



# HOME EQUITY LOAN APPLICATION

This application is designed to be completed by the applicant(s) with the Lender's assistance. Applicants should complete this form as "Borrower" or "Co-Borrower", as applicable. Co-Borrower information must also be provided (and the appropriate box checked) when  the income or assets of a person other than the borrower (including the Borrower's spouse) will be used as a basis for a loan qualification or  the income or assets of the Borrower's spouse or other person who has community property rights pursuant to state law will not be used as a basis for loan qualification, but his or her liabilities must be considered because the spouse or other person has community property rights pursuant to applicable law and Borrower resides in a community property state, the security property is located in a community property state, or the borrower is relying on other property located in a community property state as a basis for repayment of a loan.

If this is an application for joint credit, Borrower and Co-Borrower each agree that they intend to apply for joint credit (sign below):

BORROWER	DATE	CO-BORROWER	DATE
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TERMS REQUESTED			
AMOUNT \$	TYPE OF LOAN <input type="checkbox"/> Equity Access - Line of Credit <input type="checkbox"/> Home Equity - Closed End	NUMBER OF MONTHS	PURPOSE <input type="checkbox"/> Home Improvement <input type="checkbox"/> Other: <input type="checkbox"/> Debt Consolidation

COLLATERAL INFORMATION	
PROPERTY ADDRESS (Street, P.O. Box #, City, State, Zip)	TITLE IN NAME(S) OF:
PRESENT VALUE \$	INSURANCE COMPANY
BALANCE OWING \$	MORTGAGE HOLDER(S)
BALANCE OWING \$	MORTGAGE HOLDER(S)

APPLICANT INFORMATION		
NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER
ADDRESS (Street, P.O. Box #, City, State, Zip)		HOW LONG AT THIS ADDRESS? Years                      Mo.
DRIVERS LICENSE NUMBER    STATE ISSUED:    EXP.	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed) <input type="checkbox"/> Separated	DATE OF BIRTH                      TELEPHONE # (    )
PREVIOUS ADDRESS (Street, P.O. Box #, City, State, Zip) - If less than 2 years at present address.		HOW LONG AT THIS ADDRESS? Years                      Mo.
PRESENT EMPLOYER		HOW LONG? Years                      Mo.
EMPLOYER'S ADDRESS (Street, City, State, Zip)		POSITION OR TITLE                      WORK # (    )
PREVIOUS EMPLOYER - Complete if less than 2 years at present employer.		HOW LONG? Years                      Mo.                      POSITION OR TITLE
NAME OF RELATIVE NOT LIVING WITH YOU	RELATIVE'S ADDRESS (Street, City, State)	RELATIONSHIP

JOINT APPLICANT INFORMATION		
NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER
ADDRESS (Street, P.O. Box #, City, State, Zip)		HOW LONG AT THIS ADDRESS? Years                      Mo.
DRIVERS LICENSE NUMBER    STATE ISSUED:    EXP.	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed) <input type="checkbox"/> Separated	DATE OF BIRTH                      TELEPHONE # (    )
PREVIOUS ADDRESS (Street, P.O. Box #, City, State, Zip) - If less than 2 years at present address.		HOW LONG AT THIS ADDRESS? Years                      Mo.
PRESENT EMPLOYER		HOW LONG? Years                      Mo.
EMPLOYER'S ADDRESS (Street, City, State, Zip)		POSITION OR TITLE                      WORK # (    )
PREVIOUS EMPLOYER - Complete if less than 2 years at present employer.		HOW LONG? Years                      Mo.                      POSITION OR TITLE
NAME OF RELATIVE NOT LIVING WITH YOU	RELATIVE'S ADDRESS (Street, City, State)	RELATIONSHIP

INCOME INFORMATION			
Income from alimony, child support, or separate maintenance need not be considered if the applicant or joint applicant does not wish it to be used as a basis for repaying this obligation.			
APPLICANT'S MONTHLY INCOME \$	<input type="checkbox"/> Gross	<input type="checkbox"/> Net	JOINT APPLICANT'S MONTHLY INCOME \$
APPLICANT'S OTHER INCOME \$	<input type="checkbox"/> Gross	<input type="checkbox"/> Net	JOINT APPLICANT'S OTHER INCOME \$
SOURCE OF OTHER INCOME	SOURCE OF OTHER INCOME		

