# Home Equity Loan Application



IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several question and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide by our privacy and federal law.

TYPE OF ACCOUNT REQUESTED				
ICheck one to indicate they type of account you are requesting. Note: Married applicants may apply for separate accounts.				
_	INDIVIDUAL ACCOUNT – Relying solely on my income and assets			
	INDIVIDUAL ACCOUNT – Relying solely on my income and assets and as well as income or assets of another			
Amount: \$	Number of Months:			
Interest Rate:	Rate: Payment: \$			
Type of Loan:	Fixed Rate ARM (type) Home Equity			
Purpose:	☐ Home Improvement ☐ Pay Debt ☐ Purchase Primary ☐ Refi. Of Primary Purchase			
	☐ Future Use ☐ Other:			
COLLATERA	IL PROPERTY			
Address:				
Year Built:				
Date Purchase	ed:			
Present Value:	:			
Balance Owing	<del>5</del> .			
Title in the nar	ne of:			
Address of the	Title Holder:			
Name and Add	dress of Insurance Carrier:			
Mortgage Hold	der:			
Mortgage Hold	der Phone Number			
Mortgage Holo	der Account Number:			

## **INDIVIDUAL APPLICANT INFORMATION**

NAME (LAST, FIRST, MIDDLE):		
BIRTH DATE:		
TELEPHONE NUMBER:		
DRIVERS LICENSE NUMBER:		
SOCIAL SECURITY NUMBER:		
NUMBER OF DEPENDANTS:	AGES:	
EMAIL ADDRESS:		
CELL PHONE NUMBER:		
ADDRESS (Street, City, State & Zip):		
County:		
PREVIOUS ADDRESS (Street, City, State & Zip) (I	f less than 2 years for current):	
County:		
☐ OWN ☐ RENT How long have you lived	at this address?	
EMPLOYER (COMPANY NAME & ADDRESS):		
BUSINESS PHONE:	POSITION OR TITLE:	TIME WITH EMPLOYER:
SALARY PER MONTH: GROSS: \$	NET: \$	
PREVIOUS EMPLOYER (COMPANY NAME & ADD	DRESS):	
BUSINESS PHONE:	POSITION OR TITLE:	TIME WITH EMPLOYER:
SALARY PER MONTH: GROSS: \$	NET: \$	
NAME & ADDRESS OF NEAREST RELATIVE NOT		
NAME & ADDRESS OF NEAREST RELATIVE NOT RELATIONSHIP:	LIVING WITH YOU:  TELEPHONE N	JUMBER:
RELATIONSHIP:	TELEPHONE N	
RELATIONSHIP:  Alimony, child support, or separate maintenance	TELEPHONE N	ou do not wish to have it considered. Alimony child
RELATIONSHIP:  Alimony, child support, or separate maintenance support, separate maintenance received pursua	TELEPHONE N	
RELATIONSHIP:  Alimony, child support, or separate maintenance	TELEPHONE N	ou do not wish to have it considered. Alimony child
RELATIONSHIP:  Alimony, child support, or separate maintenance support, separate maintenance received pursua AMOUNT PER MONTH:	TELEPHONE Ne income need not be revealed if yent to:	ou do not wish to have it considered. Alimony child
RELATIONSHIP:  Alimony, child support, or separate maintenance support, separate maintenance received pursua	TELEPHONE Ne income need not be revealed if yent to:	ou do not wish to have it considered. Alimony child
RELATIONSHIP:  Alimony, child support, or separate maintenance support, separate maintenance received pursua AMOUNT PER MONTH:	TELEPHONE Ne income need not be revealed if yent to:	ou do not wish to have it considered. Alimony child
RELATIONSHIP:  Alimony, child support, or separate maintenance support, separate maintenance received pursua AMOUNT PER MONTH:  JOINT APPLICANT OR OTHER PARTY IN	TELEPHONE Ne income need not be revealed if yent to:	ou do not wish to have it considered. Alimony child
RELATIONSHIP:  Alimony, child support, or separate maintenance support, separate maintenance received pursua AMOUNT PER MONTH:  JOINT APPLICANT OR OTHER PARTY IN NAME (LAST, FIRST, MIDDLE):	TELEPHONE Ne income need not be revealed if yent to:	ou do not wish to have it considered. Alimony child
RELATIONSHIP:  Alimony, child support, or separate maintenance support, separate maintenance received pursua AMOUNT PER MONTH:  JOINT APPLICANT OR OTHER PARTY IN NAME (LAST, FIRST, MIDDLE): BIRTH DATE:	TELEPHONE Ne income need not be revealed if yent to:	ou do not wish to have it considered. Alimony child
