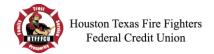
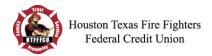
Home Equity Application

1. LOAN INFORMA	ATION							
Loan Amount Reque	sted \$	Tern	n requested:	Purpose:				
Repayment:	□ Coup	oons $\Box A$	Automatic Payment					
Would you like credi	t insurance? (F	Please check one)						
Single life	□Yes □	No *NOTI	E: Lacknowledge that	t loane with terme o	greater than 120 months			
Joint life	□Yes □	N I a	ligible for credit insur		greater than 120 months			
Single disability	□Yes				nt Initials:			
2. APPLICANT INF	ORMATION	Please print in	ink or type. Use "SA	1A" if information i	is the "Same as Applicant			
APPLICANT			□ CO-APPLICA		E			
Name (Last – First – I	Initial)		Name (Last – Firs	Name (Last – First – Initial)				
Driver's License #/ St	tate		Driver's License ‡	# /State				
Account #		Social Security #	Account #		Social Security #			
Birth Date Hon	ne Phone	Business Phone.	Birth Date	Home Phone	Business Phone			
Mobile Phone	E-mail:		Mobile Phone:	E-mail:				
Present Address (Stre	et – City – State	– Zip) □Own □Ren	t Present Address (Street – City – State -	– Zip) □Own □Rent			
		No. of Years:			No. of Years			
	-	No. of Tears.	_		No. of Tears			
Previous Address (Str (If less than 2 years at		e – Zip) □Own □Re)		(Street – City – State rs at current address)	e−Zip) □Own □ Rent			
			····					
		No. of Years:	_		No. of Years:			
Marital Status:			Marital Status					
☐ Married ☐ Separate	d Unmarried	(Single–Divorced –	<u> </u>	nrated Unmarried	(Single – Divorced –			
Widowed) List ages of dependen	ts not listed by a	other applicant	Widowed) List ages of depen	ndents not listed by of	ther applicant			
(Exclude Self)	is not iisted by t	appirount	(Exclude Self)	identical for indical by of	apprount			



3. EMPLOYMENT INFORMATION

Name of Employer Self Employed			Name of Employer Self Employed				
Employer's Address (Street – City – State – Zip)				Employer's Address (Street – City – State – Zip)			
Telephone #	Start Date:		Telepl	none #	Start Date:		
Your Title/Grade	Supervi	sor Name	Your	Γitle/Grade	Superv	visor Name	
Complete the following if employed in current position for less than two years or if currently employed in more than one position.			Complete the following if employed in current position for less than two years or if currently employed in more than one position.				
Name of Employer Self Employed				Name of Employer Self Employed			
Employer's Address (Street – City – State – Zip)			Employer's Address (Street – City – State – Zip)				
Starting Date		Ending Date	Startin	g Date		Ending Date	
Your Title/Grade	Supervisor Name	Phone #	Your	Γitle/Grade	Supervisor Name	Phone #	
4 INCOME INFORM	ATION Notice: Child	support income doe	es not n <i>ee</i>	d to he revealed is	f you do not choose to have	it considered	
4. INCOME INFORMATION Notice: Child support income doe Gross Employment Income Other Income			Gross Employment Income Other Income				
\$ per	\$	per	\$	per	\$	per	
5 DEFEDENCES							
5. REFERENCES Name and phone number	per of nearest relative not	living with you	Name	and phone numl	ber of a personal friend -	- not a relative	
Dalatia addia							
Relationship							
6A. PROPERTY							
Homestead address		Market Value		Pledged as collatera	Pledged as collateral for another loan.		
		\$		□Yes □ No	□Yes □ No		
6B. This section mu	ST BE COMPLETED FOR	THE PROPERTY	WHICH	WILL BE GIVE	N AS SECURITY, IF APP	LICABLE.	
LIST EVERY LIEN A	GAINST YOUR HOME	Z/A lien is a le	gal clai	m filed agains	st your property as se	ecurity for	
payment of a debt. Liens include mortgages, deeds of tru First Mortgage Held by:			st, land	other Liens (Put "None" if you have none)			
Present Balance: \$							
	ed in this section: Your	nrincinal dwellin	σ?	□ Yes □ No			



Listed as the applicant's address in the "Applicant Informatio Is anyone other than your spouse a part owner of your home?			
Do you pay homeowner association dues? Yes No		onth?	
7. FINANCIAL INFORMATION These questions apply to both app	licants. If a "yes" answer is given to a q		
Do you have any outstanding judgments? Have you ever filed for a Chapter 7 or a Chapter 13 Bankruptcy Have you had property foreclosed upon or given a Deed in Lieu Are you a party in a lawsuit? Are you other than a U.S. Citizen or permanent resident alien? Is your income likely to decline in the next two years? Do you pay Child Support?		 ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No 	Co-applicant ☐ Yes ☐ No ☐ Yes ☐ No
oo you pay Cmid Support?	No II yes, now much do you	ı pay a monun?	
application for credit and for any update, renewal or extension name and address of any credit bureau from which it received a willfully and deliberately provide incomplete or incorrect infor Chartered Credit Unions insured by NCUA. If there are any imagree to notify us of any change in your name, address or employed Applicant Signature: Date:	a credit report on you. You understate mation on loan applications made to appropriate changes, you will notify us a comment within a reasonable time the	nd that it is a federa Federal Credit Union writing immediatoreafter.	al crime to ons or State ely. You also
FOR CREDIT	UNION USE ONLY		
Loan approved: Yes No App	proved Limit	Debt Ratio	
SIGNATURES: Loan Officer: Date:	Date		
☐ Credit committee: Date	:;;	Date:	
Date	:;	Date:	
To Be Completed by Loan Originator This information was provided: □ In a face-to-face interview □ In a telephone interview	☐ By the applicant and sub☐ By the applicant and sub☐		
Loan Originator's Signature X	-	Date	
Loan Originator's Name (print or type)	Loan Originator Identifier	Loan Originator's Phone Number 713-864-0959	
Loan Origination Company's Name HOUSTON TEXAS FIRE FIGHTERS FCU (P) 713-864-0959 (F) 713-864-1142	Loan Originator Company Identifier 410359	Loan Origination Address P. O. BOX 70009 Houston, TX 772)