

Please complete the residential home loan application and accompanying disclosures. Return the packet to any convenient location of Citizens State Bank. In addition, we ask you to, but you are not required to do so at this time, provide the following documents as applicable:

	Two most recent year-to-date pay stubs for each borrower (one month history), if applicable
	Most recent W-2 statement for each borrower, if applicable
	Most recent 2 years federal tax return with all schedules for self employed borrower only-(includes borrower(s) with rental and commissioned income)
	Social security award statement-received December of prior year or 1099 social security year end statement, if applicable
	Most recent pension, or retirement fund statement and account statement where funds are deposited, if applicable
Additi	onal required documents/information, if applicable:
	Copy of title insurance policy, abstract or legal description of subject property
	Copy of home owner's insurance agency and agent's name and binder with annual premium paid receipt due approximately 1 week prior to closing.
	Most recent copy of monthly account statement for all deposit accounts. (checking, savings, MMDA, other investments, etc.
	Signed offer to purchase (signed by all parties, including counter offers), if applicable
	Recent deposit account statement or investment account statement to cover down payment amount, initial escrow balance or closing costs, if paying items out of pocket.
	Itemization of all construction costs along with subcontractor information, if applicable
	Floor plan of proposed home and contact information for general contractor, if applicable

Uniform Residential Loan Application

This application is designed to be completed by the applicant(s) with the Lender's assistance. Applicants should complete this form as "Borrower' or "Co-Borrower," as applicable. Co-Borrower information must also be provided (and the appropriate box checked) when __the income or assets of a person other than the "Borrower' (including the Borrower's spouse) will be used as a basis for loan qualification __do this or her liabilities must be considered because the spouse or other person has community property rights pursuant to applicable law and Borrower resides in a community property state, the security property is located in a community property state, or the Borrower is relying on other property state as a basis for repayment of the loan.

If this is an application for joint credit, Borrower and Co-Borrower each agree that we intend to apply for joint credit (sign below):

DOTTOWER				1. 1		MORTGAG	E AND TERMS OF	LOAN			
Mortgage Applied fo		Conventio USDA/Rur Housing S	al	Other (e)			Agency Case Nur			Lender Case N	lumber
Amount		Interest		No. of I		mortizati	n Fixed Rate	Othe	r (explain):		
\$			9	6		ype:	☐ GPM	ARM			
Subject Pro	perty Address (str	rest city state	& ZIP)	II. PRO	PERTY IN	FORMAT	ION AND PURPOS	SE OF LOA	N		No. of Units
Legal Desci	ription of Subject	Property (attac	h descriptio	n if necess	ary)						Year Built
Purpose of	Loan Purch		Construction			Other (expl	ain):		Property will b Primary Residence	Second	dary nce Investment
Complete Year Lot Acquired	this line if c Original Cost	onstruction	or constr	ruction-po Existing Lie	<i>ermanent :</i> ns	<i>ioan.</i> (a) Presen	t Value of Lot	(b) Cost of	Improvements	Total o	f (a+b)
Acquired	\$		\$			\$		\$		\$	
	this line if the	is is a refina							1.0		7
Year Acquired	Original Cost		Amount	Existing Lie	ins	Purpose	of Refinance			mprovements [made to be made
Title will be	\$ held in what Nam	e(s)	\$			Mann	er in which Title will be	held	Cost \$	E	state will be held in:
Course of D	lown Payment, Se	-WI Ch		u la avalla ata	Eineneine /	- inlain					Fee Simple
Source or D	own Payment, Se	attiement Chart	ges and/or s	doordinate	rinancing (ехріаіп)					Leasehold (show expiration date)
Borrowar's P	Name (include Jr.	or Sr. if applie			III. BO	ORROWE	Co-Borrower's Name	finclude .lr o		Co-Borrower	
								·			
Social Secur		Home Phone (i					Social Security Numb				(M/DD/YYYY) Yrs. School
Married Separal	divorced,	d (include single, widowed)	Depe no.	ndents (not l	listed by Co-B	iorrower)	Married Separated	Unmarried (in- divorced, wide	clude single, wed)	Dependents (n:	ot listed by Borrower) es
Present Add	iress (street, city,	state, ZIP)		m Re	nt	No. Yrs.	Present Address (str	reet, city, state	a, ZIP)	Own R	entNo, Yrs.
Mailing Add	ress, if different for	rom Present A	ddress				Mailing Address, if d	lifferent from	Present Addre	SS	
If residing a	et present addre	ss for less tha	n two year:	s, complet	e the follow	ring:					
Former Addr	reas (street, city, s	state, ZIP)	☐ Ow	n 🔲 Rer	nt	No. Yrs.	Former Address (stre	eet, city, state	, ZIP)	Own Re	ent No. Yrs.
		Borrowe	N'	*	IV. EM	PLOYMEN	IT INFORMATION			Co-Borrower	
Name & Add	lress of Employer		-	nployed	Yrs. on t		Name & Address of E	Employer		Self Employed	Yrs. on this job
					Yrs. emp	loyed					Yrs. employed
					in this line work/prof	a oî					in this line of work/profession
Position/Title	a/Type of Busines	S		Business	Phone (incl.	area code)	Position/Title/Type of	Business		Business	Phone (incl,area code)
if employed	l in current posit	ion for less th	an two yea	rs or if cur	rently empl	loyed in ma	re than one position,	complete the	e following:		
Name & Add	dress of Employer		Self Em	ployed	Dates (fro	om-to)	Name & Address of E	Employer	s	Self Employed	Dates (from-to)
					Monthly I	ncome					Monthly Income
Position/Title	/Type of Busines	18		Businese	\$ Phone (incl.		Position/Title/Type of	Business		Business	\$ Phone (incl.area code)
Name & Add	iress of Employer		Self En	nployed	Dates (fro	om-to)	Name & Address of E	mployer		Self Employed	Dates (from-to)
					Monthly I	ncome					Monthly Income
osition/Title/	Type of Business	<u> </u>		Business	Phone (incl.	area code)	Position/Title/Type of	f Business		Business	Phone (incl.area code)