RELATIONSHIP:  Alimony, child support, or separate maintenance support, separate maintenance received pursua AMOUNT PER MONTH:  JOINT APPLICANT OR OTHER PARTY IF NAME (LAST, FIRST, MIDDLE): BIRTH DATE: TELEPHONE NUMBER:	TELEPHONE Ne income need not be revealed if yent to:	ou do not wish to have it considered. Alimony child
RELATIONSHIP:  Alimony, child support, or separate maintenance support, separate maintenance received pursua AMOUNT PER MONTH:  JOINT APPLICANT OR OTHER PARTY IN NAME (LAST, FIRST, MIDDLE): BIRTH DATE: TELEPHONE NUMBER: DRIVERS LICENSE NUMBER:	TELEPHONE Ne income need not be revealed if yent to:	ou do not wish to have it considered. Alimony child
RELATIONSHIP:  Alimony, child support, or separate maintenance support, separate maintenance received pursua AMOUNT PER MONTH:  JOINT APPLICANT OR OTHER PARTY IN NAME (LAST, FIRST, MIDDLE): BIRTH DATE: TELEPHONE NUMBER: DRIVERS LICENSE NUMBER:	TELEPHONE Ne income need not be revealed if yent to:	ou do not wish to have it considered. Alimony child
RELATIONSHIP:  Alimony, child support, or separate maintenance support, separate maintenance received pursua AMOUNT PER MONTH:  JOINT APPLICANT OR OTHER PARTY IN NAME (LAST, FIRST, MIDDLE): BIRTH DATE: TELEPHONE NUMBER: DRIVERS LICENSE NUMBER: SOCIAL SECURITY NUMBER:	TELEPHONE Ne income need not be revealed if y ant to:  Court Order  WFORMATION	ou do not wish to have it considered. Alimony child
RELATIONSHIP:  Alimony, child support, or separate maintenance support, separate maintenance received pursua AMOUNT PER MONTH:  JOINT APPLICANT OR OTHER PARTY IF NAME (LAST, FIRST, MIDDLE): BIRTH DATE: TELEPHONE NUMBER: DRIVERS LICENSE NUMBER: SOCIAL SECURITY NUMBER: NUMBER OF DEPENDANTS:	TELEPHONE Ne income need not be revealed if y ant to:  Court Order  WFORMATION	ou do not wish to have it considered. Alimony child
RELATIONSHIP:  Alimony, child support, or separate maintenance support, separate maintenance received pursua AMOUNT PER MONTH:  JOINT APPLICANT OR OTHER PARTY IN NAME (LAST, FIRST, MIDDLE): BIRTH DATE: TELEPHONE NUMBER: DRIVERS LICENSE NUMBER: SOCIAL SECURITY NUMBER: NUMBER OF DEPENDANTS: EMAIL ADDRESS:	TELEPHONE Ne income need not be revealed if y ant to:  Court Order  WFORMATION	ou do not wish to have it considered. Alimony child
RELATIONSHIP:  Alimony, child support, or separate maintenance support, separate maintenance received pursua AMOUNT PER MONTH:  JOINT APPLICANT OR OTHER PARTY IN NAME (LAST, FIRST, MIDDLE): BIRTH DATE: TELEPHONE NUMBER: DRIVERS LICENSE NUMBER: SOCIAL SECURITY NUMBER:  NUMBER OF DEPENDANTS: EMAIL ADDRESS: CELL PHONE NUMBER:	TELEPHONE Ne income need not be revealed if y ant to:  Court Order  WFORMATION	ou do not wish to have it considered. Alimony child
RELATIONSHIP:  Alimony, child support, or separate maintenance support, separate maintenance received pursua AMOUNT PER MONTH:  JOINT APPLICANT OR OTHER PARTY IN NAME (LAST, FIRST, MIDDLE): BIRTH DATE: TELEPHONE NUMBER: DRIVERS LICENSE NUMBER: SOCIAL SECURITY NUMBER: NUMBER OF DEPENDANTS: EMAIL ADDRESS: CELL PHONE NUMBER: ADDRESS (Street, City, State & Zip):	TELEPHONE Ne income need not be revealed if yount to:   Court Order   WFORMATION  AGES:	ou do not wish to have it considered. Alimony child
RELATIONSHIP:  Alimony, child support, or separate maintenance support, separate maintenance received pursua AMOUNT PER MONTH:  JOINT APPLICANT OR OTHER PARTY IN NAME (LAST, FIRST, MIDDLE): BIRTH DATE: TELEPHONE NUMBER: DRIVERS LICENSE NUMBER: SOCIAL SECURITY NUMBER: NUMBER OF DEPENDANTS: EMAIL ADDRESS: CELL PHONE NUMBER: ADDRESS (Street, City, State & Zip): County:	TELEPHONE Ne income need not be revealed if yount to:   Court Order   WFORMATION  AGES:	ou do not wish to have it considered. Alimony child

