

Home Equity Line of Credit (HELOC) Application

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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.

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

- INDIVIDUAL (Own income or assets)
 JOINT (both borrowers please initial that you applying jointly) _____

Loan Request

Amount requested	Purpose of loan
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Borrower Information

Full Name	Social Security Number	Date of Birth	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried - (Single, Divorced, Widowed)	Residency Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non-Perm Resident Alien <input type="checkbox"/> Other
Principal Residence Street Address, City, State, Zip		Home Phone		
Current Employer	Position or Title	Work Phone		
Employer's Address		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Years There	Occupation (Prior if Retired)
Gross Salary <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Other Income* <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Source of Other Income*		
Previous Employer	Position or Title	Work Phone	Years There	Occupation
Previous Employer (2)	Position or Title	Work Phone	Years There	Occupation
Driver's License Number and State	Issue Date	Exp Date	Cell Phone	E-mail Address
Name of Nearest Relative	Relationship	Phone Number	Mother's Maiden Name	

***Alimony, Child Support, or Separate Maintenance Income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation).**

Co-Borrower Information

Full Name	Social Security Number	Date of Birth	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried - (Single, Divorced, Widowed)	Residency Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non-Perm Resident Alien <input type="checkbox"/> Other
Principal Residence Street Address, City, State, Zip		Home Phone		
Current Employer	Position or Title	Work Phone		
Employer's Address		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Years There	Occupation (Prior if Retired)
Gross Salary <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Other Income* <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Source of Other Income*		
Previous Employer	Position or Title	Work Phone	Years There	Occupation
Previous Employer (2)	Position or Title	Work Phone	Years There	Occupation
Driver's License Number and State	Issue Date	Exp Date	Cell Phone	E-mail Address
Name of Nearest Relative	Relationship	Phone Number	Mother's Maiden Name	

***Alimony, Child Support, or Separate Maintenance Income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation).**



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Collateral (Subject Property)					
Estimated value	Type <input type="checkbox"/> 1 Family <input type="checkbox"/> 2 Family <input type="checkbox"/> 3-4 Family <input type="checkbox"/> Condo/Town <input type="checkbox"/> Other	Type: <input type="checkbox"/> Primary residence <input type="checkbox"/> Second home	Investment/Other <input type="checkbox"/> Investment/Other	Garage <input type="checkbox"/> Yes <input type="checkbox"/> No	
Property Street Address, City, State, Zip (if different)		Year built	Year purchased	Total rooms	Total square feet
Number of bedrooms	Number of baths	Family room <input type="checkbox"/> Yes <input type="checkbox"/> No	Full basement <input type="checkbox"/> Yes <input type="checkbox"/> No	Central air <input type="checkbox"/> Yes <input type="checkbox"/> No	In ground pool <input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Information					
Primary Residence					
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Mortgage Holder/Landlord	Mortgage Balance	Monthly Pmt	Annual Taxes	If not in Mtg.
Other Real Estate Owned (If more than four properties, please attach as separate sheet):					
<input type="checkbox"/> Second Home <input type="checkbox"/> Invest Property	Mortgage Holder	Gross Mthly Rental Inc	Mortgage Balance	Monthly Pmt	Annual Taxes If not in Mtg.
<input type="checkbox"/> Second Home <input type="checkbox"/> Invest Property	Mortgage Holder	Gross Mthly Rental Inc	Mortgage Balance	Monthly Pmt	Annual Taxes If not in Mtg.
Creditors and Checking/Savings:					
Creditor 1	Balance \$	Monthly Pmt \$	Creditor 2	Balance \$	Monthly Pmt \$
Creditor 3	Balance \$	Monthly Pmt \$	Creditor 4	Balance \$	Monthly Pmt \$
Checking Institution	Branch Location	Account No	Savings Institution	Branch Location	Account No
Other Assets:					
Description	Value	Description	Value		
Description	Value	Description	Value		
Description	Value	Description	Value		
Payoff Information					
Lender 1	Account number	Estimated balance	Lender 2	Account number	Estimated balance
Lender 3	Account number	Estimated balance	Lender 4	Account number	Estimated balance
Automatic Payment Deduction:					
<input type="checkbox"/> I would like my monthly payment deducted from a checking account at this financial institution. <input type="checkbox"/> I would like my monthly payment deducted from my checking account at another financial institution (please include a copy of a VOIDED check).					

Acknowledgement and Agreement	
<p>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 and to answer question others may ask Lender about my credit record with Lender. Upon request, you will be informed whether or not a consumer report was requested. If a report was requested, you will be informed of the name and address of the consumer reporting agency that furnished the report. I understand that I must update this credit information at Lender's request and if my financial condition changes.</p>	
Borrower's Signature _____	Date _____
Co-Borrower's Signature _____	Date _____

