

## CREDIT APPLICATION • HOME EQUITY LINE OF CREDIT

**IMPORTANT: Please read these directions before completing this Application, and check(✓) the appropriate box below**

- If you are applying for individual credit in your own name, and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete Sections A, C, D, and E, omitting B and the second part of C.
- If you are applying for a joint account or an account that you and another person will use, complete all Sections, providing information in Section B and C about the joint applicant or user.

WE INTEND TO APPLY FOR JOINT CREDIT: \_\_\_\_\_

APPLICANT

CO-APPLICANT

- If you are applying for an individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections to the extent possible, providing information in B about the person on whose alimony, support, or maintenance payments or income or assets you are relying.

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act 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, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

AMOUNT REQUESTED \$	TYPE REQUESTED (Example: 5 year draw / 5 year repayment)	PROCEEDS OF CREDIT TO BE USED FOR
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**SECTION A - INFORMATION REGARDING APPLICANT**

FULL NAME (Last, First, Middle)				BIRTH DATE		HOME PHONE		BUSINESS PHONE Ext.		
<b>IF U.S. PERSON:</b> <small>(Complete all that apply)</small>	DRIVERS LICENSE NO.		STATE	DATE OF ISSUANCE		DATE OF EXPIRATION		SOCIAL SECURITY NO. or TAX I.D NO.		
	STATE ID CARD NO.		STATE	DATE OF ISSUANCE		DATE OF EXPIRATION		OTHER (MILITARY ID, TRIBAL ID, ETC.)		
<b>IF NON U.S. PERSON:</b> <small>(Complete all that apply)</small>	DRIVERS LICENSED NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION	SOCIAL SECURITY NO. or TAX I.D NO.		STATE ID CARD NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION
	PASSPORT NO. & COUNTRY OF ISSUANCE:		INDIVIDUAL TAXPAYER ID NO.		NO TAXPAYER ID NO., BUT HAVE FILED APPLICATION FOR ONE. WHEN FILED:		GOVERNMENT ISSUED DOCUMENT NO. AND COUNTRY OF ISSUANCE:		OTHER	
PHYSICAL RESIDENTIAL OR BUSINESS STREE ADDRESS AND MAILING ADDRESS (Street, PO Box, City, State, & Zip) or; IF MILITARY, APO OR FPO ADDRESS or; IF N/A, NEXT OF KIN OR FRIEND									HOW LONG AT PRESENT ARRESS?	
PREVIOUS ADDRESS (Stree, City, State, & Zip)						HOW LONG AT PREVIOUS ADDRESS?	EMAIL ADDRESS			
PRESENT EMPLOYER (Company Name & Address)				OCCUPATION	POSITON OR TITLE	HOWLONG WITH PRESENT EMPLOYER?	NAME OF SUPERVISOR			
PREVIOUS EMPLOYER (Company Name & Address)							HOW LONG WITH PREVIOUS EMPLOYER?			
YOUR PRESENT <b>GROSS</b> SALARY OR COMMISSION \$ PER			YOUR PRESENT <b>NET</b> SALARY OR COMMISSION \$ PER			NO. DEPENDENTS		AGES OF DEPENDENTS		
<p><b>Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation</b></p> <p>Alimony, child support, or separate maintenance received under:    <input type="checkbox"/> Court Order    <input type="checkbox"/> Written Agreement    <input type="checkbox"/> Oral Understanding</p>										
OTHER INCOME \$ PER		SOURCE OF OTHER INCOME				Have you ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?				
Is any income listed in this Section likely to be reduced before the credit requested is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)				Checking Acc. No.    Where?    .....		Savings Acct. No.    Where?    .....				
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU					RELATIONSHIP	TELEPHONE NO. (Include Area Code)				

**SECTION B - INFORMATION REGARDING JOINT APPLICANT OR OTHER PARTY (Use separate sheets if necessary.)**

FULL NAME (Last, First, Middle)				RELATIONSHIP TO APPLICANT (If Any)		BIRTH DATE		HOME PHONE		BUSINESS PHONE Ext.	
<b>IF U.S. PERSON:</b> <small>(Complete all that apply)</small>	DRIVERS LICENSE NO.		STATE	DATE OF ISSUANCE		DATE OF EXPIRATION		SOCIAL SECURITY NO. or TAX I.D NO.			
	STATE ID CARD NO.		STATE	DATE OF ISSUANCE		DATE OF EXPIRATION		OTHER (MILITARY ID, TRIBAL ID, ETC.)			
<b>IF NON U.S. PERSON:</b> <small>(Complete all that apply)</small>	DRIVERS LICENSED NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION	SOCIAL SECURITY NO. or TAX I.D NO.		STATE ID CARD NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION	
	PASSPORT NO. & COUNTRY OF ISSUANCE:		INDIVIDUAL TAXPAYER ID NO.		NO TAXPAYER ID NO., BUT HAVE FILED APPLICATION FOR ONE. WHEN FILED:		GOVERNMENT ISSUED DOCUMENT NO. AND COUNTRY OF ISSUANCE:		OTHER		
PHYSICAL RESIDENTIAL OR BUSINESS STREE ADDRESS AND MAILING ADDRESS (Street, PO Box, City, State, & Zip) or; IF MILITARY, APO OR FPO ADDRESS or; IF N/A, NEXT OF KIN OR FRIEND									HOW LONG AT PRESENT ARRESS?		
PRESENT EMPLOYER (Company Name & Address)				OCCUPATION	POSITON OR TITLE	HOWLONG WITH PRESENT EMPLOYER?	NAME OF SUPERVISOR				
PREVIOUS EMPLOYER (Company Name & Address)							HOW LONG WITH PREVIOUS EMPLOYER?				
YOUR PRESENT <b>GROSS</b> SALARY OR COMMISSION \$ PER			YOUR PRESENT <b>NET</b> SALARY OR COMMISSION \$ PER			NO. DEPENDENTS		AGES OF DEPENDENTS			
<p><b>Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.</b></p> <p>Alimony, child support, or separate maintenance received under:    <input type="checkbox"/> Court Order    <input type="checkbox"/> Written Agreement    <input type="checkbox"/> Oral Understanding</p>											
OTHER INCOME \$ PER		SOURCE OF OTHER INCOME				Has Joint Applicant or Other Party ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?					
Is any income listed in this Section likely to be reduced before the credit requested is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)				Checking Acc. No.    Where?    .....		Savings Acct. No.    Where?    .....					
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU					RELATIONSHIP	TELEPHONE NO. (Include Area Code)					

