HOME EQUITY CONSUMER LOAN APPLICATION

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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.

TO: Name/Address of Lender	What type of account are you applying for? *(Please check appropriate box):*
	☐ INDIVIDUAL (Own income or assets) ☐ COSIGNER
	☐ INDIVIDUAL (Own income or assets plus income or assets from other sources)
	☐ JOINT *(please initial)* _____
	Are you interested in Credit Life/Disability Insurance that is offered by Lender if this loan is approved? *(Please check appropriate box)* ☐ YES ☐ NO

LOAN ORIGINATION COMPANY NAME: _____   LOAN ORIGINATION COMPANY IDENTIFIER: _____

LOAN ORIGINATOR NAME: _____   LOAN ORIGINATOR LICENSE NUMBER: _____

LOAN TERMS

Loan Amount	Interest Rate	Loan Type	☐ HELOC	☐ Closed End	☐ Fixed Rate	☐ Variable Rate (type): _____	☐ Other _____

Term	Payment	Purpose

COLLATERAL INFORMATION

Property Address	Year Built	Purchase Date	Present Value

Title Holder	Title Holder Address

Insurance Carrier	Insurance Carrier Address

Current Mortgage Holder	Current Mortgage Holder Address	Current Mortgage Holder Phone

Monthly Mortgage Payment	Home Purchase Price	Balance Owing	Mortgage Loan Account Number

Additional Collateral Description

APPLICANT/COSIGNER INFORMATION

Name (Last)	(First)	(MI)	(Suffix)	Taxpayer ID Number (SSN/TIN)	Date of Birth

Street Address	Driver's License/ID Number	State	Home Phone Number

City	State	ZIP Code	County	How Long There	No. of Dependents	Age of Dependents

Previous Address *(if less than 2 years at current address)*

Employer	Employer Address	Employer Phone Number

Position	How Long	☐ Gross ☐ Net ☐ Weekly ☐ Monthly $
		How Often Paid Average Monthly Overtime Pay $

Previous Employer	Previous Employer Address	Position	How Long

Nearest Relative Not Living with You	Relationship

Relative's Address	City	State	ZIP Code	Relative's Phone Number

Immigration Status	☐ U.S. Citizen	☐ Perm. Resident of U.S.	☐ Other:
Marital Status	☐ Married	☐ Separated	☐ Unmarried (including single, divorced, and widowed)

Alimony, Child Support, Separate Maintenance Payments: You are not required to disclose income from alimony, child support, or separate maintenance payments. However, if you are relying on income from alimony, child support, or separate maintenance payments as a basis for repayment of this obligation, please complete the information below.

Payment Received Pursuant to: ☐ Court Order ☐ Written Agreement ☐ Oral Understanding

Alimony per Month $ _____   Child Support per Month $ _____   Separate Maintenance Payment per Month $ _____

CO-APPLICANT INFORMATION

Name (Last)	(First)	(MI)	(Suffix)	Taxpayer ID Number (SSN/TIN)	Date of Birth

Street Address	Driver's License/ID Number	State	Home Phone Number

City	State	ZIP Code	County	How Long There	No. of Dependents	Age of Dependents

Previous Address *(if less than 2 years at current address)*

Employer	Employer Address	Employer Phone Number

Position	How Long	☐ Gross ☐ Net ☐ Weekly ☐ Monthly $
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Alimony per Month $ _____   Child Support per Month $ _____   Separate Maintenance Payment per Month $ _____

ADDITIONAL INFORMATION

Other Income: Applicant • Amount $ _____ • Source _____

Other Income: Co-Applicant • Amount $ _____ • Source _____

If you, a joint applicant, or other party answers "yes" to any of the following questions, please explain in the space provided.

Are you a guarantor or co-maker of any leases, contracts, or debts?	Applicant: ☐ Yes ☐ No		Joint Applicant/Other Party: ☐ Yes ☐ No	
Are there any suits or judgments pending against you?	Applicant: ☐ Yes ☐ No		Joint Applicant/Other Party: ☐ Yes ☐ No	
Have you been declared bankrupt in the last 10 years?	Applicant: ☐ Yes ☐ No		Joint Applicant/Other Party: ☐ Yes ☐ No	

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CURRENT ASSETS

Please attach additional sheet(s) if more space is required for the Current Assets section.

DESCRIPTION OF ASSETS	OWNER NAME(S)	SUBJECT TO LIEN: YES/NO	VALUE
Total Assets from Addendum			
TOTAL ASSETS			

OUTSTANDING DEBTS

The following are all of the loans or debts you presently owe, including charge accounts, installment contracts, credit cards, rents, mortgages, alimony, child support, and separate maintenance payments you are obligated to make.   **Please attach additional sheet(s) if more space is required for the Outstanding Debts section.**

Use the first column (Applicant Code) to indicate whether the debt is the responsibility of the Applicant (A), Co-Applicant (C), or Joint Applicants (J).

