

CREDIT APPLICATION FOR CREDIT UNION HOME EQUITY LOAN

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LOAN INFORMATION

Amount of Loan _____
 Processing Fee & Lien Fees _____
 Mortgage Tax _____
 Amount Financed _____
 Life Insurance Yes/No _____
 Disability Insurance Yes/No _____
 Total Amount of Loan _____
 Finance Charge _____
 Total of Payments _____
 Number of Payments _____ months _____ years
 Monthly Payments _____
 APR _____

ACCT # _____
 S. S. # _____
 NOTE # _____
 COPY OF DEED _____
 PAID TAX RECEIPTS _____
 CREDIT UNION NAMED _____
 AS CO INSURED _____
 MORTGAGES _____
 TITLE SEARCH _____
 APPRAISAL _____
 NOTE / DISC. _____
 RIGHT TO CANCEL _____

INFORMATION ABOUT APPLICANT

About You

APPLICANT			HOME PHONE ()		CREDIT UNION ACCOUNT NUMBER		
HOME ADDRESS				YEARS AT THIS ADDRESS		HOMEOWNER <input type="checkbox"/> YES <input type="checkbox"/> NO	
CITY		COUNTY		STATE		ZIP	
<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED		(SINGLE, DIVORCED, WIDOWED)		NO OF DEPS (EXCLUDE SELF)		AGES OF DEPENDENTS	
PREVIOUS ADDRESS				YEARS AT THIS ADD		HOMEOWNER <input type="checkbox"/> YES <input type="checkbox"/> NO	
SOCIAL SECURITY NUMBER		BIRTHDATE		DRIVER'S LICENSE NUMBER		STATE ISSUING DRIVER'S LICENSE	
NAME OF EMPLOYER			SUPERVISOR		EMPLOYEE NUMBER		
ADDRESS					BUSINESS PHONE ()		
TITLE/GRADE		STARTING DATE		ENDING DATE		SELF EMPLOYED TYPE OF BUSINESS <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME AND ADDRESS OF PREVIOUS EMPLOYER (IF LESS THAN 5 YEARS)					STARTING DATE		ENDING DATE
SUPERVISOR		TITLE/GRADE		MILITARY: DO YOU EXPECT A DUTY STATION TRANSFER IN THE NEXT YEAR? <input type="checkbox"/> YES WHERE: _____ <input type="checkbox"/> NO			
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU					HOME PHONE ()		
					RELATIONSHIP		
NAME AND ADDRESS OF PERSONAL FRIEND – NOT A RELATIVE					HOME PHONE ()		

Your Spouse / Co-Applicant

NAME		HOME PHONE ()		CREDIT UNION ACCOUNT NUMBER	
HOME ADDRESS			YEARS AT THIS ADDRESS	HOMEOWNER <input type="checkbox"/> YES <input type="checkbox"/> NO	
CITY		COUNTY	STATE	ZIP	
<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED		(SINGLE, DIVORCED, WIDOWED)	NO. OF DEPS (EXCLUDE SELF AND DEPS LISTED BY APPLICANT)	AGES OF DEPENDENTS	
PREVIOUS ADDRESS			YEARS AT THIS ADD	HOMEOWNER <input type="checkbox"/> YES <input type="checkbox"/> NO	
SOCIAL SECURITY NUMBER		BIRTHDATE	DRIVER'S LICENSE NUMBER	STATE ISSUING DRIVER'S LICENSE	
NAME OF EMPLOYER			SUPERVISOR	EMPLOYEE NUMBER	
ADDRESS			BUSINESS PHONE ()		
TITLE/GRADE	STARTING DATE	ENDING DATE	SELF-EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF BUSINESS	
NAME AND ADDRESS OF PREVIOUS EMPLOYER			STARTING DATE	ENDING DATE	
SUPERVISOR		TITLE/ GRADE	MILITARY: DO YOU EXPECT A DUTY STATION TRANSFER IN THE NEXT YEAR? <input type="checkbox"/> YES WHERE: <input type="checkbox"/> NO		
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU				HOME PHONE ()	
				RELATIONSHIP	
NAME AND ADDRESS OF PERSONAL FRIEND — NOT A RELATIVE				HOME PHONE ()	

