self Employed	Dates from to	
Position/Title & Type of Business	Business Phone (incl. area code)		Position/Title & Type of Business	Business Phone (incl. area code)	
Name & Address of Employer <input type="checkbox"/> Self Employed	Dates from to		Name & Address of Employer <input type="checkbox"/> Self Employed	Dates from to	
Position/Title & Type of Business	Business Phone (incl. area code)		Position/Title & Type of Business	Business Phone (incl. area code)	

NOTICE: Alimony, Child Support or Separate Maintenance Income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Other Income	\$		Other Income	\$	
Other Income	\$		Other Income	\$	
Other Income	\$		Other Income	\$	

HOUSING INFORMATION

<input type="checkbox"/> Own <input type="checkbox"/> Rent since	Monthly Housing/Rent \$	Present Value \$	Date Purchased
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CASH ASSET INFORMATION

Financial Institution Name	Saving Account Balance \$	Checking Account Balance \$
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I/We hereby apply for the loan or credit described in this application. I/We certify that I/we made no misrepresentations in this loan application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. Lender is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by Lender for that purpose. Lender may disclose to any other interested parties information as to Lender's experiences or transactions with my/our account. I/We understand that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted. These representations and authorizations extend not only to Lender, but also to any insurer of the loan and to any investor to whom Lender may sell all or any part of the loan. I/We further authorize Lender to provide to any such insurer or investor any information and documentation that they may request with respect to my/our application, credit or loan.

X _____
X _____

Applicant
Date
Co-Applicant
Date

ASSETS AND LIABILITIES ADDENDUM TO CONSUMER LOAN APPLICATION

Applicant: _____ Application Number: _____

Assets

Liabilities

Checking and Savings Accounts

Name and Address of Creditor

Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance
Acct. No.	\$	Acct. No.	\$	\$
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance
Acct. No.	\$	Acct. No.	\$	\$
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance
Acct. No.	\$	Acct. No.	\$	\$
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance
Acct. No.	\$	Acct. No.	\$	\$
Name & Address of Institution	Cash or Market Value	Name & Address of Company	Payment	Balance

Stocks and Bonds Assets

Number	Description	Cash or Market Value	Name & Address of Company	Payment	Balance
		\$			
		\$			
		\$	Acct. No.	\$	\$
		\$	Name & Address of Company	Payment	Balance
	Life Insurance - Face Value	\$			
	Real Estate Owned Assets	\$			
	Vested Interest in Retirement Funds	\$			
	Net Worth of Business Owned	\$	Acct. No.	\$	\$

Automobiles Owned:

Year	Make and Model	Cash or Market Value	Name & Address of Company	Payment	Balance
		\$			
		\$			
		\$	Acct. No.	\$	\$
		\$	Name & Address of Company	Payment	Balance

Other Assets Owned:

Description	Cash or Market Value	Acct. No.	\$	\$
	\$			
	\$	Alimony/Child Support/Separate Maintenance Owed to	\$	
	\$	Job Related Expense	\$	
	\$			

LIQUID ASSETS	\$	TOTAL MONTHLY PAYMENTS	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
NET WORTH	\$		

"*" indicates obligations satisfied at or before loan closing.

INTERVIEWER INFORMATION

Originator Name		Phone Number	Ext.
Originator NMLSR Identifier	Originator License State and Number		
Company Name			
Company NMLSR Identifier	Company License State and Number		
Company Address (street, city, state, ZIP)			