EMPLOYER (C	OMPANY	NAME & A	DDRESS):			
BUSINESS PH	ONE:		POSITION O	R TITLE:		TIME WITH EMPLOYER:
SALARY PER I	MONTH:	GROSS: \$	NET: \$			
PREVIOUS EM	IPLOYER	(COMPANY	NAME & ADDRESS):			
BUSINESS PH	ONE:		POSITION O	R TITLE:		TIME WITH EMPLOYER:
SALARY PER N	MONTH:	GROSS: \$	NET: \$			
NAME & ADDI	RESS OF	NFARFST F	RELATIVE NOT LIVING WITH Y	OU:		
RELATIONSHI		WENTED IT	CEPTIVE NOT EIGHT WITH IN		HONE NUN	/BFR:
Alimony, child	support,	or separate			•	do not wish to have it considered. Alimony chilo
			ceived pursuant to: 📮 Co	urt Order	☐ Writte	n Agreement 📮 Oral Understanding
AMOUNT PER	MONTH:					
SECTION C						
Complete only if repayment of th			or applicant resides in a commun	ity property	state or is re	lying on property located in such a state as a basis for
Applicant						
☐ Married						
Separated						
Unmarried	(includin	g single, div	vorced, & widowed)			
Other Part	y					
☐ Married						
Separated						
Unmarried	(includin	g single, div	vorced, & widowed)			
GENERAL II			party answers "yes" to any of	f the follor	wing quest	ions, please explain in the space provided.
			of any leases, contracts or deb		NI -	
Applicant:	Yes	No	Joint Applicant/Other Party	Yes	No	
Aro thoro any	cuite or ii	idamonte r	pending against you?			
Are there arry	Suits of Ju	auginenits p	<u> </u>		NI -	
Applicant	Voc	No	loint //pplicant// )thor Darty			
Applicant:	Yes	No	Joint Applicant/Other Party	Yes	No	
Applicant:  Have you been				Yes	INO	
Have you beer	n declared	d bankrupt	in the last 10 years?			
					No	
Have you beer	n declared	d bankrupt	in the last 10 years?			
Have you beer	n declared Yes	d bankrupt No	in the last 10 years? Joint Applicant/Other Party			
Have you beer Applicant: PREVIOUS	n declared Yes	d bankrupt No	in the last 10 years?  Joint Applicant/Other Party  NCES	Yes	No	ion with an "A" or Joint witha "J"
Have you beer Applicant: PREVIOUS	n declared Yes	d bankrupt No	in the last 10 years?  Joint Applicant/Other Party  NCES	Yes	No	ion with an "A" or Joint witha "J"  Date Paid
Have you beer Applicant:  PREVIOUS Describe any	n declared Yes	d bankrupt No	in the last 10 years?  Joint Applicant/Other Party  NCES	Yes	No d informat	

### **ASSET AND DEBIT INFORMATION**

If "joint Applicant or Other Party information" section was completed above, this section should be completed giving information about both the Applicant and the Joint Applicant or Other Party. Attach additional sheets if necessary.

