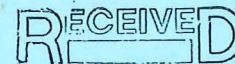


INSTRUCTIONS - Please check the box for the type of credit you are asking for:

- Individual Credit - unmarried applicant. Complete only the left hand column.
- Individual Credit - married applicant. If both you and your spouse are residents of Wisconsin, complete both the left and right hand columns.
- Joint Credit - with your spouse. Complete the left and right hand columns of this form, and other sections as they apply, then sign the following:  
We intend to apply for joint credit.    X \_\_\_\_\_ Applicant    X \_\_\_\_\_ Co-Applicant
- Joint Credit - with another applicant or co-signer who is not your spouse. If either applicant is married and both applicant and spouse are Wisconsin residents, each applicant must complete a separate application with information about their spouse in the right hand column and then sign the following:  
I intend to apply for joint credit with: \_\_\_\_\_ X \_\_\_\_\_ Applicant

Member No. \_\_\_\_\_



# Mini-Loan Application

(For Wisconsin residents only; not for loans to be secured by real estate or a dwelling)

- Installment: No. of Payments \_\_\_\_\_ Amount Requested \_\_\_\_\_
- Line of Credit: Please see attached Addendum for additional required disclosures. Addendum is incorporated herein by reference.

Purpose of Loan		The credit union may offer either credit life/disability or debt cancellation/debt suspension coverage, but neither is required to obtain credit. If you notify the credit union that you are interested, the credit union will disclose the cost of this voluntary coverage to you. You must sign a separate election disclosing the terms and conditions for any coverage to become effective.	
Complete this section only if a Wisconsin resident		<input type="checkbox"/> I am a student at an institution of higher education, and I live on campus or within 1,000 feet of a campus border.	
Applicant	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Legally Separated		
Co-applicant	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Legally Separated		

Applicant Name		<input type="checkbox"/> Co-Applicant Name <input type="checkbox"/> Spouse Name (Check one or both as applicable.)	
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Street Address	How Long?	Street Address	How Long?
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City / State / Zip	City / State / Zip
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Home Phone	Social Security No.	Date of Birth	Home Phone	Social Security No.	Date of Birth
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Employer	Position	How Long?	Employer	Position	How Long?
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Business Address	Phone	Business Address	Phone
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Are you obligated to make child support payments?	Amount	Are you obligated to make child support payments?	Amount
	\$		\$

Attach copies of most recent paystubs from each job currently held by applicant and co-applicant (if applicable).  
NOTE: 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.

Monthly Pay	<input type="checkbox"/> Gross <input type="checkbox"/> Net	Other Income	Source	Monthly Pay	<input type="checkbox"/> Gross <input type="checkbox"/> Net	Other Income	Source
\$		\$		\$		\$	

Mortgage Holder or Landlord	Mortgage Holder or Landlord
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Mortgage/Rent Payment	Balance Due on Mortgage(s)	Market Value	Mortgage/Rent Payment	Balance Due on Mortgage(s)	Market Value
\$	\$	\$	\$	\$	\$

AUTO(S)			
Year	Make	Model	If Financed/Leased, Where?
Year	Make	Model	If Financed/Leased, Where?

**NOTICE TO MARRIED APPLICANT:** No provision of a marital property agreement, a unilateral statement under Wis. Stats. sec. 766.59 or a court decree under Wis. Stats. sec. 766.70 adversely affects the interests of the credit union unless prior to the time the credit is extended, the credit union is furnished with a copy of the agreement, statement or decree, or has actual knowledge of the adverse provision when the obligation to the credit union is incurred.

This statement is submitted to obtain credit and does not constitute a contract for the extension of credit. I (We) certify that all information herein is true and complete. I (We) also authorize the credit union to verify or obtain any additional information the credit union may deem necessary concerning my (our) credit standing from credit bureaus, collection agencies, and any other source for consideration for the loan applied for hereon or for any other service offered at this credit union or its affiliate. The credit union may release information about its credit experience with me (us) as permitted by law. I (We) 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, as applicable under the provisions of Title 18, United States Code, Section 1014.

Applicant's Signature	Date	Co-Applicant's Signature	Date
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### COMPLETE THIS SECTION ONLY IF YOU ARE MARRIED AND YOU ARE APPLYING FOR CREDIT SEPARATE FROM SPOUSE IF THIS SECTION APPLIES, WE ARE REQUIRED BY WISCONSIN LAW TO NOTIFY YOUR SPOUSE BY MAIL IF YOUR LOAN IS GRANTED.

I certify that the credit being applied for, if granted, will be incurred or obtained during marriage and will be in the interest of the marriage or family. This statement is made in accordance with Wis. Stats. sec. 766.55(1).

Applicant's Signature	Date
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DATE	NOTICE TO SPOUSE REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE SENT	INITIALS	CREDIT COMMITTEE OR LOAN
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<input type="checkbox"/> APPROVED	<input type="checkbox"/> REJECTED Reason:
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COMMENTS:

# Borrower's Certification & Authorization

## Certification

The undersigned certify the following:

1. I/We have applied for a loan from **Health Care Credit Union** (lender). In applying for the loan, I/we have completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information, and assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application or other documents, nor did I/we omit any pertinent information.
2. I/We understand and agree that **Health Care Credit Union** (lender) reserves the right to verify the information provided on the application with the employer(s) and/or other financial institutions.

## Authorization to Release Information

To Whom It May Concern:

1. I/We have applied for a loan from **Health Care Credit Union** (lender). As part of the application process, **Health Care Credit Union** (lender) may verify information contained in my/our loan application and in other documents required in connection with the loan either before the loan is closed or as part of its quality control program.
2. A copy of this authorization may be accepted as an original.
3. Your prompt reply to **Health Care Credit Union** (lender) is appreciated.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Social Security Number