

# HOME EQUITY CONSUMER LOAN APPLICATION

## IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.  
 What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

TO: Name/Address of Lender McFarland State Bank 5990 US Highway 51 McFarland, WI 53558 (608) 838-3141	What type of account are you applying for? <i>(Please check appropriate box):</i> <input type="checkbox"/> INDIVIDUAL (Own income or assets) <span style="float: right;"><input type="checkbox"/> COSIGNER</span> <input type="checkbox"/> INDIVIDUAL (Own income or assets plus income or assets from other sources) <input type="checkbox"/> JOINT <i>(please initial)</i> _____ Are you interested in Credit Life/Disability Insurance that is offered by Lender if this loan is approved? <i>(Please check appropriate box)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

<b>LOAN ORIGINATION COMPANY NAME:</b> McFarland State Bank <b>LOAN ORIGINATOR NAME:</b>	<b>LOAN ORIGINATION COMPANY IDENTIFIER:</b> 596586 <b>LOAN ORIGINATOR LICENSE NUMBER:</b>
--	--

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

Applicant Signature \_\_\_\_\_

### LOAN TERMS

Loan Amount	Interest Rate	Loan Type	<input type="checkbox"/> HELOC <input type="checkbox"/> Closed End <input type="checkbox"/> Fixed Rate <input type="checkbox"/> Variable Rate (type): _____ <input type="checkbox"/> Other _____
Term	Payment	Purpose	

### COLLATERAL INFORMATION

Property Address	Year Built	Purchase Date	Present Value
Title Holder	Title Holder Address		
Insurance Carrier	Insurance Carrier Address		
Current Mortgage Holder	Current Mortgage Holder Address		Current Mortgage Holder Phone
Monthly Mortgage Payment	Home Purchase Price	Balance Owing	Mortgage Loan Account Number
Additional Collateral Description			

### APPLICANT/COSIGNER INFORMATION

Name (Last)	(First)	(MI)	(Suffix)	Taxpayer ID Number (SSN/TIN)	Date of Birth
Street Address			Driver's License/ID Number	State	Home Phone Number
City	State	ZIP Code	County	How Long There	No. of Dependents Age of Dependents
Previous Address <i>(if less than 2 years at current address)</i>					
Employer	Employer Address			Employer Phone Number	
Position	How Long	<input type="checkbox"/> Gross <input type="checkbox"/> Net <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly \$		Average Monthly Overtime Pay \$	
Previous Employer	Previous Employer Address		Position	How Long	
Nearest Relative Not Living with You			Relationship		
Relative's Address		City	State	ZIP Code	Relative's Phone Number
Immigration Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Perm. Resident of U.S. <input type="checkbox"/> Other:					
Alimony, Child Support, Separate Maintenance Payments: You are not required to disclose income from alimony, child support, or separate maintenance payments. However, if you are relying on income from alimony, child support, or separate maintenance payments as a basis for repayment of this obligation, please complete the information below.					
Payment Received Pursuant to: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
Alimony per Month \$		Child Support per Month \$		Separate Maintenance Payment per Month \$	

### CO-APPLICANT INFORMATION

Name (Last)	(First)	(MI)	(Suffix)	Taxpayer ID Number (SSN/TIN)	Date of Birth
Street Address			Driver's License/ID Number	State	Home Phone Number
City	State	ZIP Code	County	How Long There	No. of Dependents Age of Dependents
Previous Address <i>(if less than 2 years at current address)</i>					
Employer	Employer Address			Employer Phone Number	
Position	How Long	<input type="checkbox"/> Gross <input type="checkbox"/> Net <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly \$		Average Monthly Overtime Pay \$	
Previous Employer	Previous Employer Address		Position	How Long	
Nearest Relative Not Living with You			Relationship		
Relative's Address		City	State	ZIP Code	Relative's Phone Number
Immigration Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Perm. Resident of U.S. <input type="checkbox"/> Other:					
Alimony, Child Support, Separate Maintenance Payments: You are not required to disclose income from alimony, child support, or separate maintenance payments. However, if you are relying on income from alimony, child support, or separate maintenance payments as a basis for repayment of this obligation, please complete the information below.					
Payment Received Pursuant to: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
Alimony per Month \$		Child Support per Month \$		Separate Maintenance Payment per Month \$	

### ADDITIONAL INFORMATION

<b>Other Income:</b> Applicant <ul style="list-style-type: none"> <li>• Amount \$</li> <li>• Source</li> </ul>	<b>Other Income:</b> Co-Applicant <ul style="list-style-type: none"> <li>• Amount \$</li> <li>• Source</li> </ul>
If you, a joint applicant, or other party answers "yes" to any of the following questions, please explain in the space provided.	
Are you a guarantor or co-maker of any leases, contracts, or debts?	Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No Joint Applicant/Other Party: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any suits or judgments pending against you?	Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No Joint Applicant/Other Party: <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been declared bankrupt in the last 10 years?	Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No Joint Applicant/Other Party: <input type="checkbox"/> Yes <input type="checkbox"/> No

