HOME EQUITY CONSUMER LOAN APPLICATION

To help the government fight the fu person who opens an account. What this means for you: When yo	u open an acco	ism and mor	ney lau	ndering acti	ivities, F	ederal I		cial institutio	ons to obtain,					
driver's license or other identifying documents. TO: Name/Address of Lender							What type of account are you applying for? (Please check appropriate box): INDIVIDUAL (Own income or assets) COSIGNER INDIVIDUAL (Own income or assets plus income or assets from other sources)							
							JOINT (pleas	<i>e initial)</i> in Credit Li	fe/Disability I	nsurance		offered		ender if this loan is
LOAN ORIGINATION COMPANY NAM LOAN ORIGINATOR NAME:	ЛЕ:								ATION COMP			:		
Loan Amount	Interest Rate	Loan Type] HELOC	_	OAN	TERMS	te 🗌 V	/ariable Rate (type):				Other
Term	Payr	ment	Purpos	se										
Property Address	•			CO	ILLATE	RAL	INFORMATION	Year Bu	ilt Purchase	e Date		Pres	sent Va	lue
Title Holder							Title Holder Address							
Insurance Carrier							Insurance Carrier Address							
Current Mortgage Holder		Current Mo	ortgage H	lolder A	ddress					Current Mortgage Holder Phone				
Monthly Mortgage Payment	ŀ	lome Purcha	se Pric	ice Balance Owing				Mortgage Loan Account Nu			umber	umber		
Additional Collateral Description	I								I					
				APPLIC	ANT/C	OSIG	NER INFORMA	ΓΙΟΝ						
Name (Last)		(First)					(MI) (Suffix)	Number (SSI	Number (SSN/TIN)			Date of Birth		
Street Address							Driver's License/ID	Number		St	tate	Home I	Phone	Number
City	State			ZIP	Code		County		How Long	There	No.	of Deper	ndents	Age of Dependents
Previous Address (if less than 2 year	rs at current add	dress)												
Employer			E	Employer Ad	dress							Emp	loyer P	hone Number
Position			F	low Long			Gross Net	V	Veekly	Monthly				
Previous Employer			Previo	ous Employe	r Addres		Often Paid		Average Position	Monthly C	Overtin	ne Pay \$	Н	ow Long
Nearest Relative Not Living with You									Relationship					
Relative's Address	Relative's Address City						State	ZIP Code			Relat	Relative's Phone Number		
Immigration Status U.S. Citi: Marital Status Married	zen			ent of U.S.			Other:							
Alimony, Child Support, Separate Ma			are not					d support, or	separate mai	ntenance		nts. Hov	vever,	if you are relying on
income from alimony, child support, Payment Received Pursuant to: Alimony per Month \$	or separate mail	er	Writ	s as a basis ten Agreeme : per Month	ent		Oral Understanding		intenance Pa		Month	n \$		
Name (Last)							MI) (Suffix)	Number (SSN/TIN)			Date of Birth			
Street Address	eet Address						Driver's License/ID	Number	State			Home	Home Phone Number	
City	State			ZIP	Code		County		How Long	There	No.	of Deper	ndents	Age of Dependents
Previous Address (if less than 2 yea	rs at current ad	ldress)												
Employer	Employer				dress						Employer Phone Number			
Position			F	low Long			Gross Net	v	Veekly	Monthly	, \$			
Previous Employer			Previo	ous Employe	r Addres		Often Paid		Average Position	Monthly C	Overtin	ne Pay \$	Но	ow Long
Nearest Relative Not Living with You									Relationship					
Relative's Address City						State ZIP Code			Relative's Phone Number					
mmigration Status U.S. Citizen Perm. Resident of U.S.							Other:							
Marital Status Married		Separ					Unmarried (inc	luding single,	, divorced, an	d widowe	d)			
Alimony, Child Support, Separate Ma income from alimony, child support, o Payment Received Pursuant to:		ntenance pay	yments		for repay			ise complete			payme	nts. Hov	vever,	if you are relying on
Alimony per Month \$		Child S	Support	t per Month		NAL	INFORMATION	Separate Ma	aintenance Pa	yment per	Month	n \$		
	• Amount \$ • Amount \$						ource ource							
If you, a joint applicant, or other part Are you a guarantor or co-maker of a	· . · ·				tions, ple	es	blain in the space pro		Applicant/Othe	er Party:		Yes		No
Are there any suits or judgments per	nding against yo	ou?	Δ	Applicant:		es [No	Joint A	Applicant/Othe	er Party:] Yes		No
Have you been declared bankrupt in t	the last 10 year	's?	Δ	oplicant:		es [No	Joint A	Applicant/Othe	er Partv:		Yes		No

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NOT FOR FNMA/FHLMC/FHA/VA USE

