



Essex County Teachers Federal Credit Union



Home Equity Loan Application Checklist

Please include a copy of the following with your application:

- | | |
|-----------------------------|-----------------------------|
| _____ Deed | _____ Hazard Insurance |
| _____ Proof of Income | _____ Federal Income Tax |
| _____ Property Tax Bill | _____ Completed Application |
| _____ \$100 Application Fee | _____ Application Checklist |

Personal Information:

Name of Applicant: _____
 Name Of Spouse: _____
 Wife's Maiden Name: _____
 Date of Marriage: _____ Date of Divorce: _____
 (If divorced please attach copy of judgment of divorce)

Date Home was purchased: _____

Address of property to be mortgaged:

Information about this loan:

Amount to be financed: \$ _____
 Term Requested: _____ years

*Remember a \$150 Closing fee is due on the day of the loan closing

*If you bring original documents to the credit union we will make the copies needed.

Where people are worth more than money.™

125 Franklin Street, Bloomfield, New Jersey 07003
 Voice: 973-748-8847 Fax: 973-748-7806 E-mail: info@ectcu.org

HOW TO APPLY

- Please complete sections 1 through 8
- Sign and complete section 9
- Return this application to your credit union
- An incomplete or unsigned form may delay processing

1 NOTE AND COMPLETE

Married Applicants may apply for a separate account. Check the appropriate box to indicate Individual Credit or Joint Credit.

NOTICE TO OHIO APPLICANTS: 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.

- Individual Credit:** Complete **Applicant** section. Complete **Co-Applicant, Spouse** (referred to as "Other") section: (1) about your spouse if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), or (2) if your spouse will use the Account. Please check box to indicate whom the information is about.
- Joint Credit:** Each Applicant must **individually** complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.

Amount Requested \$ _____ **Purpose:** _____
Repayment: Payroll Deduction Cash Automatic Payment Military Allotment _____

STATEMENT OF INTENT

Are you interested in having your loan protected? Yes No
 If you answer "Yes," then the credit union will disclose the costs of this voluntary payment protection to you. A separate election which discloses the terms and conditions must be signed for protection to be effective.

2 APPLICANT INFORMATION

APPLICANT

Please print in ink or type.

NAME (Last - First - Initial) _____
 DRIVER'S LICENSE NUMBER/STATE _____
 ACCOUNT NUMBER _____ SOCIAL SECURITY NUMBER _____
 BIRTH DATE _____ HOME PHONE _____ BUSINESS PHONE/EXT. _____
 PRESENT ADDRESS (Street - City - State - Zip) _____ OWN RENT
 YEARS AT THIS ADDRESS _____
 PREVIOUS ADDRESS (Street - City - State - Zip) _____ OWN RENT
 YEARS AT THIS ADDRESS _____
 COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:
 MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed)
 LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT
 (Exclude Self)

CO-APPLICANT **SPOUSE**

Use "SAA" if information is "Same As Applicant".

NAME (Last - First - Initial) _____
 DRIVER'S LICENSE NUMBER/STATE _____
 ACCOUNT NUMBER _____ SOCIAL SECURITY NUMBER _____
 BIRTH DATE _____ HOME PHONE _____ BUSINESS PHONE/EXT. _____
 PRESENT ADDRESS (Street - City - State - Zip) _____ OWN RENT
 YEARS AT THIS ADDRESS _____
 PREVIOUS ADDRESS (Street - City - State - Zip) _____ OWN RENT
 YEARS AT THIS ADDRESS _____
 COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:
 MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed)
 LIST AGES OF DEPENDENTS NOT LISTED BY APPLICANT
 (Exclude Self)

3 EMPLOYMENT INFORMATION

NAME AND ADDRESS OF EMPLOYER _____
 YOUR TITLE/GRADE _____ SUPERVISOR'S NAME _____
 START DATE _____ HOURS AT WORK _____ IF SELF EMPLOYED, TYPE OF BUSINESS _____
 IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS _____ STARTING DATE _____ ENDING DATE _____
MILITARY IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR YES NO WHERE _____ ENDING/SEPARATION DATE _____

NAME AND ADDRESS OF EMPLOYER _____
 YOUR TITLE/GRADE _____ SUPERVISOR'S NAME _____
 START DATE _____ HOURS AT WORK _____ IF SELF EMPLOYED, TYPE OF BUSINESS _____
 IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS _____ STARTING DATE _____ ENDING DATE _____
 IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR YES NO WHERE _____ ENDING/SEPARATION DATE _____

4 INCOME INFORMATION

NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.
 EMPLOYMENT INCOME \$ _____ OTHER INCOME \$ _____
 NET GROSS PER SOURCE PER

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 EMPLOYMENT INCOME \$ _____ OTHER INCOME \$ _____
 NET GROSS PER SOURCE PER

5 REFERENCES

Please include Street, City, State and Zip.

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____ RELATIONSHIP _____ HOME PHONE _____
 NAME AND ADDRESS OF PERSONAL FRIEND -NOT A RELATIVE _____ HOME PHONE _____

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____ RELATIONSHIP _____ HOME PHONE _____
 NAME AND ADDRESS OF PERSONAL FRIEND -NOT A RELATIVE _____ HOME PHONE _____