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	_										
Gross Monthly Income	Borro		ONTHLY INCOM		COMBIN	ED HOUSING	EXPENSE IN		Present		Proposed
Base Empl. Income* \$			\$		s		Housing Expen	88 -		in in	Proposed
Overtime			Φ		\$		First Mortgage	(P&I)	\$	- 1	
Bonuses							Other Financin			-1,	
Commissions							Hazard Insurar	nce			
Dividends/Interest							Real Estate Ta				
Net Rental Income Other (before completing,							Mortgage Insu			-	
see the notice in "describe other income," below)							Homeowner As Other:	ssn Dues.	_	-	
Total \$			s		\$		Total		s	s	
	nployed Born	ower(s) m	ay be required to	orovide	additlonal	documentation		urns and fi	nancial stateme		
Describe Other Income B/C	Notic	e: Alimon	y, child support, c (C) does not cho	r separa	ite mainten	ance income n	eed not be reve				
5/0	01 01	3-DOTTOWE	(c) does not cho	use to r	ave it com	sidered for repa	aying this loan.				Monthly Amount
				_							\$
			_								
This Statement and any an	nlinable europ	orting school	lulae may be gamel			ND LIABILITIE					
This Statement and any app that the Statement can be completed about a non-app											sufficiently joined so Borrower section wa
									Completed	Jointly	
ASSET Description	rs	Ca	sh or Market Value	Liabili debts,	ties and Pl including a	edged Assets. automobile loans	List the creditor's, revolving cha-	s name, ado	dress and accou	nt numb	per for all outstanding
Cash deposit toward purch	ase held by:	\$	raido	stock	pledges, et	c. Use continua	ation sheet, if n	ecessary. Ir	idicate by (*) th	ose lial	bilities, which will be
		1		Sausin		LIABILITIES	Avried or upon re	Monthi	y Payment &	T	Jnpaid Balance
t lot about less and souls a				Name		s of Company		Month \$ Paymer	s Left to Pay	\$	ripaid balance
List checking and savings				-		,		V · ayınıcı	TOTAL	*	
Name and address of Bank	, S&L, or Cre	dit Union									
								1			
				Acct. r	10.			1			
				Name	and address	s of Company		\$ Paymen	t/Months	\$	
Acct No.		\$		-							
Name and address of Bank,	, S&L, or Cred	at Union									
										1	
				Acct. n	0						
A 4 b ! -		\$		Name	and address	of Company		\$ Paymen	t/Months	\$	
Acct No. Name and address of Bank,	S&L or Cred			1							
	,, -, -, -, -,										
								1			
				Acct. n							
Acct No.		\$		Name a	and address	of Company		\$ Payment	/Months	\$	
Vame and address of Bank,	S&L, or Cred	lit Union									
								-			
				Acct. n		of Company		\$ Dayment	/h danatha	s	
acct No.		\$, records	and address	s or Company		\$ Payment	INIOITHS	₽	
itocks & Bonds (Company n	name/number	\$		1							
escription											
				Acct. n				-			
						of Company		\$ Payment	/Months	\$	
ife Insurance net cash valu		\$						V Cymen	I WIOT RELS	"	
ace amount: \$	<u> </u>										
Subtotal Liquid Assets	3	\$									
Real Estate owned (enter ma from schedule of real estate	arket value	\$		Acct. no).			1			
/ested interest in retirement		\$		Name a	ind address	of Company		\$ Paymen	t/Months	\$	
Net Worth of business(es) or		\$								ľ	
attach financial statement)											
Automobiles owned (make a	and year)	\$									
				Acct. no	`						
						oort/Separate M	aintenance				
				Paymer	its Owed to	:	aintena ice	\$			
Sil A i i i i i											F 15 - 11 /
Other Assets (itemize)	ļ	\$		Job Rela	ated Expens	ses (child care, i	union dues, etc.)	\$			
											1
				Total A	Nonthly Pa	avmente		\$		H.E.	U file K
Total	Assets a.			Net Wo	rth			-	I I-letter	•	
- Total /	a.	Ψ		(a minu	s b) 🔻	\$		lotal	Liabilities b.	\$	

