



## Loan Application

*Please print and complete. Fax or mail to or drop off at:*

**CONE Credit Union, 219 W. Cecil St., Neenah, WI 54956**  
**FAX: 920-886-6456**

**HOW TO APPLY:** Complete appropriate sections. Return application, *with most recent pay stub*, to CONE Credit Union.

You may apply for individual or joint credit, but choose one of the following. If this is a joint application, fill out information for the primary applicant and the joint applicant. If the information is the same for the joint applicant as the primary, simply write "Same" in the blank.

- Individual credit – unmarried applicant.
- Individual credit – married applicant.
- Joint credit -- with your spouse.
- Joint credit -- with another applicant or co-signer who is not your spouse.

**NOTICE TO MARRIED APPLICANTS:** No provision of a marital property agreement, a unilateral statement under Wis. Stat Sec. 766.59 or a court decree under Wis. Stat Sec. 766.70 adversely affects the interests of the credit union unless before 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.

Amount requested: \$ \_\_\_\_\_ Purpose: \_\_\_\_\_

Collateral: \_\_\_\_\_

Repayment:  Payroll deduction  Cash  Automatic payment  Military allotment  \_\_\_\_\_

*Check coverage(s) desired. The credit union will discuss the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions must be signed for coverage to become effective.*

- I/We decline credit insurance for this loan.
- Credit disability insurance
- Single credit life insurance
- Joint credit life insurance

### Primary applicant:

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

Member #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home phone #: \_\_\_\_\_

Employer name: \_\_\_\_\_ Employer phone #: \_\_\_\_\_

Job start date (*month/year*): \_\_\_\_\_

Gross income: \$ \_\_\_\_\_ ( ) Hourly ( ) Monthly ( ) Annually Job title: \_\_\_\_\_

Other income: \_\_\_\_\_

**Joint applicant or Spouse:**

Name: (*last*) \_\_\_\_\_ (*first*) \_\_\_\_\_ (*middle*) \_\_\_\_\_

Member # \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home phone #: \_\_\_\_\_

Employer name: \_\_\_\_\_ Employer phone #: \_\_\_\_\_

Job start date: (*month/year*): \_\_\_\_\_

Gross income: \_\_\_\_\_ ( ) Hourly ( ) Monthly ( ) Annually Job title: \_\_\_\_\_

Other income: \_\_\_\_\_

Previous employer (*if under 2 years at present*): \_\_\_\_\_

Previous employer's address: \_\_\_\_\_

Previous employer's phone # \_\_\_\_\_ Length of employment: \_\_\_\_\_

**NOTE:** *Income verification is required. Other information also may be required.*

**Debts Monthly Payment Debts Monthly Payment**

Rent/Mortgage \$ \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

Credit card \$ \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

Credit card \$ \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

Credit card \$ \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

Vehicle loan \$ \_\_\_\_\_ Vehicle loan \$ \_\_\_\_\_

In addition, list all other debts – second mortgage, alimony, child care, medical, IRS liabilities, etc.  
Alimony, child support or separate maintenance income need not be listed unless you choose to have such income considered regarding extension and repayment of the credit requested.

( ) Yes ( ) No Do you have any outstanding judgments?

- Yes    No   Have you ever filed for bankruptcy or had a debt adjustment plan confirmed under Chapter 13?
- Yes    No   Have you had property foreclosed upon or repossessed in the last 7 years?
- Yes    No   Are you a party in a lawsuit?
- Yes    No   Are you other than a U.S. citizen or permanent resident alien?
- Yes    No   Is your income likely to decline in the next two years?
- Yes    No   Are you a co-maker, co-signer or guarantor on any loan not listed above?

If yes, for whom (*names of others obligated on loan*): \_\_\_\_\_

If yes, to whom (*name of creditor*): \_\_\_\_\_

If there are any important changes, I/we will notify CONE Credit Union in writing immediately. I/We also agree to notify CONE Credit Union of any change in my/our name, address or employment within a reasonable time thereafter. I/We certify that this information has been supplied truthfully, accurately and voluntarily and therefore authorize this credit union to investigate my/our creditworthiness, credit history and financial responsibility through any credit bureau or by any other reasonable means for consideration for the loan applied for hereon, or for any other service offered by this credit union or its affiliate. The credit union may release information about its credit experience with me/us. If this application is for the purpose of encumbering real property, I/we agree to pay all allowable expenses incurred in processing this application whether or not the loan is approved. This application does not constitute a contract for the extension of credit. 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 State Code, Section 1014.

Applicant's Signature: \_\_\_\_\_ (seal) Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ (seal) Date: \_\_\_\_\_

**COMPLETE THIS SECTION ONLY IF YOU ARE MARRIED AND YOU ARE APPLYING FOR CREDIT SEPARATE FROM YOUR SPOUSE.**

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

Applicant's Signature: \_\_\_\_\_ (seal) Date: \_\_\_\_\_

**IF THIS SECTION APPLIES, WE ARE REQUIRED BY WISCONSIN LAW TO NOTIFY YOUR SPOUSE BY MAIL IF YOUR LOAN IS GRANTED.**




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**DO NOT WRITE BELOW – FOR CREDIT UNION USE ONLY**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Line of credit: \_\_\_\_\_ Other: \_\_\_\_\_ Other: \_\_\_\_\_

Debt ratio: \_\_\_\_\_

Loan Officer

Credit Committee or Other

Advance approved  Yes  No  Counter Offer will be made, if accepted, advance approved.

Yes  No Outside information considered

If yes, attach additional sheet and describe

Referred to/Reason(s) for referral: \_\_\_\_\_

\_\_\_\_\_

Describe counter-offer: \_\_\_\_\_

\_\_\_\_\_

Specific reason(s) for rejection:

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURES:**

Loan officer: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Committee: \_\_\_\_\_ Date: \_\_\_\_\_

ECOA Notice and Reason for Rejection sent or delivered on (*date:*) \_\_\_\_\_

by \_\_\_\_\_ (*initials*)

PLEASE NOTE: These forms may not be compliant with state and government laws and are used for informational purposes only.