## ASSETS AND LIABILITIES

### ASSETS

LIST CHECKING ACCOUNT AND SAVINGS ACCOUNTS BELOW

NAME OF BANK	ACCOUNT #	CASH VALUE \$
NAME OF BANK	ACCOUNT #	CASH VALUE \$

LIST STOCKS & BONDS BELOW

COMPANY NAME & DESCRIPTION	MARKET VALUE \$
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LIST LIFE INSURANCE BELOW

COMPANY NAME & DESCRIPTION	MARKET VALUE \$
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<b>Subtotal Liquid Assets</b>	TOTAL CASH VALUE \$
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REAL ESTATE

PROPERTY ADDRESS	MARKET VALUE \$
PROPERTY ADDRESS	\$

OTHER ASSETS

RETIREMENT VESTED INTEREST	MARKET VALUE \$
AUTOMOBILES OWNED	\$
NET WORTH OF BUSINESS	\$
MISCELLANEOUS ASSETS (ITEMIZE)	\$

<b>Total Assets</b>	<b>\$</b>
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### LIABILITIES

List the creditor's name, address, account number, monthly payment, and unpaid balance for all outstanding debts, including automobile loans, revolving charge accounts, real estate loans, alimony, child support, stock pledges, etc. Indicate those liabilities which will be paid with the proceeds of this loan.

NAME AND ADDRESS OF COMPANY	UNPAID BALANCE	MONTHLY PAYMENT
NAME AND ADDRESS OF COMPANY	UNPAID BALANCE	MONTHLY PAYMENT
NAME AND ADDRESS OF COMPANY	UNPAID BALANCE	MONTHLY PAYMENT
NAME AND ADDRESS OF COMPANY	UNPAID BALANCE	MONTHLY PAYMENT
NAME AND ADDRESS OF COMPANY	UNPAID BALANCE	MONTHLY PAYMENT
NAME AND ADDRESS OF COMPANY	UNPAID BALANCE	MONTHLY PAYMENT
NAME AND ADDRESS OF COMPANY	UNPAID BALANCE	MONTHLY PAYMENT
<b>TOTAL LIABILITIES</b>	<b>TOTAL UNPAID BALANCE</b>	<b>TOTAL MONTHLY PAYMENT</b>
<b>NET WORTH</b>	<b>TOTAL ASSETS SUBTRACTED BY TOTAL LIABILITIES</b>	<b>\$</b>

## GENERAL INFORMATION

IF YOU OR A JOINT APPLICANT OR OTHER PARTY ANSWERS "YES" TO ANY OF THE FOLLOWING QUESTIONS, PLEASE EXPLAIN IN THE SPACE PROVIDED.

ARE YOU A GUARANTOR OR CO-MAKER OF ANY LEASES, CONTRACTS OR DEBTS?    APPLICANT:  Yes  No    JOINT APPLICANT  Yes  No

ARE THERE ANY SUITS OR JUDGEMENTS PENDING AGAINST YOU?    APPLICANT  Yes  No    JOINT APPLICANT  Yes  No

HAVE YOU BEEN DECLARED BANKRUPT IN THE LAST 10 YEARS?    APPLICANT  Yes  No    JOINT APPLICANT  Yes  No

## SIGNATURES

By signing, I certify that everything I have stated in this application is correct. It is my understanding that this application will be retained whether the credit is approved or not. West Shore Bank is authorized to check my credit and employment history and to answer questions about my credit record with you. I understand that I must update credit information per your request if my financial condition changes. I acknowledge receipt of the Federal Reserve Board Consumer Handbook and the lender's Home Equity disclosure statement on today's date.

**X**

APPLICANT

/

DATE

**X**

JOINT-APPLICANT

/

DATE

## PAYMENT PROTECTION INSURANCE

Choose One:     Single Life     Joint Life     Single Life & Disability     Joint Life & Disability     No Insurance

## CREDITOR USE ONLY

DATE APPLICATION RECEIVED	RECEIVED BY	APPROVED / DENIED BY
VALUE OF COLLATERAL	INSURANCE COMPANY	LTV
DEBT TO INCOME		