

SHORT FORM CREDIT APPLICATION

Date of Application _____

To Creditor:

1. APPLICANT(S). Check one of the following boxes. You may apply for separate credit in your name only, joint credit in your and the name of your spouse or joint credit in your name and the name(s) of other joint applicant(s). Note: Separate credit and joint credit may also be marital purpose debt under Wisconsin law.

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. Only the applicant signs on page 2.

Joint Credit with spouse as joint applicant. Complete Columns I and II. Both joint applicant spouses sign on the reverse side.

Joint Credit with _____ as joint applicant who is **not** your spouse. Each joint applicant must complete a separate application as if applying for separate credit and submit them **together**, including completing Column II if you are married and a Wisconsin resident. Only the applicant signs on page 2.

2. 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 _____	
Drivers License No. and State	State _____	
No. of Dependents Other Than Self & Spouse	Ages _____ Home Telephone _____ State _____	
Street Address	Ages _____ Home Telephone _____ Own <input type="checkbox"/> Rent <input type="checkbox"/>	
City & State	Zip _____ How Long _____	
Previous Address	How Long _____ How Long _____	
Employer Name	Bus. Phone _____	
Employer Address	How Long _____	
Position	Gross Income \$ _____ Wk. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr. _____	
Previous Employer	How Long _____	
Other Income — Except alimony, child support and maintenance	\$ _____ Source _____ Mo. <input type="checkbox"/> Yr. <input type="checkbox"/> (Need not reveal income from medical insurance, disability or wage continuation insurance if applicant(s) does not choose to have such income considered as a basis for repaying of this obligation).	
Name of nearest relative not living with you	_____	
Address	Zip _____	

INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS — Need not be revealed if applicant(s) does not choose to have it considered as a basis for repaying this obligation.

Kind of Income	_____
Name of Payor	_____
Amount per month	\$ _____ Ends _____ 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)

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

MORTGAGE HOLDER OR LANDLORD		FINANCED BY/ADDRESS		PURCHASE PRICE	BALANCE OWED	MONTHLY MORTGAGE/RENT
YEAR	MAKE/MODEL			\$	\$	\$
VEHICLE				PURCHASE PRICE	BALANCE OWED	MONTHLY PAYMENT
				\$	\$	\$
				PURCHASE PRICE	BALANCE OWED	MONTHLY PAYMENT
				\$	\$	\$
<input type="checkbox"/> ALIMONY <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> MAINTENANCE PAYMENTS <input type="checkbox"/> OTHER						
CHARGE CARD	CARD NO.	ISSUER	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE	CREDIT LIMIT	BALANCE	MONTHLY PAYMENT
CHARGE CARD	CARD NO.	ISSUER	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE	CREDIT LIMIT	BALANCE	MONTHLY PAYMENT
DEPT. STORE	ACCOUNT NO.	ADDRESS	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE	CREDIT LIMIT	BALANCE	MONTHLY PAYMENT
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OTHER CREDITOR	ACCOUNT NO.	BRANCH/LOCATION	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE	CREDIT LIMIT	BALANCE	MONTHLY PAYMENT
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OTHER CREDITOR	ACCOUNT NO.	BRANCH/LOCATION	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE	CREDIT LIMIT	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 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.

NOTICE: We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

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, (1) represent that the above statements are true and complete, (2) authorize the creditor named above, or its agents, to verify them and obtain additional information concerning our credit, employment history or any other information, including credit reports, (although the creditor may rely on these statements without any further verification), to furnish, to the extent not prohibited by applicable law, credit experience with me to others, and to answer any questions about our credit experience and other financial relationships with the creditor, and (3) agree to the provisions of any rules, regulations or agreements of the creditor governing such credit. This application is creditor's property. **The creditor may share information bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living with its affiliates unless (1) I direct the creditor at the address above that such information is unrelated to my transactions or experiences with the creditor and may not be shared by the creditor with its affiliates, (2) the information constitutes "medical information" as defined under applicable federal law, or (3) the information when provided to an affiliate would constitute a "consumer report" under applicable federal law.**

The undersigned understand that it may be a crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OBTAINING CREDIT

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 obtains credit.

What this means for you: When you obtain credit, 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.

Applicant Sign Here _____ Date _____

Co-Applicant Spouse Sign Here _____ Date _____
(Joint Credit Only)

For married Wisconsin residents:

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 _____ Date _____

WORKSHEET & CHECKLIST FOR CREDIT USE ONLY

Application received for Creditor by _____



P.O. Box 15
Evansville, WI 53536
Phone: 608-882-5200
Fax: 608-882-6889

I hereby authorize Union Bank & Trust Company, or its duly authorized agents to verify my past and present employment earning records, bank accounts, stock holdings, and any other asset balances that are needed to process my mortgage loan application. I further authorize Union Bank & Trust Company, or its duly authorized agents to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references. This form also authorizes Union Bank & Trust Company, or its duly authorized agents to update my mortgagee information with my insurance agency. It is understood that a photocopy of this form will also serve as authorization.

The information the lender obtains is only to be used in the processing of my application for a loan.

Borrower

Date

Borrower

Date

Applicable to VA and FHA loans only

This is notice to you as required by the Right of Financial Privacy Act of 1978 that the Department of Housing and Urban Development/Veterans Administration Loan Guaranty Service or Division, where applicable, has a right of access to financial records held by a financial institution with the consideration of administration of assistance to you. Financial records involving your transaction will be available to the Department of Housing and Urban Development/Veterans Administration without further notice or authorization, but will not be disclosed or released to another government agency or department without your consent, except as required or permitted by law.