

### 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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<b>LOAN ORIGATION COMPANY IDENTIFIER:</b>	<b>LOAN ORIGINATOR LICENSE NUMBER:</b>
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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 Owning	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	\$ _____		
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	\$ _____		
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)							
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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

