UPPER PENINSULA STATE BANK

CREDIT APPLICATION

IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances, we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

IMPORTANT TYPE OF CREDIT REQUESTED

Check (X) the appropriate boxes below and complete the application sections.

☐ SECURED ☐ INDIVIDUAL CREDIT – relying solely on my income or assets.

☐ UNSECURED ☐ INDIVIDUAL CREDIT – relying on my income or assets as well as income or assets from other sources.

☐ JOINT CREDIT – We intend to apply for joint credit. (initials) _____

LOCATION/LENDER PREFERENCE

Check (X) the appropriate boxes below.

☐ ESCANABA ☐ GLADSTONE ☐ IRON MOUNTAIN ☐ MARQUETTE

☐ HOUGHTON ☐ _____

(Print name of preferred Lender)

AMOUNT REQUESTED	FOR HOW LONG	PAYMENT DATE DESIRED	HOW TO REPAY	PROCEEDS OF LOAN TO BE USED FOR:
			☐ MONTHLY ☐ _____	

SECTION A – INDIVIDUAL APPLICANT INFORMATION

NAME: (Last, First, Middle)			CELL PHONE NO:	E-MAIL ADDRESS:
BIRTHDATE:	PHONE NO:	SOCIAL SECURITY NO:	DRIVER'S LICENSE NO:	DEPENDENTS (not listed by Co-Borrower) No. | Ages

ADDRESS: (Street, City, State & Zip)	COUNTY:	Do you ☐ Own? Or ☐ Rent?	HOW LONG?
PREVIOUS ADDRESS: (Street, City, State & Zip) Complete if less than 3-years at present address	COUNTY:	Do you ☐ Own? Or ☐ Rent?	HOW LONG?

EMPLOYER: (Company Name)	EMPLOYER ADDRESS: (Street, City, State & Zip)	HOW LONG?

BUSINESS PHONE: EXT.	POSITION OR TITLE	SALARY PER MONTH GROSS: $ NET: $

PREVIOUS EMPLOYER: (Company Name)	PREVIOUS EMPLOYER ADDRESS: (Street, City, State & Zip)	HOW LONG?

NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU:	RELATIONSHIP:	PHONE NO:

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.

Alimony, child support, separate maintenance received under: ☐ Court Order ☐ Written Agreement ☐ Oral Understanding

SOURCES OF OTHER INCOME	AMOUNT PER MONTH $

Is any income listed in this section likely to be reduced before the credit request is paid off? ☐ No ☐ Yes (Explain)	Have you previously received credit from us? ☐ No ☐ Yes – When?

SECTION B – JOINT APPLICANT OR OTHER PARTY INFORMATION

COMPLETE ONLY IF: for joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state.

NAME: (Last, First, Middle)			CELL PHONE NO:	E-MAIL ADDRESS:
BIRTHDATE:	PHONE NO:	SOCIAL SECURITY NO:	DRIVER'S LICENSE NO:	DEPENDENTS (not listed by Co-Borrower) No. | Ages

ADDRESS: (Street, City, State & Zip)	COUNTY:	Do you ☐ Own? Or ☐ Rent?	HOW LONG?
RELATIONSHIP TO APPLICANT: (if any)	PREVIOUS ADDRESS: (Street, City, State & Zip)		HOW LONG?

EMPLOYER: (Company Name)	EMPLOYER ADDRESS: (Street, City, State & Zip)	HOW LONG?

BUSINESS PHONE: EXT.	POSITION OR TITLE	SALARY PER MONTH GROSS: $ NET: $

PREVIOUS EMPLOYER: (Company Name)	PREVIOUS EMPLOYER ADDRESS: (Street, City, State & Zip)	HOW LONG?

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.

Alimony, child support, separate maintenance received under: ☐ Court Order ☐ Written Agreement ☐ Oral Understanding

SOURCES OF OTHER INCOME	AMOUNT PER MONTH $

Is any income listed in this section likely to be reduced before the credit request is paid off? ☐ No ☐ Yes (Explain)	Have you previously received credit from us? ☐ No ☐ Yes – When?

