

HOME EQUITY LOAN APPLICATION

PLEASE TYPE OR PRINT

IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions 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 is protected by our privacy policy and federal law.

TYPE OF ACCOUNT REQUESTED

Check one to indicate the type of account you are requesting. Note: Married applicants may apply for separate accounts.

- Joint Account
 Individual Account - Relying solely on my income and assets.
 Individual Account - Relying on my income and assets and as well as income or assets of another.

TERMS REQUESTED

| | | | |
|---------------|--------------------|--|--|
| Amount \$ | Interest Rate % | Type of Loan <input type="checkbox"/> Fixed Rate <input type="checkbox"/> ARM (type): <input type="checkbox"/> Other: | |
| No. of Months | Payment \$ / | Purpose <input type="checkbox"/> Home Improvement <input type="checkbox"/> Pay Debt: <input type="checkbox"/> Other: | |

COLLATERAL PROPERTY

| | | | | |
|----------------------|------------|-------------------------|---------------|---------------------------------------|
| Address | Year Built | Date Purchased | Present Value | Balance Owing |
| Title in Name(s) of: | | Address of Title Holder | | Name and Address of Insurance Carrier |

Mortgage Holder

| | | | |
|------|---------|-----------|-----------|
| Name | Address | Phone No. | Acct. No. |
|------|---------|-----------|-----------|

INDIVIDUAL APPLICANT INFORMATION

| | | | |
|---|----------------|---------------------|-----------------------------|
| Name | Birthdate | Social Security No. | |
| Address (Street, City, State, Zip) | | County | Drivers License No. |
| Home Phone | Business Phone | No. of Dependents | Ages of Dependents |
| Employer/Self Employed | Position | Years Employed | Employer's Address |
| Wages, Salary, Commissions Gross \$ /month Net \$ /month | | | How Often Paid |
| Previous Employer | Position | Years Employed | Previous Employer's Address |
| Name and Address of Applicant's Nearest Relative | | | Relationship |

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered. Alimony, child support, separate maintenance received pursuant to: Court Order Written Agreement Oral Understanding.

Other Income: Source _____ Amount/Month _____

Marital Status Married Separated Unmarried (includes single, divorced and widowed)

JOINT APPLICANT OR OTHER PARTY INFORMATION

Provide the information in this section if joint credit, or the individual applicant is relying on the income of others as a basis for repayment, or the individual applicant lives in a community property state or is relying on property located in a community property state as a basis for repayment of the credit requested.

| | | | |
|---|----------------|---------------------|-----------------------------|
| Name | Birthdate | Social Security No. | |
| Address (Street, City, State, Zip) | | County | Drivers License No. |
| Home Phone | Business Phone | No. of Dependents | Ages of Dependents |
| Employer/Self Employed | Position | Years Employed | Employer's Address |
| Wages, Salary, Commissions Gross \$ /month Net \$ /month | | | How Often Paid |
| Previous Employer | Position | Years Employed | Previous Employer's Address |
| Name and Address of Joint Applicant's or Other Party's Nearest Relative | | | Relationship |

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered. Alimony, child support, separate maintenance received pursuant to: Court Order Written Agreement Oral Understanding.

Other Income: Source _____ Amount/Month _____

Marital Status Married Separated Unmarried (includes single, divorced and widowed)

GENERAL INFORMATION

If you or 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: Yes No Joint Applicant/Other Party: Yes No

Are there any suits or judgments pending against you? Applicant: Yes No Joint Applicant/Other Party: Yes No
(Include amount) _____

Have you been declared bankrupt in the last 10 years? Applicant: Yes No Joint Applicant/Other Party: Yes No

PREVIOUS CREDIT REFERENCES

Describe any previous debt obligations. Please mark Applicant-related information with an "A".

| | | |
|----------|----------|-----------------|
| 1. _____ | \$ _____ | Date Paid _____ |
| 2. _____ | \$ _____ | Date Paid _____ |

NOT FOR FNMA/FHLMC/FHA/VA USE

ASSET AND DEBT 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

| DESCRIPTION OF CURRENT ASSETS | NAME(S) OF OWNER(S) | SUBJECT TO DEBT: YES/NO | VALUE |
|---|---------------------|-------------------------|-------|
| Checking Accounts (Institution, Acct. No.) | | | \$ |
| Savings Accounts (Institution, Acct. No.) | | | |
| Automobiles (Make, Model, Year) | | | |
| Marketable Securities (Issuer, Type, No. of Shares) | | | |
| Life Insurance Cash Value (Issuer) | | | |
| Other Real Estate (Location, when acquired) | | | |
| Other Assets (Describe) | | | |
| Total Assets | | | \$ |

OUTSTANDING DEBTS (Include all charge accounts, installment contracts, credit cards, rents, mortgages and other obligations.)

| CREDITOR | ACCOUNT NUMBER | NAMES IN WHICH THE ACCOUNT IS CARRIED | ORIGINAL AMOUNT | PRESENT BALANCE | MONTHLY PAYMENTS |
|--|----------------|---------------------------------------|-----------------|-----------------|------------------|
| Auto Loans | | | | | |
| Credit or Charge Cards | | | | | |
| Landlord or Mortgage Holder on other Real Estate | | | | | |
| 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 that 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.

NOTICE - JOINT CREDIT:

We intend to apply for joint credit. (initials) _____

I certify that everything I have stated in this application and 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.

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

Applicant _____ Date _____ Joint-Applicant _____ Date _____

| CREDITOR USE ONLY | | | |
|--|---|------------------|-----------------|
| This application was taken by: <input type="checkbox"/> face-to-face interview <input type="checkbox"/> mail <input type="checkbox"/> telephone <input type="checkbox"/> internet. | | | |
| Date Application Received: | Received By: | Amount Requested | |
| | | \$ | |
| Date Application Completed: | Approved By: | Amount Approved | |
| | / | \$ | |
| Rescindable? <input type="checkbox"/> Yes <input type="checkbox"/> No | RESPA Applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No | Funding Date: | Initial Advance |
| | | | \$ |