				VI.	ASSI	ETS AND	LIABILITIES (Contir	nued)				
Property Address	I Estate Owned (If addition (enter S if sold, PS if pendibeing held for income)	٠.	roperties are of Type of Property	wned, ι	P	ntinuation s resent et Value	heet.) Amount of Mortgages & Liens		Gross Ital Income	Mortgage Payments	Insuran Maintena Taxes & I	nce,	Net Rental Income
				\$			\$	\$		\$	\$	\$	
								-		1			
		\exists									1		
		\dashv		_									
			Totals	\$			\$	\$		\$	\$	\$	
List any addition	al names under which c	edit		y been	recel	ved and inc	licate appropriate	e credi	itor name	s) and account n	umber(s):		-
Atterr	nate Name				Cı	editor Nam	ē			Account Num	ber		
								<u> </u>					
	II. DETAILS OF TRAN	SAC	CTION		Mar		(Dreek Assessment	-11		III. DECLARAT		. Borrower	Co-Borrower
a. Purchase pric	e pprovements, repairs	+			she	et for expl	anation.		-	ı i, piease use co	nunualion	Yes No	Yes No
c. Land (if acquir		†			a. b.		any outstanding ju been declared bar	-	_				
d. Refinance (inc	cl. debts to be paid off)	I] c.	-		-		ven title or deed in	lieu	00	
e. Estimated pre		+			┨.		he last 7 years?						
f. Estimated clos		+			7		party to a lawsuit?			d a (_ab)			lHH.
h. Discount (If Bo		\pm			e.	foreclosure	, transfer of title in	i lieu o	f foreclosu				
i. Total costs (a	dd Items a through h)	Ţ				loans, educa	ational loans, manul	factured	(mobile) h	oans, SBA loans, hor ome loans, any mo	rtgage, financial		
j. Subordinate fir		+			-					le details, including on the act			
I. Other Credits (sing costs paid by Seller (explain)	+			f.		resently delinquent gage, financial obl			any Federal deb	torany other		
" out of out of	(OAPIALITY					If "Yes," give	details as described	i in the	preceding qu	Jestion.			
					g.	Are you ob	ligated to pay alin	nony, c	child suppo	ort, or separate ma	intenance?		
					h.	ls any part	of the down payme	ent bon	rowed?			무무	
1		+			i.	Are you a	co-maker or endor	ser on	a note?				
m. Loan amount (exclude PMI,	MIP, Funding Fee finance	0)			j.	Are you a l	J.S. Citizen?						
n DMI MID Fun	ding Fees financed	+			k.		ermanent resident						
		4			'·		end to occupy the plate quastion m balo		erty as yo	our primary resid	ence?		
o. Loan amount (add m & n)				m.	Have you h	nad an ownership	interes	t in a prop	erty in the last thre	e years?		
p. Cash from/to E	Sorrower	+			-		pe of property did ne (SH), or invest			pal residence (PR)			
(subtract j, k, I										by yourself (S), join	intly		
		Ţ			<u> </u>	with your s	pouse (SP), or join	ntly with	h another p	person (O)?			
Each of the codes	signed apostficelly regress	mbo é	n Londos and	DX. AC	CKNC	WLEDGN	ENT AND AGE	REEM	ENT	nttornove incure	ro populatoro r	unconnore d	and popione
and agrees and ac	cknowledges that: (1) the sentation of this information	inton	mation provide	d in thi	s app	ication is tr	ue and correct as	of the	e date set	forth opposite my	signature and	that any in	tentional or
reliance upon any provisions of Title	misrepresentation that I 18, United States Code, S	have ec. 1	made on the onthe on the or or on the or or or or or or	s applic 2) the lo	cation,	ánd/or in quested pur	criminal penalties suant to this appli	includ cation	ding, bút r (the "Loan	ot limited to, fine ") will be secured	or imprisonment or imprisonment of the control of t	ent or both or deed of	under the trust on the
property described purpose of obtaining	signed specifically repression ownedges that: (1) the sentation of this informatic misropresentation that I 18, United States Code, S in this application; (3) the gardential mortgage an electronic record of this return of the state of the	e pro loan;	perty will not (5) the prope	be used	d for a	iny illegal o upied as in	r prohibited purpo dicated in this app	plicatio	use; (4) al in; (6) the	l statements made Lender, its service	in this applications, successor	ation are m s or assigns	ade for the may retain
