

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? <i>(Please check appropriate box):</i> <input type="checkbox"/> INDIVIDUAL (Own income or assets) <input type="checkbox"/> COSIGNER <input type="checkbox"/> INDIVIDUAL (Own income or assets plus income or assets from other sources) <input type="checkbox"/> JOINT <i>(please initial)</i> _____ Are you interested in Credit Life/Disability Insurance that is offered by Lender if this loan is approved? <i>(Please check appropriate box)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		
LOAN ORIGATION COMPANY NAME:		LOAN ORIGATION COMPANY IDENTIFIER:		
LOAN ORIGINATOR NAME:		LOAN ORIGINATOR LICENSE NUMBER:		
LOAN TERMS				
Loan Amount	Interest Rate	Loan Type	<input type="checkbox"/> HELOC <input type="checkbox"/> Closed End <input type="checkbox"/> Fixed Rate <input type="checkbox"/> Variable Rate (type): _____ <input type="checkbox"/> 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)
Street Address		Driver's License/ID Number	State	Home Phone Number
City	State	ZIP Code	County	How Long There
Previous Address <i>(if less than 2 years at current address)</i>		No. of Dependents	Age of Dependents	
Employer		Employer Address		Employer Phone Number
Position	How Long	<input type="checkbox"/> Gross <input type="checkbox"/> Net <input type="checkbox"/> Weekly <input type="checkbox"/> 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
Immigration Status		Relative's Phone Number		
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Perm. Resident of U.S. <input type="checkbox"/> Other:				
Marital Status		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> 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: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> 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)
Street Address		Driver's License/ID Number	State	Home Phone Number
City	State	ZIP Code	County	How Long There
Previous Address <i>(if less than 2 years at current address)</i>		No. of Dependents	Age of Dependents	
Employer		Employer Address		Employer Phone Number
Position	How Long	<input type="checkbox"/> Gross <input type="checkbox"/> Net <input type="checkbox"/> Weekly <input type="checkbox"/> 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
Immigration Status		Relative's Phone Number		
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Perm. Resident of U.S. <input type="checkbox"/> Other:				
Marital Status		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> 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: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding				
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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Joint Applicant/Other Party: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any suits or judgments pending against you?		Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Joint Applicant/Other Party: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been declared bankrupt in the last 10 years?		Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Joint Applicant/Other Party: <input type="checkbox"/> Yes <input type="checkbox"/> No	

CURRENT ASSETS

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

Table with columns: DESCRIPTION OF ASSETS, OWNER NAME(S), SUBJECT TO LIEN: YES/NO, VALUE

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.

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).

Table with columns: APPLICANT CODE, NAME OF CREDITOR, ACCOUNT NUMBER, ORIGINAL AMOUNT, CURRENT BALANCE, MONTHLY PAYMENTS, Check box if to be paid from proceeds

(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.

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, Interest Adjustments, Index, Floor Rate, Ceiling Rate
Payments: Monthly, Quarterly, Other, describe
Billing: Coupon Book, Billing Statement, Payroll Deduction, Charge Account No., DDA, SAV
Insurance: Single Life Credit, Joint Life Credit, Disability

Table with columns: APPLICANT, CO-APPLICANT, TOTAL. Rows: Base Income, Other Income, All Monthly Payments, Total Obligations ÷ Income %

Loan Approval (Indicate Conditions of Loan, If Any)

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

Table with columns: Date Application Received, Received By, Amount Requested, Date Application Completed, Approved By, Amount Approved, Rescindable?, RESPA Applicable?, Funding Date, Initial Advance

Principal Reason(s) for Adverse Action Concerning Credit: No Credit File, Unacceptable Type of Credit References, Unable to Verify Credit References, Insufficient Number of Credit References Provided, Poor Credit Performance With Us, Unable to Verify Employment, Limited Credit Experience, Temporary or Irregular Employment, Unable to Verify Income, Collection Action or Judgment, Insufficient Length of Employment, Unable to Verify Residence, Garnishment or Attachment, Insufficient Income for Amount of Credit Requested, Value or Type of Collateral Not Sufficient, Foreclosure or Repossession, Excessive Obligations in Relation to Income, Unacceptable Appraisal, Delinquent Credit Obligations (past or present with others), Temporary Residence, Unacceptable Leasehold Estate, Bankruptcy, Insufficient Length of Residence, We Do Not Grant Credit to Any Applicant on the Terms and Conditions You Request, Number of Recent Inquiries on Credit Bureau Report, Other - Specify:

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
Co-Applicant: Co-Applicant Information Collected and Verified in Accordance With CIP