## HOME EQUITY LINE OF CREDIT APPLICATION

**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	nt you are req	uesting. Note	e: Marrie	d applicants may apply	for separate accounts.		
<ul><li>Joint Account</li><li>Individual Account - Relying on my ir</li></ul>	icome and as	sets and as v	well as in		unt - Relying solely on my in ther.	come and assets.	
TERMS REQUESTED						· · · · · · · · · · · · · · · · · · ·	
Amount \$	Interest F	Rate %		d Rate 🗌 ARM (type	e):	Other:	
No. of Months	Payment /		Purpose	e ne Improvement 🏼 P	ay Debt:	Other:	
COLLATERAL PROPERTY Address		Year Built	l	Date Purchased	Present Value	Balance Owing	
Title in Name(s) of:		Address of	I Title Hol	der	Name and Address of Insi	urance Carrier	
Mortgage Holder							
Name	Addre	ess			Phone No.	Acct. No.	
INDIVIDUAL APPLICANT INFORMATI	ON					:	
Name				Birthdate	Social Security No.		
Address (Street, City, State, Zip)				County	Drivers License No.		
Home Phone	Busi	ness Phone		No. of Dependents	Ages of Dependents		
Employer/Self Employed	yer/Self Employed Position			Years Employed	Employer's Address		
Wages, Salary, Commissions Gross \$	/month N	et \$		/month	How Often Paid		
Previous Employer	F	Position		Years Employed	Previous Employer's Addr		
Name and Address of Applicant's Neare						Relationship	
Alimony, child support, or separate m separate maintenance received pursu Other Income: Source		income need Court Orde		revealed if you do no Iritten Agreement	ot wish to have it conside Oral Understanding.	red. Alimony, child support, Amount/Month	
Marital Status Married Sepa		•	udes sing	gle, divorced and widov	ved)		
JOINT APPLICANT OR OTHER PART Provide the information in this section if applicant lives in a community property s			ual applic	cant is relying on the ir	ncome of others as a basis	for repayment, or the individual	
Name	tate of is rely	ing on proper	ny locate	Birthdate	Social Security No.	lyment of the credit requested.	
Address (Street, City, State, Zip)				County	Drivers License No.		
Home Phone				No. of Dependents	Ages of Dependents		
Employer/Self Employed		Position		Years Employed			
		FUSILION		rears Employed			
Wages, Salary, Commissions Gross \$ /month Net \$				/month	How Often Paid		
Previous Employer	Position			Years Employed	Previous Employer's Add	ress	
Name and Address of Applicant's Near	st Relative					Relationship	
Alimony, child support, or separate n	naintenance	income nee	d not be	revealed if you do no	ot wish to have it conside	I red. Alimony, child support,	
separate maintenance received purse Other Income: Source	uant to:	Court Order	r Wri	tten Agreement O	oral Understanding.	Amount/Month	
Marital Status Married Separa	ated Unr	narried (inclu	ides sing	le, divorced and widow	ved)		
GENERAL INFORMATION							
If you or a joint applicant or other party a Are you a guarantor or co-maker of any	-	-			plain in the space provided. Joint Applicant/Other		
Are there any suits or judgments pendir (Include amount)	ng against you	ı? Applicant:	Ye	s No	Joint Applicant/Other Party	: Yes No	
Have you been declared bankrupt in the	e last 10 years	? Applicant	: Yes	No	Joint Applicant/Other	Party: Yes No	
PREVIOUS CREDIT REFERENCES	Places	Applicant	ated i-f	rmation with an "A"			
Describe any previous debt obligations. Please mark Applicant-rel			ILLEO INTO	malion with an "A".	¢	Date Paid	
					\$	Date Paid	
2.	oud MN Form Lin		OR FNM	A/FHLMC/FHA/VA USI	\$ E //ac	]	
			•		(pag		

ASSET AND DEBT INFORMATION	annulated chave this section should be a	empleted siving information also	a Applicant
If "Joint Applicant or Other Party Information" section was of and the Joint Applicant or Other Party. Attach additional sh	completed above, this section should be c neets if necessary.	ompleted giving information abo	out both the Applicant
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 accour	nts, installment contracts	s, credit cards, rents, mortgages a	nd other obligat	ions.)	1
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-Applica	ant Date
CREDITOR USE ON	LY	•		
This application was	taken by: face-to-face	nterview mail	telephone interne	et. Loan Officer NMLS#
Date Application Rec	eived:	Received By:		Amount Requested
				\$
Date Application Corr	pleted:	Approved By:		Amount Approved
				\$
Rescindable?	RESPA Applicable?	Funding Date:		Initial Advance
Yes No	Yes No			\$

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# **Right to Receive a Copy of Appraisal Report**

Lender	Borrower
<i>"We"</i> means Lender.	"You" means Borrower or Cosigner.
Date:	Loan Number:
Property Address:	

## **Right to Receive Copy**

We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close.

You can pay for an additional appraisal for your own use at your own cost.

#### Acknowledgment

By signing below, you acknowledge that you have received this Disclosure.

#### Borrower

Date