may continuously i	rely on the information co	ntain n sh	ed in the appl	ication,	and I	am obligat	ed to amend and	or sup	plement ti	ne information pro nents on the Loar	vided in this a	accessors, a application if nauent, the	any of the Lender, its
servicers, successi more consumer cre	ors or assigns may, in ado edit reporting agencies; (9)	ition own	to any other ri ership of the L	ghts and oan an	d remo d∕orau	edies that it Iministration	may have relating of the Loan acco	to suc	ch delingue ay be trans	ency, report my na sterred with such n	me and accou	nt information be required t	on to one or by law; (10)
neither Lender nor condition or value	an electronic record of this rely on the information co I have represented here or assigns may, in add sid reporting agencies; (9 its agents, brokers, insure of the property; and (11 and/or state laws (exclud ble and valld as if a pagents)	rs, s my	ervicers, succe transmission	of this	or assi applic	gns has ma ation as an	de any representa "electronic recor	ation or d" con	rwarranty, taining my	express or implier r "electronic signa	d, to me regan ture," as thos	ding the project terms are	defined in
effective, enforcea	ble and valid as if a pa	ny a	rersion of this	applica	ation v	vere deliver	ed containing my	origin	nal written	signature.	acsimile of my	Signature,	Sildii De da
contained in this a	Each of the undersigner application or obtain any insumer reporting agency.	her nforn	eby acknowle nation or data	dges th relating	at any to th	owner of e Loan, for	the Loan, its sen any legitimate bi	vicers, usiness	successor s purpose	rs and assigns, m through any sour	n <mark>ay verify or</mark> r ce, including s	everify any a source na	information med in this
Borrower's Signatu					Date		Co-Borrower's S	Sionahi	ra.] Date	
X	X												
							NMENT MON						
opportunity, fair ho	mation is requested by the	e dis	closure laws. '	You are	not re	equired to f	urnish this informa	ation, b	out are end	couraged to do so	. The law pres	taes that a	lender may
you may not check	ther on the basis of this is k more than one designati	on. Ii	f vo u do not fu	rnish et	thnicib	/, race, or s	ex, under Federa	i regula	ations, this	lender is require	to note the in	nformation o	n the basis
above material to	on or surname if you have assure that the disclosure	s sal	iai, eli require	ments t	person o whic	ch the Lend	ler is subject unde	ər appli	icable st <u>at</u>	of the partic	cular type of I	zender must oan applied	for.)
BORROWER Ethnicity:	I do not wish to furnish Hispanic or Latino	this	information Not Hispar	nio or l			Ethnicity:	ER		wish to furnish thi		anic or Latin	
Race:	American Indian or		Asian		Black		Pace:		America	an Indian or	Asian	☐ Black	or
	└─ Alaska Native ┌─ Native Hawaiian or				Africar	America		-	∽ Alaska ¬ Native I	Native Hawaiian or	☐ 14/1-ia-	- Airica	ın American
Sex:	Other Pacific Islander Female		White				Sex:		Other P	acific Islander	☐ White		
	by Loan Originator:		Male				Sex.		Fine		Male		
This information wa	s provided:												
n a telephone	into new												
	nt and submitted by fax or nt and submitted via e-mail		ne Internet										
Loan Originator's S	Signature									Date			
Loan Originator's N	lame (print or type)			Loan C	Origina	tor Identifie	r			Loan Originator's	Phone Number	er (including	area code)
Loan Origination C	Company's Nome			Loss	Trigina	tion Comes	iny Identifier			Loan Origination	Companyle As	Mrsee	
Loan Origination C	ompanys Name			Ludii C	znyma	аон оонра	my lucifuller			Loan Ongination	Company's AC	AU1000	