SECTION C – MARITAL STATUS

Complete only if: for joint or secured credit, or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested.

APPLICANT	☐ Married	☐ Separated	☐ Unmarried (including single, divorced, and widowed)
OTHER PARTY	☐ Married	☐ Separated	☐ Unmarried (including single, divorced, and widowed)

SECTION D – ASSET & DEBT INFORMATION

If Section B was completed, this Section should be completed giving information about both the Applicant & Joint Applicant or Other Person. Please mark Applicant – related information with an "A". If Section B was not completed, only give Applicant information.

ASSETS OWNED

(Use separate sheet if necessary.)

DESCRIPTION OF ASSETS		NAME IN WHICH THE ACCOUNT IS CARRIED	SUBJECT TO DEBT?	VALUE
Checking Account Number(s)				$
Savings Account Number(s)				$
Certificate of Deposit(s)				$
Automobiles (make, model, year)				$
Real Estate (location, date acquired)				$
Other				$
			TOTAL ASSETS	$

OUTSTANDING DEBTS

(Include charge accounts, installment contracts, credit cards, rent, mortgages, and other obligations. Use separate sheet if necessary.)

CREDITOR	ACCOUNT NUMBER	NAME IN WHICHTHE ACCOUNT IS CARRIED	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT
LANDLORD OR MORTGAGE HOLDER	☐ Rent ☐ Mortgage		(Omit Rent) $	(Omit Rent) $	$
AUTOMOBILES (describe)			$	$	$
Other			$	$	$
				TOTAL DEBTS	$

Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable):

Are you obligated to make Alimony, Support or Maintenance Payments? ☐ No ☐ Yes

If yes, to (Name & Address) _____ Amt. Per month $_____

Are you a co-maker, endorser, or guarantor on any loan or contract? ☐ No ☐ Yes If yes, for whom?_____ To whom?_____

Are there any unsatisfied judgments against you? ☐ No ☐ Yes If yes, to whom owed? _____ Amount $_____

Have you been declared bankrupt in the last 10 years? ☐ No ☐ Yes If yes, where? _____ Year? _____

SECTION E – SECURED CREDIT

Complete only if credit is to be secured. Briefly describe the property to be given as security:

PROPERTY DESCRIPTION

NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY

MILITARY ANNUAL PERCENTAGE RATE STATEMENT

Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: the costs associated with credit insurance premiums; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card).

SIGNATURES – I certify that everything I have stated in this application and on any attachments is correct. I understand that I am applying for credit. Lender may keep this application whether or not it is approved. By signing below, I authorize Lender to check my credit and employment history and to answer questions others may ask Lender about my credit record with Lender. I understand that I must update credit information at Lender's request if my financial condition changes.

_____ _____

Applicant's Signature Date Other Signature (Where Applicable) Date

IMPORTANT

DO NOT SIGN THIS FORM UNTIL YOU CAREFULLY READ IT AND UNDERSTAND ITS CONTENT

☐ **LENDER CERTIFICATION**: The undersigned herby certifies that on behalf of Lender he/she orally provided the below disclosures to the applicant(s) on the day noted below.

By:_____ It's _____ Date:_____

Purpose.

You have submitted an application for a loan. In connection with your loan application, Lender may be soliciting, offering to sell, or will sell you an insurance product or annuity. Federal law requires Lender to provide you with the following disclosures.

Credit Disclosures.

1. Lender, as a condition of granting you a loan, cannot require that you purchase an insurance product or annuity from Lender or any of its affiliates.
2. Lender, as a condition of granting you a loan, cannot require your agreement not to obtain or prohibit you from obtaining an insurance product or annuity from an unaffiliated entity.

Acknowledgment.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, RECEIVED AND UNDERSTAND THIS INSURANCE DISCLOSURE.

APPLICANT: JOINT APPLICANT OR OTHER PARTY:

_____ _____

Applicant's Signature Date Other Signature (Where Applicable) Date