Your Income

LIST YOUR GROSS MONTHLY INCOME BEFORE TAXES AND OTHER DEDUCTIONS			NOTICE: YOU DON'T HAVE TO INCLUDE INCOME FROM CHILD SUPPORT, SEPARATE MAINTENANCE, OR ALIMONY UNLESS YOU WANT THE CREDIT UNION TO CONSIDER IT		
SOURCE	APPLICANT	YOUR SPOUSE	SOURCE	APPLICANT	YOUR SPOUSE
EMPLOYMENT INCOME	\$	\$	NET RENTALS	\$	\$
OVERTIME			ANNUITIES		
BONUSES			PENSIONS		
COMMISSIONS			SOCIAL SECURITY		
SECOND JOB			OTHER		
INTEREST			OTHER		
DIVIDENDS			OTHER		

Your Home

SINGLE FAMILY	1-2 FAMILY	3-4 FAMILY	CONDOMINIUM	OTHER
YEAR BUILT	NO. OF ROOMS	NO. OF BEDROOMS	NO. OF BATHS	GARAGE / CARPORT
LIENS: A LIEN IS A LEGAL CLAIM FILED AGAINST PROPERTY AS SECURITY FOR PAYMENT OF A DEBT. LIENS INCLUDE MORTGAGES, DEEDS TO SECURE DEBT, LAND CONTRACTS, JUDGEMENTS AND PAST DUE TAXES. LIST EVERY LIEN AGAINST YOUR HOME. FIRST MORTGAGE HELD BY: _____ \$ _____ _____ \$ _____ OTHER LIENS (DESCRIBE): _____ \$ _____ _____ \$ _____			PRESENT BALANCE ESTIMATE YOUR CURRENT VALUE OF YOUR PROPERTY \$ _____	
IS THE PROPERTY DESCRIBED IN THIS SECTION — YOUR PRINCIPAL DWELLING? <input type="checkbox"/> YES <input type="checkbox"/> NO — LISTED AS THE APPLICANT'S ADDRESS IN THE "ABOUT YOU" SECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS ANYONE OTHER THAN YOUR SPOUSE A PART OWNER OF YOUR HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU PLAN TO LIVE IN THE SAME HOME FOR THE NEXT FIVE YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNDECIDED
Improvements you have made to your home: _____ _____ _____				

Your Assets

CHECK THE APPROPRIATE COLUMN TO SHOW WHETHER EACH ASSET AND OBLIGATION IS ONLY IN YOUR NAME, ONLY IN YOUR SPOUSE'S NAME, OR IN BOTH NAMES.

NAME OF INSTITUTION	ADDRESS	ACCOUNT NUMBER	YOUR NAME ONLY		YOUR SPOUSE'S NAME ONLY		BOTH NAMES TOGETHER	
			YES	NO	YES	NO	YES	NO
SHARE DRAFT								
CHECKING								
SAVINGS								
CERTIFICATES OF DEPOSIT								
STOCKS								
BONDS								
AUTOMOBILES	MAKE	MODEL	YEAR					
REAL ESTATE OTHER THAN HOME	ADDRESS	CURRENT MARKET VALUE	TOTAL VALUE OF LIENS					
OTHER (DESCRIBE)								
OTHER								

Your Obligations

	CREDITOR NAME AND ADDRESS	ACCOUNT NUMBER	MONTHLY PAYMENT	PRESENT BALANCE	YES	NO	YES	NO
HOME PAYMENT (INCLUDE 1st MORTGAGE, TAX AND INSURANCE. EXCLUDE UTILITIES)			\$	\$				
SECOND MORTGAGE								
HOME ASSOC. DUES								
AUTO LOAN								
AUTO LOAN								
CREDIT UNION								
FINANCE COMPANY								
CREDIT CARD								
CREDIT CARD								
CHILD SUPPORT								
ALIMONY								
REAL ESTATE OTHER THAN HOME								
TAXES PAST DUE								
LIST ALL OBLIGATIONS -- USE THESE LINES AND ATTACH OTHER SHEETS IF NECESSARY								
OTHER (DESCRIBE)								
OTHER								
PUT A STAR NEXT TO ANY OBLIGATION THAT YOU WILL PAY IN FULL			TOTALS	\$	\$			

