



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.

Application

Under the Equal Credit Opportunity Act and Regulation B, Dakota Mac must verify how you intend to apply for credit.

1. ☐ If there is more than one party to this loan, **the following individuals and businesses/entities intend to be a joint applicant (all parties must initial below):**

Initials _____

APPLICANT INFORMATION

Legal First Name:	Legal Middle Name:	Legal Last Name:		
OR Legal Business or Entity Name:	Address:			
City:	State:	ZIP:	Date of Birth:	Year Began Farming:
Fed. Tax ID/Social Sec. #:	County:	No. of dependents:	Email address:	
Telephone:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (include single, divorced, widowed)	Current employer:	Length of employment:	
Cell phone:		Description of Business &/or Custom Services:		
Fax:		Employer address:		
<input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Other _____ (ie. Trust)		

CO-APPLICANT INFORMATION

Legal First Name:	Legal Middle Name:	Legal Last Name:		
OR Legal Business or Entity Name:	Address:			
City:	State:	ZIP:	Date of Birth:	Year Began Farming:
Fed. Tax ID/Social Sec. #:	County:	No. of dependents:	Email address:	
Telephone:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (include single, divorced, widowed)	Current employer:	Length of employment:	
Cell phone:		Description of Business &/or Custom Services:		
Fax:		Employer address:		
<input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Other _____		

OWNERSHIP/OFFICERS (if corporation, trust, or partnership)

Principal/Officer Name & Title:	Home Address:	% Owned:	Soc. Sec #:	Date of birth:
Principal/Officer Name & Title:	Home Address:	% Owned:	Soc. Sec #:	Date of birth:
Principal/Officer Name & Title:	Home Address:	% Owned:	Soc. Sec #:	Date of birth:
Principal/Officer Name & Title:	Home Address:	% Owned:	Soc. Sec #:	Date of birth:

Loan Information

Amount Requested:	\$	Rate Quoted to Client:	* Rates and terms are subject to change. This request has not been rate locked.
Loan Purpose:	<input type="checkbox"/> Purchase real estate <input type="checkbox"/> Refinance real estate debt <input type="checkbox"/> Other (specify):		
Loan Type:	<input type="checkbox"/> Conventional <input type="checkbox"/> USDA/Farm Service Agency		
Payment Frequency:	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual		
Loan Product (ie. 20 yr Fixed)		Prepayment Options <input type="checkbox"/> Modified Full Lockout <input type="checkbox"/> Partial Lockout <input type="checkbox"/> Full Open	Requested Years Amortized <div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> 10</div> <div><input type="checkbox"/> 15</div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> 20</div> <div><input type="checkbox"/> 25</div> <div><input type="checkbox"/> 30</div> </div>

Financial Information

Years at Current Address:		Existing Client?		Total Assets:	Total Liabilities:	
Gross Farm Income:	Net Farm Income:	Net Non Farm Income:		Source of Non Farm Income?		
\$	\$	\$				
	Yes	No		Yes	No	
Do you have any contingent liabilities or have you endorsed or guaranteed notes for others?	<input type="checkbox"/>	<input type="checkbox"/>	Are any of your assets pledged as security for debts of others (ie pledge your land for child's LOC)?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you obligated to pay alimony or support?	<input type="checkbox"/>	<input type="checkbox"/>	Property foreclosed or deed in lieu?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever declared bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you a party to any lawsuits?	<input type="checkbox"/>	<input type="checkbox"/>	Are any accounts past due?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you been in default with any lender or financial institution in the last 3 years?				<input type="checkbox"/>	<input type="checkbox"/>	
If you have answered "Yes" to any of the above questions, please give details (use separate sheet if necessary):						
I/we intend to engage/maintain agricultural production on the real property, which is the security for this application?					Yes	No
Are there any leases/easements/agreements on the collateral (ie. manure, conservation, wind, oil & gas, etc.)? ~ If yes, please provide details here:					<input type="checkbox"/>	<input type="checkbox"/>
Do you have any ownership interest in other entities or Trusts? If yes, please provide details below:					<input type="checkbox"/>	<input type="checkbox"/>
<i>Type of entity</i> Name of entity/Trust Ptshp, LLC, Corp., Trust, etc.		<i>Name of Applicant</i> with ownership		Ownership %		

- If more space is needed for additional entities, please complete these details on a blank sheet of paper.

