

HOME EQUITY APPLICATION

Applicant Account Number

Co-Applicant Account Number

PROPERTY SECURING YOUR LOAN

Property Street Address		City	County	State	Zip
Property Type:					
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)					
Approximate Market Value \$	Approximate Square Feet	Purchase Price \$	Acquisition Date	Year Built	
Type of Credit Applied For: <input type="checkbox"/> Home Equity Line of Credit <input type="checkbox"/> Home Equity Loan			Amount Requested \$		
Homeowners: Please Indicate Name(s) On Deed <input type="checkbox"/> Same as Applicants			Loan Purpose		

APPLICANT

FULL NAME					
SOCIAL SECURITY NUMBER				BIRTH DATE	
CURRENT STREET ADDRESS			APT. NUMBER	SINCE	
CITY			COUNTY		
STATE	ZIP	DRIVERS LICENSE NUMBER/STATE		HOME TELEPHONE	
FORMER ADDRESS (COMPLETE IF CURRENT ADDRESS IS LESS THAN 2 YEARS)				NUMBER OF YEARS	
CITY		STATE		ZIP	
EMAIL ADDRESS			NO. OF DEPENDENTS	AGES OF DEPENDENTS	

CO-APPLICANT

FULL NAME					
SOCIAL SECURITY NUMBER				BIRTH DATE	
CURRENT STREET ADDRESS			APT. NUMBER	SINCE	
CITY			COUNTY		
STATE	ZIP	DRIVER'S LICENSE NUMBER/STATE		HOME TELEPHONE	
FORMER ADDRESS (COMPLETE IF CURRENT ADDRESS IS LESS THAN 2 YEARS)				NUMBER OF YEARS	
CITY		STATE		ZIP	
EMAIL ADDRESS			NO. OF DEPENDENTS	AGES OF DEPENDENTS	

EMPLOYMENT AND INCOME

Attach two most recent paycheck stubs. If self-employed, check here ☐ and attach two years federal income tax returns.

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)			HIRE DATE		
ADDRESS					
WORK TELEPHONE		POSITION		MO. GROSS INCOME \$	
FORMER EMPLOYER (If current is less than 2 years)		POSITION		YEARS THERE	
WORK TELEPHONE		START/END DATE		MO. GROSS INCOME \$	

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)			HIRE DATE		
ADDRESS					
WORK TELEPHONE		POSITION		MO. GROSS INCOME \$	
FORMER EMPLOYER (If current is less than 2 years)		POSITION		YEARS THERE	
WORK TELEPHONE		START/END DATE		MO. GROSS INCOME \$	

OTHER INCOME

You need not list income from alimony, child support or separate maintenance payments unless You want it considered in evaluating this credit application.

SOURCE OF OTHER INCOME		MONTHLY AMOUNT \$
NAME AND ADDRESS OF PAYER		NO. OF YEARS RECEIVED

SOURCE OF OTHER INCOME		MONTHLY AMOUNT \$
NAME AND ADDRESS OF PAYER		NO. OF YEARS RECEIVED

REFERENCES

NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU	
PERSONAL REFERENCE - NAME, ADDRESS AND TELEPHONE	

NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU	
PERSONAL REFERENCE - NAME, ADDRESS AND TELEPHONE	

ASSETS AND DEPOSITS

Attach a separate sheet if necessary.

DESCRIPTION	ACCOUNT NUMBER/TYPE	BALANCE/VALUE

DESCRIPTION	ACCOUNT NUMBER/TYPE	BALANCE/VALUE

A=Applicant C=Co-Applicant
D=Debts to be paid off if loan is granted.

Please answer the following questions. If a yes answer is given, explain on attached sheet.				A		C		TOTALS		\$	\$		
Please Check: A = Applicant/Co-signer C = Co-Applicant				YES	NO	YES	NO	Please Check: A = Applicant/Co-signer C = Co-Applicant				A	C
				YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
1. Have You filed a petition for bankruptcy in the last 10 years?								6. Have You any obligations not listed?					
2. Have You ever had any auto, furniture or property repossessed?								7. Do You have any past due bills?					
3. Are You a co-maker or co-signer on any loan?								8. Is any income You have listed likely to reduce in the next two years?					
For Whom _____								9. Is the property securing this loan You are applying for currently for sale?					
Where _____													
4. Have You ever had credit in any other name?								10. Indicate immigration status:					
What Name _____								Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____					
5. Have You any suits pending, judgments filed, alimony or support awards against You?								Co-Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____					

You have applied for the loan indicated in this application to be secured by a mortgage or deed of trust on the property described herein, and represent that the property will not be used for any illegal or restricted purpose, and that all statements made in this application are true and are made for the purpose of obtaining the loan. You authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. The original or a copy of this application will be retained by Us, even if the loan is not granted. You: ☐ intend; or ☐ do not intend; to occupy the property as Your primary residence. You fully understand that it is a federal 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 Title 18, United States Code, Section 1014.

X		X	
Applicant's Signature	Date	Co-Applicant's Signature	Date

Individual Loan Originator's Name	Nationwide Mortgage Licensing System And Registry (NMLSR) Identification (ID) Number
Loan Originator Organization's Name	Nationwide Mortgage Licensing System And Registry (NMLSR) Identification (ID) Number

NOTICE: Complete only if this is a Home Improvement Loan, or if You are applying to purchase or refinance a dwelling.
The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. You may check more than one designation for race. The law provides that a lender may discriminate neither on the basis of this information nor on whether you choose to furnish it. If you furnish the information please provide both ethnicity and race. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below.

Applicant: <input type="checkbox"/> You do not wish to furnish this information	Co-Applicant: <input type="checkbox"/> You do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male