Other Questions

ANSWERS FOR BOTH YOU AND YOUR SPOUSE SHOULD BE GIVEN. IF A "YES" ANSWER IS GIVEN, EXPLAIN THE FACTS ON AN ATTACHED SHEET.

	YOU		YOUR SPOUSE	
	YES	NO	YES	NO
HAVE YOU EVER HAD YOUR WAGES/SALARY ATTACHED OR GARNISHED?				
ARE ANY OF THE ASSETS YOU LISTED PLEDGED AS COLLATERAL ON ANOTHER LOAN?				
ARE ANY OF THE OBLIGATIONS YOU LISTED MORE THAN SIXTY DAYS PAST DUE?				
IN THE LAST TEN YEARS, HAVE YOU FILED A PETITION FOR BANKRUPTCY OR CHAPTER 13?				
HAS ANY CREDITOR EVER REPOSSESSED YOUR CAR OR ANY OTHER PURCHASE?				
ARE THERE ANY LAWSUITS OR UNPAID JUDGEMENTS, GARNISHMENTS, ATTACHMENTS, ALIMONY OR MAINTAINENCE AWARDS AGAINST YOU?				
DO YOU HAVE ANY OBLIGATION FOR MORE THAN \$200.00 WHICH YOU HAVE NOT LISTED ON THIS APPLICATION?				
DO YOU KNOW OF ANYTHING WHICH MAY INTERRUPT YOUR INCOME IN THE NEXT FEW YEARS?				
HAVE YOU RECEIVED CREDIT UNDER ANY OTHER NAME?				
ARE YOU A CO-MAKER OR A CO-SIGNER ON ANY LOAN?				

Your Signature(s)

I/we have no other debts owing to any other credit union, bank or loan agency, either as maker or endorser except as stated hereon. Everything that I/we have stated in this Application is true and correct to the best of my/our knowledge. I/we understand that the Credit Union will retain this Application whether or not it is approved. The Credit Union is authorized to check my/our credit and employment history, obtain a credit report, and to answer questions about its credit experience with me/us. If I/we have elected to repay the credit requested hereunder by means of payroll deductions or allotments, I/we hereby authorize the Credit Union to deduct the sum required for minimum payments hereunder, and I/we understand that the payroll deduction repayment method is voluntary and that if any funds are received and placed in share and/or deposit accounts prior to transfer to the loan account under the Plan, they are available to me/us prior to the date of posting to the loan account. I/we agree to keep the Credit Union informed of any material changes in the information contained in this credit application. If this credit application has been completed by more than one applicant, the statements made herein apply to all applicants. I/we understand that it may be a federal or state crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code or the State Criminal Code.

APPLICANT'S SIGNATURE _____	SEAL _____	DATE _____
CO-APPLICANT'S SIGNATURE _____	SEAL _____	DATE _____
WITNESS _____		

THIS SECTION FOR OFFICE USE ONLY

The information below, including appropriate signatures is to be filled in by either the Credit Committee or Loan Officer, depending upon who acts upon this application:

DEBT / INCOME RATIO

APPRAISED VALUE _____
LESS (90 / 80) % _____
TOTAL _____
LESS LIENS _____
TOTAL EQUITY _____

MAKE CHECKS PAYABLE TO:

AMOUNT

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

On _____, 19 ____, (I) (We) approve a loan in the amount and on the conditions requested by the said applicant except as follows:

(List any changes in amount, terms or conditions)

APPROVED BY CREDIT COMMITTEE

If application is rejected, list reason for rejection: _____

List reason for reconsideration: _____

