

# 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) <span style="float: right;"><input type="checkbox"/> COSIGNER</span> <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.

Table with 4 columns: DESCRIPTION OF ASSETS, OWNER NAME(S), SUBJECT TO LIEN: YES/NO, VALUE. Includes rows for Total Assets from Addendum and 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).

Table with 7 columns: APPLICANT CODE, NAME OF CREDITOR, ACCOUNT NUMBER, ORIGINAL AMOUNT, CURRENT BALANCE, MONTHLY PAYMENTS, Check box if to be paid from proceeds. Includes Total Debts from Addendum and TOTAL DEBTS rows.

(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.

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

Table with 3 columns: APPLICANT, CO-APPLICANT, TOTAL. Rows for 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

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, etc.

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)