CONTINUATION SHEET / RESIDENTIAL LOAN APPLICATION Use this continuation sheet if you need more space to complete the Residential Loan Application. Mark B for Borrower or C for Co-Borrower. Co-Borrower. Agency Case Number: Lender Case Number:

I/We fully understand that it is a Federal crime punishable by the above facts as applicable under the provisions of Title 18	fine or imprisonme 3, United States Co	nt, or both, to knowingly make any false statements code, Section 1001, et seq.	ncerning any of
Borrower's Signature	Date	Co-Borrower's Signature	Date
X		x	

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130A-1 (9/17) U 11915

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INFORMATION REQUESTED FOR GOVERNMENT MONITORING PURPOSES

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and eighborhoods are being fulfilled. For redictional mortages lending depth and the provides that the housing needs of communities and eighborhoods are being fulfilled. For redictional mortages lending depth and the provides that we may produce the provides that we have provides that we may produce the provides that we may produce the provides that we may not designate above the provides that the information. It was not not be provided to incommunity, feel bousing, and home nortique declarations and the information, but are encouraged to do not wish to provide that information. APPLICANT CO-APPLICANT CO-APPLICANT CO-APPLICANT Check one or more Integration of Latino Mexican Puerto Pilcan Cuban Other Hispanic or Latino Mexican Puerto Pilcan Cuban Other Hispanic or Latino Mexican Puerto Pilcan Cuban Other Hispanic or Latino Mexican Mexican Puerto Pilcan Cuban Other Hispanic or Latino Mexican Mexican		
be purpose of collecting this Information is to help ensure that all appliants are treated fairly and that the housing needs of communities and eighborhoods are being fulfilled. For residential mortgage lending, and effect the provides that we may not discorn attent of the provides that we may not discorn attent of the provides that we may not discorn on the basis of this information, or on whether you choose to to provide the information and you have no the provide this information, but are encouraged to do control to provide this information, but are encouraged to do control to provide this information, but are encouraged to do control to provide this information, but are encouraged to do control to provide this information, but are encouraged to do control to provide this information, but are encouraged to do control to provide this information, but are encouraged to do control to provide this information, but are encouraged to do control to provide this information, but are encouraged to do control to provide this information, please chack below. APPLICANT CO-APPLICANT Check one or more Heparic or Latino Pinet Dican Cuban Other Hispanic or Latino Mexican Puerto Rican Cuban Other Hispanic or Latino Pinet nature Cuban Other Hispanic or Latino Pinet nature Pin		
he purpose of collecting this information is to help ensure that all appliants are freated fairly and that the housing needs of communities and related fairly and that the housing needs of communities and related fairly and that the housing needs of communities and related fairly and that the housing needs of communities and related fairly and that the housing needs of communities and related fairly requires that we also a fair relationship to the state of the information, or or whicher you choose to provide state information, and home mortgage disclosure laws, and so the information, and home mortgage disclosure laws, and relatively. The housing, and home mortgage disclosure laws, and relatively the provide this information, but are encouraged to do not visit to provide the information and a constant provide the information of the fairly of the provide the inform	for a loan in the sum of \$, date	ed, for property locate
he purpose of collecting this information is to help creame that all appliants are treated fairly and that the housing needs of communities and religiblothoods are being haliflied. For reddential control of the information	STREET	CITY
thinicity: - Check one or more Hispanic or Latino Mexican Puerto Rican Cuban Other Hispanic or Latino Pint Origin:	The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending Federal Law requires that we ask applicants for their demographic information (ethnicity, race, and sex) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do	so. You may select one or more designations for "Ethnicity" and one more designations for "Race". The law provides that we may not discriming on the basis of this information, or on whether you choose to provide the information and you have me this application in person, Federal regulations require us to note your pricity race, and say on the basis of viewed phagmetics.
Hispanic or Latino Mexican Puerto Rican Cuban Other Hispanic or Latino - Print Origin: For example: Argentinean, Columbian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. Not Hispanic or Latino + Print origin: For example: Argentinean, Columbian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. Not Hispanic or Latino Ido not wish to provide this information Race: - Check one or more American Indian or Alaska Native - Print name of enrolled or principal infae. Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian - Print race: For example: Himong, Laotian, Thai, Pakistani, Cambodian, and so on. Sako or African American Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islander Native Hawaiian Guamanian or Chamorro Samoan Samoan Samoan Other Pacific Islander - Print race: For example: Fijian, Tongan, and so on. White Ido not wish to provide this Information Ido not wish to provide	APPLICANT	CO-APPLICANT
Mexican Puerto Rican Cuban Other Hispanic or Latino - Print Origin: For example: Argentinean, Columbian, Dominican, Nicaraguan, Sahadoran, Spaniard, and so on. Not Hispanic or Latino - Print origin: For example: Argentinean, Columbian, Dominican, Nicaraguan, Sahadoran, Spaniard, and so on. Not Hispanic or Latino Ido not wish to provide this information	Ethnicity: - Check one or more	Ethnicity: - Check one or more
Other Hispanic or Latino - Print Origin: For example: Argentinean, Columbian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. Not Hispanic or Latino Ido not wish to provide this Information Ido not wish to provide Information Ido not wish to provide Information Ido not wish to provide Information Ido not		
For example: Argentinean, Columbian, Dominican, Nicaraguan, Salvadoran, Spanlard, and so on. Not Hispanic or Latino I do not wish to provide this information ace: - Check one or more American Indian or Alaska Native - Print name of enroited or principal tribe: Asian Indian or Alaska Native - Print name of enroited or principal tribe: Asian Indian Chinese Filipino Japanese Check one or more American Indian or Alaska Native - Print name of enroited or principal tribe: Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian - Print race: For example: Himong, Lacidian, Thal, Pakistani, Cambodian, and so on. Black or African American Native Hawailian or Other Pacific Islander Native Hawailian or Other Pacific Islander - Print race: For example: Fijian, Tongan, and so on. White I do not wish to provide this Information Vietnamese		
Salvadoran, Spaniard, and so on. Not Hispanic or Latino I do not wish to provide this information Not Hispanic or Latino		Unier rispanic of Latino - Print origin:
Salvadoran, Spaniard, and so on. Not Hispanio or Latino I do not wish to provide this information ace: - Check one or more American Indian or Alaska Native - Print name of enrolled or principal tribe: Asian Asian Indian Chinese Giber Asian - Print race: For example: Himong, Leodian, Thai, Pakistani, Cambodian, and so on. Native Hawaiian or Other Pacific Islander Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander - Print race: For example: Fijian, Tongan, and so on. White I do not wish to provide this Information XX Female I do not wish		For example: Argentinean, Columbian, Dominican, Nicaraguan
I do not wish to provide this information I do not wish to provide this information	7	
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	□ 153 □ NO	YES NO
	(ADDRESS OF APPLICANT)	(ADDRESS OF CO ADDLICATE TO THE ADDRESS OF CO.
	(ADDRESS OF APPLICANT)	(ADDRESS OF CO-APPLICANT, IF DIFFERENT)

