

## Home Equity Application

### 1. LOAN INFORMATION

Loan Amount Requested \$ \_\_\_\_\_ Term requested: \_\_\_\_\_ Purpose: \_\_\_\_\_  
 Repayment:  Coupons  Automatic Payment

Would you like credit insurance? (Please check one)

Single life  Yes  No  
 Joint life  Yes  No  
 Single disability  Yes  No

\*NOTE: I acknowledge that loans with terms greater than 120 months are ineligible for credit insurance.

Applicant Initials: \_\_\_\_\_ Co-Applicant Initials: \_\_\_\_\_

### 2. APPLICANT INFORMATION

*Please print in ink or type. Use "SAA" if information is the "Same as Applicant"*

APPLICANT

CO-APPLICANT  SPOUSE

Name (Last – First – Initial)		Name (Last – First – Initial)	
Driver's License #/ State		Driver's License # /State	
Account #	Social Security #	Account #	Social Security #
Birth Date	Home Phone	Business Phone.	Birth Date Home Phone Business Phone
Mobile Phone	E-mail:	Mobile Phone:	E-mail:
Present Address (Street – City – State – Zip) <input type="checkbox"/> Own <input type="checkbox"/> Rent		Present Address (Street – City – State – Zip) <input type="checkbox"/> Own <input type="checkbox"/> Rent	
No. of Years: _____		No. of Years _____	
Previous Address (Street – City – State – Zip) <input type="checkbox"/> Own <input type="checkbox"/> Rent (If less than 2 years at current address)		Previous Address (Street – City – State – Zip) <input type="checkbox"/> Own <input type="checkbox"/> Rent (If less than 2 years at current address)	
No. of Years: _____		No. of Years: _____	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single–Divorced – Widowed)		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single – Divorced – Widowed)	
List ages of dependents not listed by other applicant (Exclude Self)		List ages of dependents not listed by other applicant (Exclude Self)	



3. EMPLOYMENT INFORMATION

Name of Employer <input type="checkbox"/> Self Employed ..... Employer's Address (Street – City – State – Zip)	Name of Employer <input type="checkbox"/> Self Employed ..... Employer's Address (Street – City – State – Zip)
Telephone #                      Start Date:	Telephone #                      Start Date:
Your Title/Grade                      Supervisor Name	Your Title/Grade                      Supervisor Name
<i>Complete the following if employed in current position for less than two years or if currently employed in more than one position.</i>	
Name of Employer <input type="checkbox"/> Self Employed ..... Employer's Address (Street – City – State – Zip) .....	Name of Employer <input type="checkbox"/> Self Employed ..... Employer's Address (Street – City – State – Zip) .....
Starting Date                                      Ending Date	Starting Date                                      Ending Date
Your Title/Grade              Supervisor Name              Phone #	Your Title/Grade              Supervisor Name              Phone #

4. INCOME INFORMATION *Notice: Child support income does not need to be revealed if you do not choose to have it considered.*

Gross Employment Income      Other Income	Gross Employment Income      Other Income
\$                      per                      \$                      per	\$                      per                      \$                      per

5. REFERENCES

Name and phone number of nearest relative not living with you ..... Relationship.....	Name and phone number of a personal friend – not a relative .....
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6A. PROPERTY

Homestead address	Market Value	Pledged as collateral for another loan.
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

6B. THIS SECTION MUST BE COMPLETED FOR THE PROPERTY WHICH WILL BE GIVEN AS SECURITY, IF APPLICABLE.

<b><i>LIST EVERY LIEN AGAINST YOUR HOME</i></b>   <i>A lien is a legal claim filed against your property as security for payment of a debt. Liens include mortgages, deeds of trust, land contracts, judgments and past due taxes.</i>	
First Mortgage Held by:	Other Liens (Put "None" if you have none)
Present Balance: \$	
Is the property described in this section: Your principal dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No	



Listed as the applicant's address in the "Applicant Information" section? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is anyone other than your spouse a part owner of your home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you pay homeowner association dues? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much do you pay a month?

7. FINANCIAL INFORMATION These questions apply to both applicants. If a "yes" answer is given to a question, explain on an attached sheet.

	<b>Applicant</b>	<b>Co-applicant</b>
Do you have any outstanding judgments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed for a Chapter 7 or a Chapter 13 Bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had property foreclosed upon or given a Deed in Lieu of Foreclosure I in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a party in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you other than a U.S. Citizen or permanent resident alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your income likely to decline in the next two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you pay Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much do you pay a month? _____	

8. SIGNATURES

You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of all your debts and obligations. You authorize the credit union to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. If you request, the credit union will tell you the name and address of any credit bureau from which it received a credit report on you. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to Federal Credit Unions or State Chartered Credit Unions insured by NCUA. If there are any important changes, you will notify us in writing immediately. You also agree to notify us of any change in your name, address or employment within a reasonable time thereafter.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Other Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR CREDIT UNION USE ONLY**

Loan approved:  Yes  No \$ \_\_\_\_\_ Approved Limit \_\_\_\_\_ Debt Ratio \_\_\_\_\_

**SIGNATURES:** \_\_\_\_\_ Date: \_\_\_\_\_

Loan Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Credit committee: \_\_\_\_\_ Date: \_\_\_\_\_; \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_; \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Completed by Loan Originator**

This information was provided:  In a face-to-face interview  By the applicant and submitted by fax or mail  
 In a telephone interview  By the applicant and submitted via e-mail or the internet

Loan Originator's Signature <b>X</b>		Date
Loan Originator's Name (print or type)	Loan Originator Identifier	Loan Originator's Phone Number <b>713-864-0959</b>
Loan Origination Company's Name <b>HOUSTON TEXAS FIRE FIGHTERS FCU (P) 713-864-0959 (F) 713-864-1142</b>	Loan Originator Company Identifier <b>410359</b>	Loan Origination Company's Address <b>P. O. BOX 70009 Houston, TX 77270-0009</b>

