

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

