

RFCU Home Equity Loan Application. Please complete application in full. Any questions call the loan department at 1-800-458-7004

You are applying for credit under the terms disclosed in this LOANLINER Credit Agreement. Married Applicants may apply for a separate account. Check the appropriate box to indicate individual Credit or Joint Credit.

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: Provide information about both of you by completing **Applicant** and **other** section.

Amount Requested \$ **Purpose:**

Collateral:

Repayment Payroll Deduction Cash Automatic Payment Military Allotment Other

Note And Complete

APPLICANT

CO-APPLICANT **SPOUSE**

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

Applicant Information

<p>Name (Last -First - Initial) <input type="text"/></p> <p>Driver's License Number /State <input type="text"/> Date of Birth <input type="text"/></p> <p>Account Number <input type="text"/> Social Security Number <input type="text"/></p> <p>Home Phone <input type="text"/> Work Phone <input type="text"/></p> <p>Present Address <input type="checkbox"/> own <input type="checkbox"/> Rent Yrs at Address <input type="text"/></p> <p>Address <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></p> <p>Previous Address <input type="checkbox"/> own <input type="checkbox"/> Rent Yrs at Address <input type="text"/></p> <p>Address <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></p> <p>Complete for joint credit, secured credit or if you live in a community property state. <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single -Divorced - Widowed)</p> <p>List age of Dependents not listed on Application <input type="text"/></p>	<p>Name (Last -First - Initial) <input type="text"/></p> <p>Driver's License Number /State <input type="text"/> Date of Birth <input type="text"/></p> <p>Account Number <input type="text"/> Social Security Number <input type="text"/></p> <p>Home Phone <input type="text"/> Work Phone <input type="text"/></p> <p>Present Address <input type="checkbox"/> own <input type="checkbox"/> Rent Yrs at Address <input type="text"/></p> <p>Address <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></p> <p>Previous Address <input type="checkbox"/> own <input type="checkbox"/> Rent Yrs at Address <input type="text"/></p> <p>Address <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></p> <p>Complete for joint credit, secured credit or if you live in a community property state. <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single -Divorced - Widowed)</p> <p>List age of Dependents not listed on Application <input type="text"/></p>
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Employment Information

<p>Name & Address of Employer</p> <p>Name <input type="text"/></p> <p>Address <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></p> <p>Your Title/Grade <input type="text"/> Supervisors Name <input type="text"/></p> <p>Start Date <input type="text"/> Hours at Work <input type="text"/> If self Employed type of business <input type="text"/></p> <p>If Employed in current position less than five years provide previous employers name and address. Start Date <input type="text"/></p> <p>Name <input type="text"/> End Date <input type="text"/></p> <p>Address <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></p> <p>Is duty station transfer expected during next year? <input type="text"/></p> <p>Where <input type="text"/> Ending/ Separation date <input type="text"/></p>	<p>Name & Address of Employer</p> <p>Name <input type="text"/></p> <p>Address <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></p> <p>Your Title/Grade <input type="text"/> Supervisors Name <input type="text"/></p> <p>Start Date <input type="text"/> Hours at Work <input type="text"/> If self Employed type of business <input type="text"/></p> <p>If Employed in current position less than five years provide previous employers name and address. Start Date <input type="text"/></p> <p>Name <input type="text"/> End Date <input type="text"/></p> <p>Address <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></p> <p>Is duty station transfer expected during next year? <input type="text"/></p> <p>Where <input type="text"/> Ending/ Separation date <input type="text"/></p>
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Income Information

<p>Notice: Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered</p> <p>Employment Income <input type="text"/> Other Income <input type="text"/> Per <input type="text"/></p> <p>\$ <input type="text"/> \$ <input type="text"/> Per <input type="text"/></p> <p><input type="checkbox"/> Net <input type="checkbox"/> Gross Source <input type="text"/></p>	<p>Notice: Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered</p> <p>Employment Income <input type="text"/> Other Income <input type="text"/> Per <input type="text"/></p> <p>\$ <input type="text"/> \$ <input type="text"/> Per <input type="text"/></p> <p><input type="checkbox"/> Net <input type="checkbox"/> Gross Source <input type="text"/></p>
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References

Please Include street, city, state and zip.

<p>Name & Address of Creditor(s) of Debts Paid Off</p> <p>Name <input type="text"/> Telephone <input type="text"/></p> <p>Address <input type="text"/> <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></p>	<p>Name & Address of Creditor(s) of Debts Paid Off</p> <p>Name <input type="text"/> Telephone <input type="text"/></p> <p>Address <input type="text"/> <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></p>
<p>Nearest relative not living with you Relationship <input type="text"/></p> <p>Name <input type="text"/> Telephone <input type="text"/></p> <p>Address <input type="text"/> <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></p>	<p>Nearest relative not living with you Relationship <input type="text"/></p> <p>Name <input type="text"/> Telephone <input type="text"/></p> <p>Address <input type="text"/> <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></p>
<p>Personal Friend - Not a relative</p> <p>Name <input type="text"/> Telephone <input type="text"/></p> <p>Address <input type="text"/> <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></p>	<p>Personal Friend - Not a relative</p> <p>Name <input type="text"/> Telephone <input type="text"/></p> <p>Address <input type="text"/> <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></p>

ASSETS

Check box for Applicant/other. List all assets and account numbers (s) - Attached other sheets if necessary.

Share Draft or Checking Amount	Name & Address of Depository	Share Draft or Checking Amount	Name & Address of Depository
\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Savings Amount	Name & Address of Depository	Savings Amount	Name & Address of Depository
\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Owner	Property type	List Home and all other items you owe and Location of Property <small>For Example: Auto, Boat, Stocks, Bonds, Cash, Household goods, Real Estate, etc.</small>	Market Value	Pledged as collateral for another loan
<input type="text"/>	Home	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

DEBTS

In addition to Rent/ Mortgage list all other debts (for example, auto loans, credit cards, second mortgage, home assoc. dues, alimony, child support, child care, medical, utilities, auto insurance, IRS liabilities, etc.) Please use a separate line for each credit card and auto loan. Attach other sheets if necessary.

Owner	Type	Creditor Name and Address	Account Number	Original Balance	Present Balance	Monthly Payment	Past Due
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
List any names under which your credit references and credit history can be checked				Totals		\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>						\$ <input type="text"/>	\$ <input type="text"/>

Financial Information

These questions apply to both Applicant and Other.

IF A "YES" ANSWER IS GIVEN TO A QUESTION, EXPLAIN ON AN ATTACHED SHEET

DO YOU HAVE ANY OUTSTANDING JUDGEMENTS? _____	Applicant	Other
HAVE YOU EVER FILED FOR BANKRUPTCY OR HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13? _____	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU HAD PROPERTY FORCLOSED UPON OR REPOSSESSED IN THE LAST 7 YEARS? _____	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU A PARTY IN A LAWSUIT? _____	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU OTHER THAN A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN? _____	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE? _____	<input type="checkbox"/>	<input type="checkbox"/>

For Whom (name of others obligated on loan): To Whom (name of Creditor):

Signatures

It is important that you read all the provisions of the credit agreement and addendum thoroughly before you sign.

You have read the LOANLINER Agreement and Addendum and by signing below, you agree to be bound by the terms and the agreement. You also promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is 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.

<p>X _____</p> <p>Applicant's Signature Date</p>	<p>X _____</p> <p>Other Signature Date</p>
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