FACT ACT ADDENDUM TO UNIFORM RESIDENTIAL LOAN APPLICATION

Applicants:	
This Addendum supplements and is made Application.	a part of the attached Uniform Residential Loan
	nsurance, disability or wage continuation insurance er income on page 2 of the Uniform Residential considered as a basis for repaying this loan.
	fy or obtain any information or data relating to the page 3 of the Uniform Residential Loan Application
Dated	
	Applicant Signature
	Co-Applicant Signature

ADDENDUM TO UNIFORM RESIDENTIAL LOAN APPLICATION

<u>Yes</u>	No	Does the subject property include a manufactured home?	
		Year Make Model	_
		Is the owner of the real estate where the manufactured home is located also the borrower? If applicable, complete the following: Owner of real estate:	
		Does the subject property include more than one tax parcel? If yes, describe the subject property pledged as collateral:	-
		Does the subject property contain more than 1 acre of land? Lot size or acreage	
		Does the subject property contain any outbuildings? How many? Describe:	
		Is there a lien on the subject property? Land contract, mortgage, County block grant/no-interest loan (circle all that a List the contact information where financing was obtained. (Name, address, phone no., account no.)	pply)
		Is the subject property located near a river or lake?	
		Does the monthly payment include an escrow payment? Real estate taxes - Home ins Association dues (Circle all that	apply
Curren	it and	previous landlord contact information: (Name, address, phone no.)	
	<u></u>		
Realto	r and/o	or Seller information: (Company name, agent name, phone, email, other)	
Borrow		oreferred method for contact: (List all that apply) one: work, home or cell (Circle one) Text: Yes or No (Circle one) ail:	

Citizens State Bank	
304 N. Main Street	
Cadott, WI 54727	
(Name and Address of Lender)	

NOTICE REGARDING YOUR LOAN APPLICATION

If checked, any application fee or other charge paid by you in connection with your loan application is not refundable if the application is denied or the loan is not closed for any reason.

The following information relates to your application submitted to the Lender for a home mortgage loan.

2.	The terms of any agreement by the Lender to make the loan, including, but not limited to, the interest rate and any fees charged in connection with the loan, <u>are fixed</u> through the agreed date of the loan closing, which is
	If checked and the loan is not closed on or before the agreed date of the loan closing, the Lender may
	change the terms of its agreement to make the loan. The specific terms which the Lender may change

If you have any questions regarding this Notice or your application, please contact <u>any officer at any location</u> (telephone no. <u>(715) 289-4253</u>) at the Lender.

The undersigned acknowledge receipt of a copy of this Notice.

Date

Date	_	Signature
Date		Signature
Date		Signature

Signature



AUTHORIZATION

I HEREBY AUTHORIZE CITIZENS STATE BANK, "THE LENDER", TO VERIFY MY PAST AND PRESENT EMPLOYMENT EARNINGS RECORDS, BANK ACCOUNTS, STOCK HOLDINGS AND ANY OTHER ASSET BALANCES THAT ARE NEEDED TO PROCESS MY MORTGAGE LOAN APPLICATION. I FURTHER AUTHORIZE LENDER TO REQUEST A CONSUMER CREDIT REPORT AND VERIFY OTHER CREDIT INFORMATION, INCLUDING, BUT NOT LIMITED TO, PAST AND PRESENT MORTGAGE AND LANDLORD REFERENCES. IT IS UNDERSTOOD THAT A PHOTOCOPY OF THIS FORM WILL SERVE AS AN AUTHORIZATION.

THIS INFORMATION THE LENDER OBTAINS IS ONLY TO BE USED IN THE PROCESSING OF MY MORTGAGE LOAN APPLICATION.

