

HOME EQUITY CONSUMER LOAN APPLICATION

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.

TD: Name/Address of Lender

What type of account are you applying for? *(Please check appropriate box):*

INDIVIDUAL (Own income or assets plus income or assets from other sources) COSIGNER

JOINT *(please initial)* Are you interested in Credit Life/Disability insurance that is offered by Lender if this loan is approved? *(Please check appropriate box)* YES NO

LOAN ORIGINATOR COMPANY NAME: _____ LOAN ORIGINATOR COMPANY IDENTIFIER: _____

LOAN ORIGINATOR LICENSE NUMBER: _____

LOAN TERMS

Loan Amount: _____ Interest Rate: _____ Loan Type: HELOC Closed End Fixed Rate Variable Rate (type): _____ 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 Phone: _____

Current Mortgage Holder: _____ Current Mortgage Holder Address: _____ Mortgage Loan Account Number: _____

Monthly Mortgage Payment: _____ Home Purchase Price: _____ Balance Owning: _____

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 *(if less than 2 years at current address)*: _____

Employer: _____ Employer Address: _____ Employer Phone Number: _____

Position: _____ How Long: _____ Gross: _____ Net: _____ Weekly: _____ Monthly: _____ Average Monthly Overtime Pay: \$ _____ How Long: _____

Previous Employer: _____ Previous Employer Address: _____ Position: _____ Relationship: _____ How Long: _____

Nearest Relative Not Living with You: _____ City: _____ State: _____ ZIP Code: _____ Relative's Phone Number: _____

Relative's Address: _____ City: _____ State: _____ ZIP Code: _____

Immigration Status: U.S. Citizen Perm. Resident of U.S. Other: _____

Marital Status: Married Separated 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 payment received pursuant to: Court Order Written Agreement Oral Understanding 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 *(if less than 2 years at current address)*: _____

Employer: _____ Employer Address: _____ Employer Phone Number: _____

Position: _____ How Long: _____ Gross: _____ Net: _____ Weekly: _____ Monthly: _____ Average Monthly Overtime Pay: \$ _____ How Long: _____

Previous Employer: _____ Previous Employer Address: _____ Position: _____ Relationship: _____ How Long: _____

Nearest Relative Not Living with You: _____ City: _____ State: _____ ZIP Code: _____ Relative's Phone Number: _____

Relative's Address: _____ City: _____ State: _____ ZIP Code: _____

Immigration Status: U.S. Citizen Perm. Resident of U.S. Other: _____

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

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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-signer 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

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