**SECTION C - MARITAL STATUS (Complete first line only if this is an Application for individual credit.)**

- |             |                                  |                                    |   |
|-------------|----------------------------------|------------------------------------|---|
| APPLICANT   | <input type="checkbox"/> Married | <input type="checkbox"/> Separated | <input type="checkbox"/> Unmarried (Including single, divorced, or widowed) |
| OTHER PARTY | <input type="checkbox"/> Married | <input type="checkbox"/> Separated | <input type="checkbox"/> Unmarried (Including single, divorced, or widowed) |

**SECTION D - ASSET & DEBT INFORMATION**

If Section B has been completed, this Section should be completed, giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant-related information with an "A". If Section B was not completed, only give information about the Applicant in this Section

**ASSETS OWNED (Use separate sheet if necessary.)**

DESCRIPTION OF ASSETS	VALUE	SUBJECT TO DEBT? Yes/No	NAMES OF OWNERS
CASH	\$		
AUTOMOBILES (Make, Model, Year)			
1			
2			
3			
CASH VALUE OF LIFE INSURANCE (Issuer, Face value)			
REAL ESTATE (Location, Date Acquired)			
MARKETABLE SECURITIES (Issuer, Type, No. of Shares)			
OTHER (List)			
<b>TOTAL ASSETS</b>	\$		

**OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages, etc. Use separate sheet if necessary)**

CREDITOR	TYPE OF DEBT OR ACCOUNT NUMBER	NAME IN WHICH ACCOUNT IS CARRIED	ORIGINAL DEBT (Omit Rent)	PRESENT BALANCE (Omit Rent)	MONTHLY PAYMENTS	PAST DUE? Yes/No
LANDLORD OR MORTGAGE HOLDER - OTHER REAL ESTATE	Rent Payment Mortgage		\$	\$	\$	
<b>TOTAL DEBTS</b>			\$	\$	\$	

CREDIT REFERENCES (Paid off Accounts)	DATE PAID OFF

Are you the co-maker, endorser, or guarantor on any loan or contract?  No  Yes - For Whom? To Whom?

Are there any unsatisfied judgments against you?  No  Yes - Amount \$ If "Yes", To Whom Owed?

Have you been declared bankrupt in the last 14 years?  No  Yes - Where? Year?

OTHER OBLIGATIONS (For example, liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary.)

**SECTION E - SECURED CREDIT** Briefly describe the property to be given as security:

PROPERTY ADDRESS	YEAR BUILT	PURCHASE DATE	MARKET VALUE	BLANCE OWED
TITLE IN THE NAME(S) OF:	ADDRESS OF TITLE HOLDER(S)			
MORTGAGE HOLDER	ADDRESS	PHONE	ACCOUNT NUMBER	
INSURANCE CARRIER	ADDRESS	PHONE		

**CREDIT DISCLOSURES:** An insurance product or annuity may be offered to you. If you purchase an insurance product or an annuity: (1) The insurance product or annuity is not a deposit or other obligation of, or guaranteed by, this institution or our affiliate(s); (2) With exception of Federal Flood Insurance or Federal Crop Insurance, the insurance product or annuity is not insured by the Federal Deposit Insurance Corporation or any other agency of the United States, this institution, or our affiliate(s); and (3) In the case of an insurance product or annuity that involves an investment risk, there is investment risk associated with the insurance product, including the possible loss of value. If an insurance product or annuity is offered we cannot condition an extension of credit on either of the following: (1) Your purchase of an insurance product or annuity from us or any of our affiliates; or, (2) Your agreement not to obtain, or a prohibition on you from obtaining, an insurance product or annuity from an unaffiliated entity.

**SIGNATURES**

Everything that I have stated in this Application is corrected to the best of my knowledge. I understand that you will retain this Application whether or not it is approved. You are authorized to check my credit and employment history and answer questions about your credit experience with me. Unless I have purchased the insurance product(s) by mail or if the Credit Disclosures are provided electronically, by signing below,  
 APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that I have received the Credit Disclosures orally at the time I have applied for credit and fully understand the disclosures noted above. I am also being provided with a copy of these disclosures and I acknowledge receipt by my signature. I acknowledge receipt of the Home Equity Brochure and the lender's Home Equity disclosure statement on today's date.  
 OTHER SIGNATURE (Where Applicable) \_\_\_\_\_ DATE \_\_\_\_\_

**X** **X**