

**SHORT FORM CREDIT APPLICATION**

(For Wisconsin residents only)

Date of Application \_\_\_\_\_

To Creditor: \_\_\_\_\_

1. **APPLICANT(S)**. Check one of the following boxes. You may apply for individual 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: Individual credit and joint credit may also be marital purpose debt under Wisconsin law.

- Individual Credit. Complete Applicant column and sign on page 2. Complete Spouse column 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 Applicant and Spouse Columns. Both joint applicant spouses sign on page 2.
- Joint Credit with \_\_\_\_\_ as joint applicant who **is not** your spouse. Each joint applicant must complete a separate application as if applying for individual credit and submit them together, including completing Spouse column if the joint applicant is 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 \_\_\_\_\_

**Applicant APPLICANT INFORMATION Spouse**

Applicant Name				<input type="checkbox"/> Joint-Applicant (Joint Credit) <input type="checkbox"/> Non-Applicant Spouse Name			
(For Wisconsin resident only) <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Legally Separated		Dependents Other Than Self & Spouse No.   Ages		Dependents (not listed by Applicant) No.   Ages			
Social Security Number	Date of Birth	Drivers License No.	State	Social Security Number	Date of Birth	Drivers License No.	State
Home Phone	Cell Phone	E-Mail Address		Home Phone	Cell Phone	E-Mail Address	
Present Address (Street, City, State & ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.				Present Address (Street, City, State & ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.			
Previous Address (Street, City, State & ZIP) _____ No. Yrs.				Previous Address (Street, City, State & ZIP) _____ No. Yrs.			

**EMPLOYMENT INFORMATION**

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
		Gross Monthly Income \$			Gross Monthly Income \$
Position		Business Phone	Position		Business Phone
Name of Previous Employer <input type="checkbox"/> Self Employed		Yrs. on this job	Name of Previous Employer <input type="checkbox"/> Self Employed		Yrs. on this job

**OTHER INCOME - Except alimony, child support and maintenance**  
(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 this obligation).

Gross Monthly Income	Applicant	Spouse	Total	Describe Other Income Source	Monthly Amount
Overtime	\$	\$	\$	Applicant	\$
Bonuses				Applicant	
Commissions				Spouse	
Dividends/Interest				Spouse	
Net Rental Income					
Other (complete section to the right to describe)					
<b>Total (incl. base employment)</b>	\$	\$	\$		

**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		Kind of Income	Name of Payor	
Amount per Month \$	Ends	Amt. Past Due \$	Amount per Month \$	Ends	Amt. Past Due \$

Is any listed income likely to be reduced before the credit requested is paid off? No <input type="checkbox"/> Yes <input type="checkbox"/> (Explain in detail on separate sheet)		Is any listed income likely to be reduced before the credit requested is paid off? No <input type="checkbox"/> Yes <input type="checkbox"/> (Explain in detail on separate sheet)	
Name and Address of nearest relative not living with you		Name and Address of nearest relative not living with you	

Assets					
Assets	Amount	Assets	Amount	Assets	Amount
Accounts in Banks	\$	Real Estate Owned	\$	Other Assets	\$
Stocks & Bonds	\$	Retirement Funds	\$		
Life Insurance (Face Value)	\$	Automobiles	\$		
				<b>Total Assets</b>	<b>\$</b>

**LIST ALL DEBTS AND OBLIGATIONS OF PERSONS IDENTIFIED IN APPLICANT AND SPOUSE COLUMNS.**

LIABILITIES	Monthly Payment & Months Left to Pay	Unpaid Balance	CreditLimit	Debtor
Name and Address of Creditor  Acct. no.	\$Payment/Months	\$	\$	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE
Name and Address of Creditor  Acct. no.	\$Payment/Months	\$	\$	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE
Name and Address of Creditor  Acct. no.	\$Payment/Months	\$	\$	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE
Name and Address of Creditor  Acct. no.	\$Payment/Months	\$	\$	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE
Name and Address of Creditor  Acct. no.	\$Payment/Months	\$	\$	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE
Name and Address of Creditor  Acct. no.	\$Payment/Months	\$	\$	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE
<b>TOTAL MONTHLY PAYMENTS</b> ▶		\$		

**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 you 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 \_\_\_\_\_

Joint-Applicant Spouse Sign Here \_\_\_\_\_ Date \_\_\_\_\_  
(Joint Credit Only)

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 \_\_\_\_\_ Date \_\_\_\_\_

**To be Completed by Interviewer**  
This application was taken by:

Face-to-face interview  
 Mail  
 Telephone  
 Internet

Application received for Creditor by \_\_\_\_\_