BORROWER	DATE
CO-BORROWER	DATE

Insurance and Escrow

			ilisarai	icc and Escrew			
Borrowe	er Name(s):		Prop	erty Address:			
(windsto standar exclude must at • The insi of any s water (r	orm, hail, explosicd extended cover d peril must be pi least equal the hamber of the unpaid principal balances of the used must maintate change in occurred by flociotical principal by flociotical extended by flociotical extended cover and the cover of	on, riot, civil commonage. If any of the policied up through a sigher of: cipal balance of the eof the Mortgage of the full replacement of in adequate insuration or wind damage.	etion, damage by aircrain receding perils (e.g., with secondary insurance coverage even when a preserve the rights as	it, damage by vehicles an ndstorm) is excluded from plicy such as may be writted placement cost of the instent cost. By overments are mortgagee under the approximation of the improvement approximation and the approximation of the improvement are mortgagee under the approximation of the improvement are mortgagee.	loss or damage from fire, lightning and other perils and damage by smoke) covered within the scope of an the primary insurance policy, coverage of the ten by a state insurance pool. The insurance limits urable improvements, even when the unpaid vacant or unoccupied and must notify all insurers plicable insurance policy. The deductible for fire, gnated as "dwelling" in the insurance policy) may		
If the instance flood man	surable improvem ap of FEMA, the i ge. The terms an	nents on the Mortga nsured must ensur d conditions of the	iged Premises is locate e that flood insurance is flood insurance covera	s obtained and maintained ge must be at least equiva	en identified as a Special Flood Hazard Area on a d on such improvements for the term of the alent to the terms and conditions of coverage ype of improvements insured.		
					·		
My Ann	ual Premium is \$		Due Date of Annua	al Premium/			
	I authorize my a	gent to change the	1 st Mortgagee clause 6	effective//	_		
	·	То:	Citizens State Bank, I PO Box 66 Cadott, WI 54727-00 Telephone (715) 289	066			
	Additionally, I ha	ave a second morto	gage to:				
	I authorize my insurance agent to fax a binder to Citizens State Bank (715) 289-3726						
Escrow	may be required	under certain loan	programs.				
I author	ize Citizens State	Bank to escrow fo	r the following items:				
	Homeowner's in	surance					
	Real Estate Property Taxes: I direct the financial institution to disburse my real estate tax escrow funds by: [choose 1 of 3]:						
_	Sending me an escrow check for the entire tax bill amount due from escrow funds by December 20 th . The escrow check will be payable to me and the municipality. I agree to provide the financial institution a receipt for taxes paid by March 31 st .						
	 □ Paying directly to the municipality, the entire year tax bill amount by December 31st □ Paying the property taxes bill amount when due directly to the municipality, by either: [choose one] 						
	Ц			out pay the entire tax bill a			
		☐ Payi	ng in installments, the	1 st half by January 31st &	remaining half by July 31st, or		
	I do not wish to	escrow for any nav	ments				
	I do not wish to escrow for any payments. Flood insurance, if applicable, will require an escrow account.						
	Private Mortgage Insurance, if applicable, will require and escrow account. Premiums will be disbursed monthly.						
I prefer account excess	any excess escro with Citizens Sta escrow funds cas	ow funds, as determite Bank, apply	nined by an annual escr ing the funds to the pri esented for payment wi	row analysis, be returned	to me by: depositing the funds to my deposit or mail me the funds. Please note any lbe voided and the amount of excess escrow		
Χ			Date:	X	Date:		

Co-Borrower

Borrower

MORTGAGE LIFE INSURANCE and DISABILITY INCOME

Citizens State Bank offers Mortgage Life and Disability Insurance plans. Group mortgage protection is designed specifically to protect your customers' loans. Each plan is available for residential mortgages only.

The optional disability coverage is designed to make the monthly mortgage payment in the event of a disability resulting from illness or injury.

COVERAGE	LIFE [single & joint]	DISABILITY [single & joint]						
INSURANCE COMPANY	Plateau	Plateau						
AMOUNT OF INSURANCE	Minimum: \$10,00 0 Maximum \$250,0 00	Minimum \$100 Maximum: \$1,500						
ISSUE AGE	Ages 18-69	Ages 18-59						
TERMINATION AGE	Coverage terminates at age 75.	Coverage terminates at age 65.						
TERM OF COVERAGE/ BENEFIT PERIOD	5-30 years	Age 18-49 3 Years per Occurrence Age 50-54 2 Years per Occurrence Age 55-64 1 Year per Occurrence						
		Waiting period: 30 Day Non Retro						
UNDERWRITING GUIDELINES/ ELIGIBILITY	Complete health questions 1,2,3 on the application.	Complete additional health questions 4 & 5 on the application. Applicant must be employed for profit for 30 hours or more per week.						
UNDERWRITING LIMITS	Paramedical required when life benefits exceed: Age 18-39 \$150,000 Age 40-49 \$100,000 Age 50-69 \$40,000	Paramedical required when disability benefits exceed: Age 18-39 \$1,000 Age 40-49 \$ 750 Age 50-59 \$ 500						
EXCLUSIONS	Suicide within one year of the effective date of insurance	Self-inflicted bodily injury or attempted suicide Normal pregnancy or childbirth War or an act of war Pre-existing condition (6X6) Participation in criminal offense or while confined in a penal institution or other house of correction						
NOTES Tobacco and Non-tobacco rates available. For joint coverage, if one applicant is a tobacco user, tobacco rates must be used. To calculate joint rates, use age of older applicant Premiums may be escrowed or ACH transfer Cost of insurance remains constant throughout loan term								
This is a summary of the provisions of coverage and is not a contract. Terms and conditions are set forth in the group policy and certificate of insurance								
Premium contributions are waived during the time disability income benefits are being paid. Premiums, based on the customer's age at the time of entry into the plan, remain constant during enrollment.								
The following information applies to any mortgage life and disability insurance product that Lender or Lender's affiliates solicit the sale of, or that Lender or Lender's affiliates offer to sell to you:								
Mortgage life and disability								
2. Mortgage life and disability	Mortgage life and disability insurance is not an obligation of, or guaranteed or insured by Lender or Lender's affiliates.							
3. Mortgage life and disabili	. Mortgage life and disability insurance is not insured by the Federal Deposit Corporation (FDIC) or any other agency of the United States.							
4. Lender may not condition an extension of credit to you on either: (1) Your purchase of an insurance product from Lender or any of Lender's affiliates; or (2) Your agreement not to obtain, or a prohibition of your obtaining an insurance product from an entity that is not affiliated with Lender.								
I want the life InsuranceI want the disability InsuranceI do not want an Insurance Plan								
xx								
Date / /								

