HOME EQUITY LOAN APPLICATION

| MPORTANT 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 p | provide is protected by our privacy policy and federal law. |
| TYPE OF ACCOUNT REQUESTED | |

| Check one to indicate the type of accour | it you are req | uesting. Note | e: Marrie | | for separate accounts. Int - Relying solely on my ir | come and assets. | | |
|---|-------------------------------|---------------------------|-----------|---|---|---------------------------------|--|--|
| Individual Account - Relying on my in | come and as | sets and as v | well as i | ncome or assets of anot | ther. | | | |
| TERMS REQUESTED | Interest F | Bate | Type o | of Loan | | | | |
| \$ | interest i | % | | ed Rate 🗌 ARM (type | e): | Other: | | |
| No. of Months | | | Purpos | | ay Debt: | Other: | | |
| COLLATERAL PROPERTY | | | 1 | | | | | |
| Address | | Year Built | | Date Purchased | Present Value Balance Owing | | | |
| Title in Name(s) of: | | Address of | Title Ho | lder | Name and Address of Insurance Carrier | | | |
| Mortgage Holder | | | | | <u> </u> | | | |
| | Addre | ess | | | Phone No. | Acct. No. | | |
| INDIVIDUAL APPLICANT INFORMATIC Name | ON | | | 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 | F | Position | | Years Employed | Employer's Address | | | |
| Wages, Salary, Commissions Gross \$ | /month N | let \$ | | /month | How Often Paid | | | |
| Previous Employer | F | Position | | Years Employed | Previous Employer's Addr | ess | | |
| Name and Address of Applicant's Neare | st Relative | | | | | Relationship | | |
| Alimony, child support, or separate n separate maintenance received pursu | | income nee court Order | | e revealed if you do n itten Agreement | | ered. Alimony, child support, | | |
| Other Income: Source | | | | | | Amount/Month | | |
| Marital Status | | | cludes s | ingle, divorced and widc | owed) | | | |
| JOINT APPLICANT OR OTHER PART Provide the information in this section fo | r a joint applie | cant, another | | | | epayment on the account, or for | | |
| your spouse if you live in, or the collatera Name | al property is | located In, Az | Z, CA, II | Birthdate | Social Security No. | | | |
| Address (Street, City, State, Zip) | | | | County | Drivers License No. | | | |
| Home Phone | Business Phone | | | No. of Dependents | Ages of Dependents | | | |
| Employer/Self Employed | er/Self Employed Position | | | Years Employed | Employer's Address | | | |
| Wages, Salary, Commissions | | | | How Often Paid | | | | |
| Gross \$ Previous Employer | /month Net \$ /er Position | | | /month Years Employed | Previous Employer's Addr | evious Employer's Address | | |
| Name and Address of Applicant's Neare | st Relative | | | | | Relationship | | |
| Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered. Alimony, child support, | | | | | | | | |
| separate maintenance received pursuant to: Court Order Written Agreement Oral Understanding. Other Income: Source Amount/Month | | | | | | | | |
| Marital Status | rated 🗌 U | nmarried (inc | cludes si | ingle, divorced and widc | owed) | | | |
| GENERAL INFORMATION | | | | - | | | | |
| If you or a joint applicant or other party answers "yes" to any of the following questions, please explain in the space provided. Are you a guarantor or co-maker of any leases, contracts or debts? Applicant: Yes No Joint Applicant/Other Party: Yes No | | | | | | | | |
| Are there any suits or judgments pending against you? Applicant: Yes No Joint Applicant/Other Party: Yes No (Include amount) | | | | | | | | |
| Have you been declared bankrupt in the last 10 years? Applicant: Yes No Joint Applicant/Other Party: Yes No | | | | | | | | |
| | | | | | | | | |
| PREVIOUS CREDIT REFERENCES | Place mort | | ated inf | ormation with on "A" | | | | |
| Describe any previous debt obligations. Please mark Applicant-related information with an "A". | | | | Date Paid | | | | |
| 1. | | | | | \$ | Date Paid | | |

ASSET AND DEBT INFORMATION

If "Joint Applicant or Other Party Information" section was completed above, this section should be completed giving information about both the Applicant and the Joint Applicant or Other Party. Attach additional sheets if necessary.

| 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 | | | \$ |

| CREDITOR | ACCOUNT NUMBER | NAMES IN WHICH THE ACCOUNT IS CARRIED | ORIGINAL AMOUNT | PRESENT BALANCE | MONTHLY PAYMENTS |
|---|-------------------|--|--------------------|--------------------|---------------------|
| Auto Loans | | | | | |
| | | | | | |
| Credit or Charge Cards | | | | | |
| | | | | | |
| andlord 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.

Married Wisconsin Residents: No provision of any marital property agreement, unilateral statement under Wisc. Statutes §766.59 or a court decree under Wisc. Statutes §766.70 adversely affects the interest of the lender unless the lender, prior to the time the credit is granted, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision when the obligation to the lender is incurred.

□ 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-Applicant | Date |
|------------------------|-----------------------------|-----------------|-----------------------|------------------|
| CREDITOR USE ONL | _Y | | | |
| This application was t | aken by: 🗌 face-to-face int | erview 🗌 mail 🗌 | telephone 🗌 internet. | |
| Date Application Rece | eived: | Received By: | | Amount Requested |
| | | | | \$ |
| Date Application Com | pleted: | Approved By: | | Amount Approved |
| | | | / | \$ |
| Rescindable? | RESPA Applicable? | Funding Date: | | Initial Advance |
| Yes No | 🗌 Yes 🗌 No | | | \$ |