Credit References (to be used for verification purposes)

	Institution	Person to Contact	Phone Number	City/State	\$ Balance Owed
Operating Lender					
Real Estate Mortgage					
Equipment Loan/Lease					
Hazard Insurance Agent					NA
Crop Insurance Agent					NA

Operating Information

Acres Owned:	
Acres Rented:	
Additional Comments:	

Collateral Information (list only the land you intend to pledge as collateral for the loan request)

List the Legal Owners (or proposed owners) of the Real Estate Collateral:			
State:	County:	Township Name:	
Please complete one of the following (Section, Township and Range OR Legal Description):			
Section:	Township:	Range:	
Legal Description:			

Property Description	Acres	Productivity Index or CSR*	Estimated Cash Rent/Acre	Estimated Real Estate Taxes/Acre
Tillable Acres:				
Irrigated: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Pasture Acres:				
CRP Acres:				
Buildings:				
Other/Woods/Waste:				
Total Acres				

* Crop Suitability Rating if applicable

Improvements

Improvements on Collateral: ☐ Yes ☐ No

If yes, is there a residence on the Collateral? ☐ Yes ☐ No | Residence: ☐ 1-4 Family ☐ Mobile home ☐ Multifamily

The residence will be: ☐ Primary residence ☐ Secondary Residence ☐ Investment

The street address, city & state of the residence is:

If yes, provide brief description of all improvements:

DISCLOSURE OF RIGHT TO RECEIVE COPY OF APPRAISAL.

We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close.

You can pay for an additional appraisal for your own use at your own cost.

SIGNATURES AND AUTHORIZATIONS

I (We) certify that the information provided is correct to the best of my (our) knowledge. I (We) understand that I (We) may be required to supply additional information and to provide security for the requested financing. In conjunction with this application, I (We) agree and consent that lender may obtain a credit report or/and any other information relating to my (our) financial position. Any person or firm is hereby authorized to provide such information requested by lender.

I (We) will notify Lender immediately if there is a change in any information provided on this application.

X _____ Signature (Legal Name) Date	X _____ Signature (Legal Name) Date
---	---

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

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. You may select one or more designations for "Race". The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made the application in person, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

APPLICANT	CO-APPLICANT
<input type="checkbox"/> I do not wish to furnish this information _____ (initials)	<input type="checkbox"/> I do not wish to furnish this information _____ (initials)
ETHNICITY <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	ETHNICITY <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
RACE/NATIONAL <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	RACE/NATIONAL <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
TO BE COMPLETED BY OFFICER: This application was taken by: <input type="checkbox"/> Face to face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet/Email <input type="checkbox"/> Fax	OFFICER SIGNATURE: _____ Date Application Received by Officer: _____ HMDA Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, ensure HMDA info above is completed. If No, do not complete.

AUTHORIZATION FOR RELEASE OF CREDIT INFORMATION

As a customer, or a proposed customer, of First Dakota National Bank dba Dakota MAC (Bank), I (we) agree to the following terms for the life of my (our) relationship with the Bank:

1. Any credit application or supporting information is the property of the Bank.
2. The Bank is authorized to make credit checks or inquiries concerning matters listed as assets, liabilities, and references. The Bank is authorized to make inquiries concerning subsequent transaction or loan servicing questions arising or resulting from a loan application received by the Bank.
3. Creditors and others are hereby authorized to disclose information relative to any loans, accounts, purchases, or other financial transaction, past, present, or future, and production and marketing information relative to my (our) business operations, to the Bank.
4. The Bank is authorized to share with credit reporting agencies and other creditors doing business with me (us) information regarding an application or any subsequent transactions, loan servicing actions, and general credit history resulting from an extension of credit. The Bank reserves the right to share all documents and information, which the Bank determines at its sole discretion is necessary or desirable to a sale, transfer, participation or assignment of a loan.
5. The Bank is authorized to share credit information with title companies and insurance agencies regarding approval for credit or loan servicing.
6. National Resources Conservation Service (NCRS), Farm Service Agency (FSA), and any other county, state, or federal agencies are authorized to make available Bank all aerial maps, land descriptions, water and soil data, commensurate or base property qualifications, grazing survey data, crop yield or production data, and other pertinent data covering any real estate owned, rented, and/or optioned by me (us).
7. The Bank is authorized to release financial information to my (our) attorneys, accountants, or other authorized agents, representatives, persons or entities that I/we designate. The Bank has permission to inspect and examine all of my financial records. A copy of this agreement shall be furnished to said attorneys, accountant, or other authorized agents, representatives, persons or entities as their authorization to send completed financial reports directly to the Bank.
8. This Authorization is supplemental and in addition to any terms or conditions agreed between me/us and the Bank in any prior or subsequent loan document.

Date: _____

Signature (Legal name)

Signature (Legal name)

(Photocopies of this portion of the application may be presented to and relied upon by my/our creditors and others as evidence of authorization to release information to the Bank).