APPLICANT CODE	NAME OF CREDITOR	ACCOUNT NUMBER	ORIGINAL AMOUNT	CURRENT BALANCE	MONTHLY PAYMENTS	Check box if to be paid from proceeds
☐						☐
☐						☐
☐						☐
☐						☐
☐						☐
☐						☐
	Total Debts from Addendum					
	TOTAL DEBTS					

(If joint application, read singular pronouns in the plural.) I warrant the truth of the information contained in this application and that all statements made in this application are made for the purpose of obtaining the loan applied for. I warrant that the financial obligations I disclosed in this application and in support of this application are complete and that I have no other outstanding financial obligations of any kind, including any guarantor or cosigner liability. Lender, its agents, successors, and assigns, will rely on the information contained in this application, and I have a continuing obligation to amend and supplement the information provided in this application if any of the material facts I represented should change before closing. If I have left any spaces in this application blank, Lender, its agents, successors, and assigns, may assume the information requested is adverse. I authorize Lender, its agents, successors, assigns, and employees, to investigate and verify all information I provided to Lender, its agents, successors, and assigns. I understand that it is my sole and exclusive responsibility to determine all the tax effects of the loan and acknowledge that Lender, its agents, successors, and assigns, have not provided any tax advice to me. Lender, its agents, successors, and assigns, can give information about my loan to credit reporting agencies and others who may properly receive that information. If Lender approves this application and Lender, its agents, successors, and assigns, are required to report the amount of interest paid on the loan to the Internal Revenue Service, I understand that Lender, its agents, successors, and assigns, will report using the Social Security Number (tax identification number) shown above. I understand that if the Social Security Number is incorrect, that I may be subject to Internal Revenue Service penalties. I understand Lender, its agents, successors, and assigns, will keep this application whether or not my credit request is approved.

Certification: I certify that the information provided in this application is true and correct as of the date set forth opposite my signature on this application and acknowledge my understanding that any intentional or negligent misrepresentations of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq., and liability for monetary damages to the Lender, its agents, successors, assigns, insurers, and any other person who may suffer any loss due to reliance upon any misrepresentation I made in this application or in any other manner.

Signature of Applicant or Cosigner	Date	Signature of Co-Applicant	Date

CREDITOR USE ONLY

Interest: ☐ Fixed Simple ☐ Variable Simple   If Variable Interest Rate: ☐ Floor Rate _____ %   ☐ Ceiling Rate _____ %

☐ Interest Adjustments _____   ☐ Index _____

Payments: ☐ Monthly ☐ Quarterly ☐ Other, describe ▶ | First Payment Due:

Billing: ☐ Coupon Book ☐ Billing Statement ☐ Payroll Deduction ☐ Charge Account No.   ☐ DDA ☐ SAV

Insurance: ☐ Single Life Credit ☐ Joint Life Credit ☐ Disability

	APPLICANT	CO-APPLICANT	TOTAL	
Base Income	$ _____	$ _____	$ _____	All Monthly Payments $ _____
Other Income	$ _____	$ _____	$ _____	Total Obligations ÷ Income _____ %

Loan Approval *(Indicate Conditions of Loan, If Any)*

This application was taken by: ☐ Face-to-Face Interview ☐ Mail ☐ Telephone ☐ Internet

Date Application Received	Received By	Amount Requested
Date Application Completed	Approved By	Amount Approved

Rescindable? ☐ Yes ☐ No   RESPA Applicable? ☐ Yes ☐ No   Funding Date   Initial Advance

Principal Reason(s) for Adverse Action Concerning Credit

☐ No Credit File
☐ Insufficient Number of Credit References Provided
☐ Limited Credit Experience
☐ Collection Action or Judgment
☐ Garnishment or Attachment
☐ Foreclosure or Repossession
☐ Delinquent Credit Obligations (past or present with others)
☐ Bankruptcy
☐ Number of Recent Inquiries on Credit Bureau Report
☐ Other - Specify:

☐ Unacceptable Type of Credit References
☐ Poor Credit Performance With Us
☐ Temporary or Irregular Employment
☐ Insufficient Length of Employment
☐ Insufficient Income for Amount of Credit Requested
☐ Excessive Obligations in Relation to Income
☐ Temporary Residence
☐ Insufficient Length of Residence

☐ Unable to Verify Credit References
☐ Unable to Verify Employment
☐ Unable to Verify Income
☐ Unable to Verify Residence
☐ Value or Type of Collateral Not Sufficient
☐ Unacceptable Appraisal
☐ Unacceptable Leasehold Estate
☐ We Do Not Grant Credit to Any Applicant on the Terms and Conditions You Request.

Customer Identification Program (CIP) Record Information *(Describe Additional Data Collected Pursuant to Institution's CIP)*

Applicant/Cosigner:

☐ Applicant/Cosigner Information Collected and Verified in Accordance With CIP *(initial)* _____

Co-Applicant:

☐ Co-Applicant Information Collected and Verified in Accordance With CIP *(initial)* _____

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