## ASSETS OWNED (Use separate sheet if necessary)

Checking Account Number(s):		Bank:	
Name which the Account is Carried:			
Subject to Debt? 🖵 YES 📮 NO		Value: \$	
Savings Assount Number(s).		Bank:	
Savings Account Number(s):  Name which the Account is Carried:		Ванк:	
Subject to Debt?  YES  NO		Value: \$	
Subject to Debt: 4 125 4 NO		value. p	
Certificate of Deposit(s):		Bank:	
Name which the Account is Carried:			
Subject to Debt?  YES  NO		Value: \$	
Marketable Securities (Issuer, type, # of shares	):	Institution:	
Name which the Account is Carried:			
Subject to Debt?		Value: \$	
Real Estate (location, date acquired):			
Name which the Account is Carried:			
Subject to Debt?  YES  NO		Value: \$	
Life Insurance:		lssuer:	
Name which the Account is Carried:			
Face Value: \$			
Automobile(s):	Madal	Value:	V
Make:	Model:		Year:
Other:			
TOTAL ASSETS:			
OUTSTANDING DEBTS (include charge ac		s, credit cards, re	nt, mortgages and other
obligations. Use separate sheet if necess	sary)		
Landlord or Mortgage Holder on other Real Est	ate:		Account Number:
Name which the Account is Carried:			
Original Amount (Omit Rent): \$	Present Balance (Omit Re	nt): \$	Monthly Payments: \$
Automobile Loans:		Account Number:	
Name which the Account is Carried:			
Original Amount: \$	Present Balance: \$		Monthly Payments: \$
Credit or Charge Cards:		Account Number:	
Name which the Account is Carried:			
Original Amount: \$	Present Balance: \$		Monthly Payments: \$
Other:			
TOTAL DEBTS:	\$		\$
	•		•

Maine Residents: A consumer report may be ordered in connection with your application. Upon your request, we will inform you whether or not a report was ordered. If a report was ordered we will tell you the name and address of the consumer reporting agency that provided the report.

New York Residents: A consumer report may be ordered in connection with your application. Upon your request, we will inform you whether or not a report was ordered. If a report was ordered we will tell you the name and address of the consumer reporting agency that provided the report.

Subsequent reports may be ordered or utilized in connection with an update, renewal or extension of credit for which you have applied.

Ohio Residents: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and the credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Married Wisconsin Resident: No provision of any marital property agreement, unilateral statement under Wisc. Statutes 766.59 or a court decree under Wisc. Statues 766.70 adversely affects the interest of the lender unless the lender, prior to the time the credit is granted, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision when the obligation to the lender is incurred.

#### **Notice-Joint Credit:**

We intend to apply for joint credit. (Initials)

I certify that everything I have stated in this application an on any attachments is correct. Lender may keep this application whether or not it is approved. By signing below, I authorize Lender to check my credit and employment history, to have a consumer credit report prepared on me for the purpose of evaluating this application for credit, and to answer questions others may ask Lender about my credit record with Lender. I understand that I must update this credit information at Lender's request and if my financial condition changes.

#### **SIGNATURES**

I acknowledge receipt of the Home Equity Brochure and the lender's Home Equity disclosure statement on today's date.

Applicant's Signature:	Date:
Other Signature (Where Applicable):	Date:
Other Digitature (Where Applicable).	Date.

CREDITOR USE ONLY			
This application was taken by:	to face interview 📮 Mail	☐ Telephone ☐ Internet	
Date Application Received:	Received By:	Amount Requested:\$	
Date Application Completed:	Approved By:	Amount Approved:\$	
Rescindable?	RESPA Applicable?	Yes 🖵 No	
Funding Date:	Initial Advance:\$		