CURRENT ASSETS												
Please attac	h additional sheet(s) if n		ired for the Cu	rrent Assets sect								
DESCRIPTION OF ASSETS					OWNER NAME(S)		SUBJECT TO LIEN: YES	5/NO	VALUE			
Total Asset	s from Addendum											
TOTAL ASS	BETS											
				0	UTSTANDING DEB	ſS						
The following are all of the loans or debts you presently owe, including charge accounts, installment contracts, credit cards, rents, mortgages, alimony, child support, and separate maintenance payments you are obligated to make. Please attach additional sheet(s) if more space is required for the Outstanding Debts section.												
		e) to indicate whe	-		y of the Applicant (A), Co-				1			
APPLICANT CODE	NAME OF CE	REDITOR		ACCOUNT NUMBER	ORIGINA AMOUN		CURRENT BALANCE	MONTHLY	Check box if to be paid from proceeds			
			1									
	Total Debts from Adde	endum										
	TOTAL DEBTS											
it did or did	not occur, and if it did	occur, will provi	de the name a	nd address of the	consumer reporting agen		ccurred and the Lender wi e report. Without notice,					
	connection with an upda lication, read singular p	· · ·				this application and	d that all statements mad	e in this applicatio	on are made for the			
financial ob	ligations of any kind, in	cluding any guara	ntor or cosign	er liability. Lende	, its agents, successors,	and assigns, will rel	is application are complete y on the information cont	ained in this applic	cation, and I have a			
continuing of	obligation to amend and	supplement the i	nformation pro	vided in this appl	ication if any of the mater	ial facts I represente	d should change before c E Lender, its agents, suc	losing. If I have lef	t any spaces in this			
investigate	and verify all informatio	n I provided to L	ender, its agen	ts, successors, a	nd assigns. I understand 1	hat it is my sole and	d exclusive responsibility s, successors, and assign	to determine all th	e tax effects of the			
to credit rep	porting agencies and oth	ners who may pro	perly receive t	hat information.	f Lender approves this ap	plication and Lender	, its agents, successors, a , will report using the Soc	and assigns, are re	quired to report the			
number) she	own above. I understand keep this application w	d that if the Socia	I Security Nun	nber is incorrect,	that I may be subject to I	nternal Revenue Ser	vice penalties. I understar	nd Lender, its agen	its, successors, and			
Certification	: I certify that the info	prmation provided	in this applica	ition is true and o	correct as of the date set	forth opposite my si	gnature on this application	n and acknowledge	e my understanding			
imprisonme	nt or both under the pro	visions of Title 18	United State	s Code, Section	In this application may re 1001, et seq., and liability I made in this application	for monetary damage	and/or criminal penalties ges to the Lender, its ager	ncluding, but not nts, successors, as	signs, insurers, and			
	Applicant or Cosigner	Ty loss due to relia	ince upon any	Dat		Co-Applicant			Date			
				C								
Interest:	Fixed Simple	Variable	Simple	If Variable Inter		Rate	% Ceiling R	ate	%			
	Interest Adjustm	ents			Index							
Payments:	Monthly	Quarterly		her, describe 🕨			First Payr	ment Due:				
Billing:	Coupon Book	Billing Sta	tement	Payroll Dedu	ction Charge A	ccount No.			DDA SAV			
Insurance:	Single Life Credit		Life Credit	Disability								
Base Incom	APPLICANT CO-APPLICANT TOTAL											
Base Income \$								%				
Uther income \$\$ iotal Ubligations - income % Loan Approval (Indicate Conditions of Loan, If Any) \$\$ \$\$ \$\$												
This opplia-	tion was taken by:	Face-to-Fac	e Interviour	Mail	Telephone	Internet						
	ation Received		ved By					Amount Reque	ested			
Date Applic	ation Completed	Appr	oved By					Amount Appro	oved			
Rescindable	? RESPA	A Applicable? F	unding Date					Initial Advance)			
Yes		/es No	- 44									
	ason(s) for Adverse Acti redit File	ion Concerning Cr	edit		Unacceptable Type of Cr	edit References	Unable to	o Verify Credit Refe	erences			
	ficient Number of Credit	References Provid	led		Poor Credit Performance			o Verify Employme	nt			
	ed Credit Experience	ıt			Temporary or Irregular E			o Verify Income o Verify Besidence				
Collection Action or Judgment Insufficient Length of Employment Unable to Verify Residence Garnishment or Attachment Insufficient Income for Amount of Credit Requested Value or Type of Collateral Not Sufficient												
Foreclosure or Repossession Excessive Obligations in Relation to Income Unacceptable Appraisal												
	quent Credit Obligations ruptov	(past or present v	vith others)		Temporary Residence Insufficient Length of Re	sidence		table Leasehold Est Not Grant Credit to				
Bankruptcy Insufficient Length of Residence We Do Not Grant Credit to Any Applicant on the Terms and Conditions You Request.												
Other - Specify:												
Customer lo Applicant/C		P) Record Informa	tion (Describ	e Additional Data	Collected Pursuant to Inst	itution's CIP)						
Applicant/Cosigner Information Collected and Verified in Accordance With CIP (initial)												
Co-Applicar	it:											
	oplicant Information Coll	ected and Vorifica	in Accordance	With CIP (initia	n				CSi			
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