(July 2017) Department of the Treasury Internal Revenue Service

Request for Transcript of Tax Return

▶ Do not sign this form unless all applicable lines have been completed.

▶ Request may be rejected if the form is incomplete or illegible.

For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using

OMB No. 1545-1872

our au of you	ıtomat ır retur	ed self-help service tools. Please visit us at IRS.gov and click on "G n, use Form 4506, Request for Copy of Tax Return. There is a fee	Get a Tax Transcript" under "Tools" or et o get a copy of your return.	call 1-800-908-9946. If you need a copy		
1a		e shown on tax return. If a joint return, enter the name in first.	1b First social security number on to number, or employer identification	ax return, individual taxpayer identification on number (see instructions)		
2 a	lf a jo	int return, enter spouse's name shown on tax return.	2b Second social security numbidentification number if joint			
3	Curre	nt name, address (including apt., room, or suite no.), city, state,	and ZIP code (see instructions)			
4	Previo	us address shown on the last return filed if different from line 3	(see instructions)			
5	if the and te	ranscript or tax information is to be mailed to a third party (suc lephone number.	h as a mortgage company), enter the	third party's name, address,		
you ha on line transc	ave fill 5, the ript in	he tax transcript is being mailed to a third party, ensure that you do in these lines. Completing these steps helps to protect your BRS has no control over what the third party does with the infection, you can specify this limitation in your written agreem	privacy. Once the IRS discloses you ormation. If you would like to limit the nent with the third party.	r tax transcript to the third party listed third party's authority to disclose your		
6		script requested. Enter the tax form number here (1040, 106 ber per request. ►	5, 1120, etc.) and check the appropr	riate box below. Enter only one tax forn		
а	Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days					
b	Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days.					
C		ord of Account, which provides the most detalled informations script. Available for current year and 3 prior tax years. Most reconstructions are supported by the contract of				
7	Verification of Nonfiling, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days [
8	Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days.					
Cautio with yo	n: If your ret	ou need a copy of Form W-2 or Form 1099, you should first co urn, you must use Form 4506 and request a copy of your return	ntact the payer. To ge t a copy of the n, which includes all attachments.	Form W-2 or Form 1099 filed		
9	year	or period requested. Enter the ending date of the year or periods, you must attach another Form 4506-T. For requarter or tax period separately.	uests relating to quarterly tax return	t. If you are requesting more than fou is, such as Form 941, you must enter		
Cautio	n: Do	not sign this form unless all applicable lines have been comple	ted.			
informa shareh	ation i older, that I	f taxpayer(s). I declare that I am either the taxpayer whose requested. If the request applies to a joint return, at least or partner, managing member, guardian, tax matters partner, enhave the authority to execute Form 4506-T on behalf of the te.	ne spouse must sign. If signed by a xecutor, receiver, administrator, trus	a corporate officer, 1 percent or more tee, or party other than the taxpayer.		
		y attests that he/she has read the attestation clause and upon uthority to sign the Form 4508-T. See instructions.	so reading declares that he/she	Phone number of taxpayer on line 1a or 2a		
		Signature (see instructions)	Date			
Sign Here	•	Title (if line 1a above is a corporation, partnership, estate, or trust)				
For Del	7	Spouse's signature	Date	Form 4506-T (Rev. 7-2017)		
LOL LL	Vacy /	Act and Paperwork Reduction Act Notice, see page 2.	Cat. No. 37667N	rorm 4000- I (Rev. 7-2017)		

Form 4506-T (Rev. 7-2017) Page 2

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:

Mail or fax to:

Alabama, Kentucky, Louislana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301

855-587-9604

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington,

Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888

Oregon, South Dakota, Utah, Washington, 855-800-8105 Wisconsin, Wyoming

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohlo, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West

Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999

855-821-0094

Chart for all other transcripts

If you lived in or your business was in:

Mail or fax to:

Alabama, Alaska, Arizona, Arkansas. California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico. North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409

855-298-1145

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia,

Wisconsin

Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250

855-800-8015

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return.
Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

CAUTION

You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showling the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service Tax Forms and Publications Division 1111 Constitution Ave. NW, IR-6526 Washington, DC 20224

Do not send the form to this address. Instead, see Where to file on this page.

Virginia