



HEALTH CENTER CREDIT UNION
 MEDICAL COLLEGE OF GEORGIA
 AUGUSTA, GA 30912
 (706) 434-2213

HOME EQUITY LOAN APPLICATION

DATE	APPLICANT ACCOUNT NO.	CO-APPLICANT ACCOUNT NO.
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Amount Requested: Home Equity Line of Credit \$ _____ Closed End 2nd Mortgage \$ _____

Purpose: _____ Approximate Value: _____

Property Type: Single Family Home Condominium Townhouse Other _____

Property Address: _____

MARRIED APPLICANTS may apply for a separate account. **Check the type of credit account for which you wish to apply.**

Individual Credit – You must complete the applicant section about yourself and the other section about your spouse if: (1) You live in a community property state (AK, AZ, CA, ID, LA, NM, NV, P.R., TX, WA, WI); (2) your spouse will use the account; or (3) you are relying on your spouse's income as a source of repayment.

Joint Credit – If you are applying for a joint account or an account that you and another person will use, you must complete the applicant and other section _____ Initial here if you intend to apply for Joint Credit

APPLICANT

Complete for secured credit or if you live in a community property state.
 MARRIED SEPARATED UNMARRIED (Single, Divorced, Widowed)

APPLICANT'S FULL NAME _____

SOCIAL SECURITY NO.	DRIVER'S LICENSE NO. & STATE	BIRTH DATE
HOME PHONE NO.	NO. OF DEP.	AGE OF DEPENDENTS OTHER
MOTHER'S MAIDEN NAME	E-MAIL ADDRESS	
CURRENT STREET ADDRESS	OWN/RENT	
	YEARS THERE	
FORMER STREET ADDRESS	YEARS THERE	
PERSONAL REFERENCE	RELATIONSHIP	PHONE

SPOUSE CO-APPLICANT

Complete for secured credit or if you live in a community property state.
 MARRIED SEPARATED UNMARRIED (Single, Divorced, Widowed)

SPOUSE/CO-APPLICANT'S FULL NAME _____

SOCIAL SECURITY NO.	DRIVER'S LICENSE NO. & STATE	BIRTH DATE
HOME PHONE NO.	NO. OF DEP.	AGE OF DEPENDENTS OTHER
RELATIONSHIP TO APPLICANT		
CURRENT STREET ADDRESS	OWN/RENT	
	YEARS THERE	
FORMER STREET ADDRESS	YEARS THERE	
PERSONAL REFERENCE	RELATIONSHIP	PHONE

EMPLOYMENT & INCOME

If you are self-employed, attach a financial statement and your most recent income tax return.

CURRENT EMPLOYER	HIRE DATE
	POSITION
WORK PHONE NO.	GROSS ANNUAL INCOME
	\$
FORMER EMPLOYER (if current less than 2 years)	

CURRENT EMPLOYER	HIRE DATE
	POSITION
WORK PHONE NO.	GROSS ANNUAL INCOME
	\$
FORMER EMPLOYER (if current less than 2 years)	

OTHER INCOME

You need not list income from alimony, child support or separate maintenance unless you wish it considered for purposes of granting this credit.

SOURCE OF OTHER INCOME	FREQUENCY	AMOUNT
1.		\$
2.		\$

SOURCE OF OTHER INCOME	FREQUENCY	AMOUNT
1.		\$
2.		\$

ASSETS & DEPOSITS

TYPE OF ACCOUNT	FINANCIAL INSTITUTION	CURRENT BALANCE	TYPE OF ACCOUNT	FINANCIAL INSTITUTION	CURRENT BALANCE
CHECKING		\$	CHECKING		\$
SAVINGS		\$	SAVINGS		\$
OTHER		\$	OTHER		\$
AUTO 1	YEAR MAKE	VALUE \$	AUTO 2	YEAR MAKE	VALUE \$
REAL ESTATE		VALUE \$	OTHER ASSETS		VALUE \$

CREDIT INFORMATION

LIST ALL OBLIGATIONS INCLUDING CREDIT UNION LOANS		ACCOUNT NUMBER		BALANCE		MONTHLY PAYMENTS	
PLEASE INDICATE: A - Applicant C - Co-Applicant		APPLICANT		CO-APPLICANT		PLEASE INDICATE: A - Applicant C - Co-Applicant	
		YES	NO	YES	NO	YES	NO
1.	Have you ever filed a petition for bankruptcy? Date:					5.	Is income listed likely to be reduced in the next two years?
2.	Have you ever had any auto, or furniture repossessed or property foreclosed upon? Date:					6.	Have you ever had credit in any other name? What Name?
3.	Are you a co-borrower or co-signer of any loan or lease? For Whom? Where?					7.	Have you any outstanding judgments? Are you a party in a lawsuit?
4.	Do you have any past due bills?					8.	Are you a U.S. Citizen or permanent resident alien?

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

NOTE: If proceeds are to be used for Home Improvement please complete this section.

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may discriminate neither on the basis of this information, nor on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

BORROWER: <input type="checkbox"/> I do not wish to furnish this information		CO-BORROWER: <input type="checkbox"/> I do not wish to furnish this information	
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino		Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino	
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American		Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
To be Completed by interviewer This application was taken by: <input type="checkbox"/> Face-to-Face interview <input type="checkbox"/> by Mail <input type="checkbox"/> by Telephone <input type="checkbox"/> by Internet		Interviewer's Name (print or type) Interviewer's Signature Interviewer's Phone Number (incl. area code)	Name and Address of Interviewer's Employer HEALTH CENTER CREDIT UNION MEDICAL COLLEGE OF GEORGIA AUGUSTA, GA 30912

SIGNATURES

The undersigned applies for the credit indicated in this application to be secured by a mortgage or deed of trust on the property described herein, and represents that the property will not be used for any illegal or restricted purpose, and that all statements made in this application are true and are made for the purpose of obtaining the loan. The Credit Union or its agent is authorized to investigate your creditworthiness, employment history, and to obtain a credit report and to answer questions about their credit history with you. You understand that any false or misleading statements in your application may cause any loan to be in default. The Credit Union may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report. You agree that this application shall be the Credit Union's property whether or not this application is approved. The USA Patriot Act requires that we obtain, verify, and record information that identifies each person who opens an account.

OHIO RESIDENTS: The Ohio laws against discrimination requires 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.

WISCONSIN RESIDENTS: If you are in a Wisconsin resident and applying for joint credit with someone other than your spouse, each of you should complete the Applicant section of separate application. If either or both of you are married, you must provide information about your spouse and sign below.

Wisconsin Residents Only _____ Date _____

APPLICANT SIGNATURE	DATE	SPOUSE/CO-APPLICANT SIGNATURE	DATE
X		X	