

CREDIT LOAN APPLICATION

(WITH FINANCIAL STATEMENT)

PLEASE PRINT

To Creditor: Hiawatha National Bank

N1555 770th Street, Hager City, WI 54014

1. APPLICANT(S). Check on of the following boxes. You may apply for separate or joint credit.

- Separate credit. Complete Column I and sign on the reverse side. Complete Column II with information about your spouse only if you are married AND a Wisconsin Resident.
- Joint Credit with Spouse. Complete Columns I and II. Both Spouses must sign on the reverse side.
- Joint Credit with _____ who is not your spouse. Each of you must complete a separate application as if applying for separate credit and submit them together, including completing Column II if you are a married Wisconsin resident.

(Applicant)

(Co-Applicant)

2. DIRECT LOAN Amount Requested \$ _____ Purpose _____

To be secured by Collateral Yes No. If yes, describe collateral
Owner(s) of collateral _____

	COLUMN I - Applicant	COLUMN II - Spouse <input type="checkbox"/> Co-Applicant (Joint Credit) <input type="checkbox"/> Non-Applicant
Name	_____	_____
Marital Status (For secured credit or Wisconsin resident only)	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Legally Separated	(If Information is identical to Column I write "same" in Column II)
Social Security No.	_____ Date of Birth _____	_____ Date of Birth _____
Drivers License No. and State	_____ State _____	_____ State _____
No. of Dependents Other Than Self & Spouse	Ages _____ Home Telephone _____	Ages _____ Home Telephone _____
Address - Home	_____ <input type="checkbox"/> Own <input type="checkbox"/> Rent	_____ <input type="checkbox"/> Own <input type="checkbox"/> Rent
City & State	_____ Zip _____ How Long _____	_____ Zip _____ How Long _____
Previous Address	_____ How Long _____	_____ How Long _____
Employer Name	_____	_____
Employer Address	_____ Bus. Phone _____	_____ Bus. Phone _____
Position	_____ How Long _____	_____ How Long _____
Previous Employer	Gross Income \$ _____ <input type="checkbox"/> Wk. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr. How Long _____	Gross Income \$ _____ <input type="checkbox"/> Wk. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr. How Long _____
Other Income - Except alimony, child support and maintenance.	\$ _____ Source _____ <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	\$ _____ Source _____ <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.
Name of nearest relative not living with you.	_____	_____
Address	_____ Zip _____	_____ Zip _____
INCOME FROM CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS - Need not be revealed if applicant(s) does not choose to have it considered for a basis for repaying this obligation.		
Kind of Income	_____	_____
Name of Payor	_____	_____
Amount per month	\$ _____ Ends _____ 19 ____ Amt. Past Due \$ _____	\$ _____ Ends _____ 19 ____ Amt. Past Due \$ _____
Is any listed income likely to be reduced before the credit requested is paid off?	<input type="checkbox"/> No <input type="checkbox"/> Yes (explain in detail on separate sheet)	<input type="checkbox"/> No <input type="checkbox"/> Yes (explain in detail on separate sheet)

SECTION II

ASSETS		LIABILITIES OF APPLICANT AND SPOUSE	
Cash on Hand in Financial Institutions		Notes Payable	
Government and Securities		Life Insurance Loans	
Notes and Loan Receivable		Due to Brokers	
Homestead and Real Estate Owned		Accounts Payable	
Automobiles		Unpaid Income Taxes	
Other Personal Property		Real Estate Mortgages Payable	
Cash Value of Life Insurance		Real Estate Taxes	
Securities Held by Brokers in Margin Accounts		Credit Cards	
Equity in Partnership		Other Debts: (Itemize Below)	
Equity in Proprietorship			
Vested Pension Benefits or Profit Sharing			
Other Assets: (Itemize Below)			
		Total Liabilities	
		Assets less Liabilities = Net Worth	
TOTAL ASSETS		TOTAL LIABILITIES and NET WORTH	

GENERAL INFORMATION		CONTINGENT LIABILITIES	
Are any Assets Pledged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	As Endorser, Co-Maker or Guarantor	\$
Are you a defendant in any suits of Legal Actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	On Leases or Contracts	\$
(Explain):		Legal Claims	\$
Have you been declared Bankrupt in the last 14 year	<input type="checkbox"/> Yes <input type="checkbox"/> No	Federal - State Income Taxes	\$
(Explain):		Other -	\$

LIST ALL DEBTS AND OBLIGATIONS OF PERSONS IDENTIFIED IN COLUMNS I AND II.

MORTGAGE HOLDER OR LANDLORD				PURCHASE PRICE	BALANCE OWED	MONTHLY MORT/RENT
YEAR	MAKE/MODEL	FINANCED BY/ADDRESSED		\$	\$	\$
		FINANCED BY/ADDRESSED		\$	\$	\$
		FINANCED BY/ADDRESSED		\$	\$	\$
DEPT. STORE	ACCOUNT NO.	ADDRESS	<input type="checkbox"/> APPLICAN <input type="checkbox"/> SPOUSE	CREDIT LIMIT	BALANCE	MONTHLY PAYMENT
OTHER CREDITOR	ACCOUNT NO.	BRANCH/LOCATION	<input type="checkbox"/> APPLICAN <input type="checkbox"/> SPOUSE	ORIGINAL AMT	BALANCE	MONTHLY PAYMENT
OTHER CREDITOR	ACCOUNT NO.	BRANCH/LOCATION	<input type="checkbox"/> APPLICAN <input type="checkbox"/> SPOUSE	ORIGINAL AMT	BALANCE	MONTHLY PAYMENT
OTHER CREDITOR	ACCOUNT NO.	BRANCH/LOCATION	<input type="checkbox"/> APPLICAN <input type="checkbox"/> SPOUSE	ORIGINAL AMT	BALANCE	MONTHLY PAYMENT
OTHER CREDITOR	ACCOUNT NO.	BRANCH/LOCATION	<input type="checkbox"/> APPLICAN <input type="checkbox"/> SPOUSE	ORIGINAL AMT	BALANCE	MONTHLY PAYMENT
OTHER CREDITOR	ACCOUNT NO.	BRANCH/LOCATION	<input type="checkbox"/> APPLICAN <input type="checkbox"/> SPOUSE	ORIGINAL AMT	BALANCE	MONTHLY PAYMENT
OTHER CREDITOR	ACCOUNT NO.	BRANCH/LOCATION	<input type="checkbox"/> APPLICAN <input type="checkbox"/> SPOUSE	ORIGINAL AMT	BALANCE	MONTHLY PAYMENT
TOTAL MONTHLY PAYMENTS						\$

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 of 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.

For the purpose of obtaining the credit described above, and any future credit granted to the undersigned by the creditor named above, the undersigned, jointly and severally, represent that the above statements are true and complete, authorize the creditor named above, or its agents, to verify them and obtain additional information concerning our credit standing and furnish the same to others, to answer any questions about our credit experience and other financial relationships with the creditor and agree to the provision of any rules, regulations or agreements of the creditor governing such credit. This application is creditor's property. The undersigned understand that it may be a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, under the provision of Title 18, United States Code, Section 1014.

Applicant Sign Here _____ Date _____

Co-Applicant Spouse Sign Here _____ Date _____

For married Wisconsin resident:
The credit being applied for, if granted, will be incurred in the interest of my marriage or family. I understand the creditor may be required by law to give notice of this credit transaction to my spouse.

Applicant Sign Here _____ Date _____

Application received for Creditor by _____