



Member FDIC | Equal Housing Lender

[Privacy Policy](#)

Home Equity Loan Application

First Name: _____ Last Name: _____

Privacy Policy:

Our [privacy policy](#) protects the privacy of your personally-identifying information that you provide us online.

Important Information about Procedures for Opening a New Account

Identification Procedures Requirements: 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 opens an account.

What this means for you: When you open an account, 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.

Security Notice:

You should ONLY fill out this form on-line if you are using a browser with the latest security enhancements. If you don't have the latest version, download a copy now. This form is NOT cached (saved in your computer's memory) when you QUIT your browser.

Instructions:

1. Print this loan application and gather the information you'll need.
2. Complete application on-line and click "Submit Application" or fax it to 715-394-2791.
3. To safeguard your privacy, QUIT your browser and restart it again after using this form.

This loan application is for personal loans only and is NOT intended for commercial use. A valid social security number is required to apply. Please review and gather the information you will need before completing this form. **Upon receipt of the application, we will send you the proper disclosures.**

Home Equity Loan Request

Amount Requested: _____

Purpose: _____

Type of Application:

Individual Applicant

Joint Applicant

Applicant

First Name

Middle Initial

Last Name

Date of Birth

Social Security No.

No. of Dependents

Driver's License No.

Driver's License State

Your E-mail Address

Home Phone

Best Time To Call

Work Phone

Are there any unsatisfied Judgments against you?

Yes

No

Have you been declared bankrupt in the last 7 years?

Yes

No

Residence

Your Primary Residence:

Own with Mortgage

Own Clear

Rent

Other

Present Address

Address Line 1

Address Line 2

City

State

ZIP Code

Years At Present Address

Your Monthly Rent or Mortgage Payment

Years At Previous Address

Your Previous Address

Home Information

Collateral Property Address (If different from above)

Date Purchased

Current Mortgage Holder

Mortgage Holder Phone

Purchase Price

Market Value

Mortgage Balance

Employment

Employed

Self-Employed

Unemployed

Retired

Your Present Employer

Phone

Address Information	Address Line 1		
	Address Line 2		
	City	State	ZIP Code

Gross Monthly Salary	Your Position	Years There
_____	_____	_____

You do not have to list alimony, child support or separate maintenance income unless you want us to consider it for the purposes of granting and repayment of this credit request.

Other Monthly Income	Source of Other Income
_____	_____

Previous Employer (if less than 3 years at current employer)	Years at Previous Employer
_____	_____

Address Information	Address Line 1		
	Address Line 2		
	City	State	ZIP Code

Additional Information

Your Checking Account Number	Institution Name
_____	_____

Your Savings Account Number	Institution Name
_____	_____

Name of Creditor	Approx. Balance	Monthly Payment	Collateral, if any
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Amount of Other Monthly Payments not listed above:	_____
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Assets	Value	Title Held Name
_____	_____	_____

Co-Applicant**First Name****Middle Initial****Last Name****Date of Birth****Social Security No.****No. of Dependents****Driver's License No.****Driver's License State****Your E-mail Address****Home Phone****Best Time To Call****Work Phone****Co-Applicant Residence****Your Primary Residence:** Own with Mortgage Own Clear Rent Other**Present Address**

Address Line 1

Address Line 2

City

State

ZIP Code

Years At Present Address**Your Monthly Rent or Mortgage Payment****Years At Previous Address****Your Previous Address****Co-Applicant Home Information****Collateral Property Address (If different from above)****Date Purchased****Current Mortgage Holder****Mortgage Holder Phone****Purchase Price****Market Value****Mortgage Balance****Co-Applicant Employment**

Employed
 Unemployed

Self-Employed
 Retired

Your Present Employer

Phone

Address Line 1

Address Line 2

City

State

ZIP Code

Address Information

Gross Monthly Salary

Your Position

Years There

You do not have to list alimony, child support or separate maintenance income unless you want us to consider it for the purposes of granting and repayment of this credit request.

Other Monthly Income

Source of Other Income

Previous Employer (if less than 3 years at current employer)

Years at Previous Employer

Address Line 1

Address Line 2

City

State

ZIP Code

Address Information

Co-Applicant Additional Information

Your Checking Account Number

Institution Name

Your Savings Account Number.

Institution Name

Name of Creditor	Approx. Balance	Monthly Payment	Collateral, if any
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Amount of Other Monthly Payments not listed above:

Assets	Value	Title Held Name
_____	_____	_____

Information For Government Monitoring Purposes

This section to be completed only for loans subject to reporting under the Home Mortgage Disclosure Act (HMDA).
HMDA loans are loans made for the following purposes: Home Purchase (secured), Home Improvement (secured or unsecured), or refinance of a loan secured by a 1-4 residential dwelling (regardless of purpose).
The following information is requested by the Federal government for certain types of loans related to a dwelling, in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may discriminate neither on the basis of this information, nor on whether you choose to furnish it.
If you choose to furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this Lender is required to note the information on the basis of visual observation or surname.
If you do not wish to furnish the above information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for.)

Applicant	
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information

Race or National Origin	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> I do not wish to provide this information	<input type="checkbox"/> Asian <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> White
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information	
Co-Applicant		
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information	
Race or National Origin	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> I do not wish to provide this information	<input type="checkbox"/> Asian <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> White
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information	

Applicant(s) Statement

I/We have completed this request for credit in consideration of Superior Savings Bank lending to me and/or others upon my guarantee. I/We certify that all information contained herein is accurate and complete to the best of my knowledge.

I/We authorize Superior Savings Bank to retain property of this application, to rely on the foregoing, to check and verify my credit, employment and salary history, to secure follow up credit reports concerning my credit worthiness and to exchange information about my account with proper persons, creditors and credit bureaus.

I authorize my employer (present and future), bank and other references listed above to release and/or verify information to Superior Savings Bank at any time. I acknowledge that this application is subject to approval of credit and acceptance by Superior Savings Bank. Should my request for credit and subsequent loan be approved, I agree to give Superior Savings Bank written notice immediately upon change of my name, address, employment or any other pertinent information contained herein.

(required)

I/We AGREE with the above statement