

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
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LOAN ORIGATION COMPANY NAME: LOAN ORIGINATOR NAME:	LOAN ORIGATION COMPANY IDENTIFIER: LOAN ORIGINATOR LICENSE NUMBER:
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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)	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 <i>(if less than 2 years at current address)</i>							
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 \$		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 <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)	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 <i>(if less than 2 years at current address)</i>							
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 \$		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 <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.

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
<input type="checkbox"/>						<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/>
	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 Interest Adjustments _____ If Variable Interest Rate: Floor Rate _____ % Ceiling Rate _____ % 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

- | | | |
|--|---|---|
| <input type="checkbox"/> No Credit File | <input type="checkbox"/> Unacceptable Type of Credit References | <input type="checkbox"/> Unable to Verify Credit References |
| <input type="checkbox"/> Insufficient Number of Credit References Provided | <input type="checkbox"/> Poor Credit Performance With Us | <input type="checkbox"/> Unable to Verify Employment |
| <input type="checkbox"/> Limited Credit Experience | <input type="checkbox"/> Temporary or Irregular Employment | <input type="checkbox"/> Unable to Verify Income |
| <input type="checkbox"/> Collection Action or Judgment | <input type="checkbox"/> Insufficient Length of Employment | <input type="checkbox"/> Unable to Verify Residence |
| <input type="checkbox"/> Garnishment or Attachment | <input type="checkbox"/> Insufficient Income for Amount of Credit Requested | <input type="checkbox"/> Value or Type of Collateral Not Sufficient |
| <input type="checkbox"/> Foreclosure or Repossession | <input type="checkbox"/> Excessive Obligations in Relation to Income | <input type="checkbox"/> Unacceptable Appraisal |
| <input type="checkbox"/> Delinquent Credit Obligations (past or present with others) | <input type="checkbox"/> Temporary Residence | <input type="checkbox"/> Unacceptable Leasehold Estate |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Insufficient Length of Residence | <input type="checkbox"/> We Do Not Grant Credit to Any Applicant on the Terms and Conditions You Request. |
| <input type="checkbox"/> Number of Recent Inquiries on Credit Bureau Report | | |
| <input type="checkbox"/> 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 (initial) _____

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