



Home Equity Line-of-Credit Loan

Dear Credit Union Member:

In response to your inquiry concerning Members 1st of New Jersey Federal Credit Union's Home Equity Loan Program, we are enclosing a residential loan application which you and your spouse, if applicable, must complete, sign and return to us.

Also enclosed is the disclosure statement containing important terms of Home Equity Line of Credit.

Please note that the Home Equity Loan is limited to your **PRIMARY RESIDENCE** which must be a single-family dwelling, not including mobile homes.

Please return the completed application along with a nonrefundable application fee of \$250.00 and the following items:

1. Photocopy of your deed to the property.
2. Photocopy of the declarations page of your homeowners' insurance policy, agent name and address and proof that insurance is paid up to date. Provide this same information for flood insurance, if applicable.
3. Photocopy of most recent Real Estate Property Tax Bill and recent paid receipt
4. Photocopy of existing mortgage(s) on your home.
5. Photocopy of your last Federal Tax Return and your most recent paystubs (if employed)

Thank you for your interest regarding our Home Equity Loan Program. Please feel free to contact a loan representative at 856-696-0767 should you have any questions regarding the application.

Thank you,

Sincerely
Members 1st of New Jersey Federal Credit Union
NMLS#454783

NMLS# 454783

Application

NOTE AND COMPLETE NOTICE TO OHIO APPLICANTS: The Ohio laws against discrimination require 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 ONLY: (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.			
X _____ SIGNATURE FOR WISCONSIN RESIDENTS ONLY DATE			
Married Applicants may apply for a separate account. <input type="checkbox"/> 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. <input type="checkbox"/> Joint Credit: Each Applicant must individually complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.			
Amount Requested \$ _____ Purpose: _____ Repayment: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Cash <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Military Allotment <input type="checkbox"/> _____			
STATEMENT OF INTENT Are you interested in having your loan protected? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer "yes", the credit union will disclose the cost to protect your loan. The protection is voluntary and does not affect your loan approval. In order for your loan to be covered, you will need to sign a separate application that explains the terms and conditions.			
APPLICANT INFORMATION APPLICANT NAME (Last - First - Initial) _____ DRIVER'S LICENSE NUMBER/STATE _____ BIRTH DATE _____ ACCOUNT NUMBER _____ SOCIAL SECURITY NUMBER _____ HOME PHONE _____ CELL PHONE _____ BUSINESS PHONE/EXT. _____ PRESENT ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____ PREVIOUS ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____ 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) LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self) _____		OTHER <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE NAME (Last - First - Initial) _____ DRIVER'S LICENSE NUMBER/STATE _____ BIRTH DATE _____ ACCOUNT NUMBER _____ SOCIAL SECURITY NUMBER _____ HOME PHONE _____ CELL PHONE _____ BUSINESS PHONE/EXT. _____ PRESENT ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____ PREVIOUS ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____ 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) LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self) _____	
EMPLOYMENT INFORMATION NAME AND ADDRESS OF EMPLOYER _____ YOUR TITLE/GRADE _____ SUPERVISOR'S NAME _____ START DATE _____ HOURS AT WORK _____ IF SELF EMPLOYED, TYPE OF BUSINESS _____ IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS _____ STARTING DATE _____ ENDING DATE _____ MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ ENDING/SEPARATION DATE _____		NAME AND ADDRESS OF EMPLOYER _____ YOUR TITLE/GRADE _____ SUPERVISOR'S NAME _____ START DATE _____ HOURS AT WORK _____ IF SELF EMPLOYED, TYPE OF BUSINESS _____ IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS _____ STARTING DATE _____ ENDING DATE _____ MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ ENDING/SEPARATION DATE _____	
INCOME INFORMATION NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered. EMPLOYMENT INCOME \$ _____ PER _____ <input type="checkbox"/> NET <input type="checkbox"/> GROSS OTHER INCOME \$ _____ PER _____ SOURCE _____		NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered. EMPLOYMENT INCOME \$ _____ PER _____ <input type="checkbox"/> NET <input type="checkbox"/> GROSS OTHER INCOME \$ _____ PER _____ SOURCE _____	
REFERENCES Please include Street, City, State and Zip. NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____ RELATIONSHIP _____ HOME PHONE _____ NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE _____ HOME PHONE _____		NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____ RELATIONSHIP _____ HOME PHONE _____ NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE _____ HOME PHONE _____	

ASSETS/PROPERTY

Check box for Applicant/Other. List all assets and account number(s)-- Attach other sheets if necessary.

APPLICANT

OTHER (CO-APPLICANT, SPOUSE)

SHARE DRAFT OR CHECKING AMOUNT

NAME AND ADDRESS OF DEPOSITORY

SHARE DRAFT OR CHECKING AMOUNT

NAME AND ADDRESS OF DEPOSITORY

SAVINGS AMOUNT

NAME AND ADDRESS OF DEPOSITORY

SAVINGS AMOUNT

NAME AND ADDRESS OF DEPOSITORY

APPLICANT

OTHER

LIST HOME AND ALL OTHER ITEMS YOU OWN AND LOCATION OF PROPERTY
For Example: Auto, Boat, Stocks, Bonds, Cash, Household Goods, Real Estate, etc.

MARKET VALUE

PLEDGED AS COLLATERAL FOR ANOTHER LOAN

HOME*

SEE ATTACHED

\$

YES

NO

\$

YES

NO

\$

YES

NO

*LIST EVERY LIEN AGAINST YOUR HOME -- This section must be completed for the property which will be given as security, if applicable.
A lien is a legal claim filed against property as security for payment of a debt. Liens include mortgages, deeds of trust, land contracts, judgments and past due taxes.

FIRST MORTGAGE HELD BY

OTHER LIENS (Describe)

PRESENT BALANCE

\$

IS THE PROPERTY DESCRIBED IN THIS SECTION:
YOUR PRINCIPAL DWELLING?

YES

NO

IS ANYONE OTHER THAN YOUR SPOUSE A PART OWNER OF YOUR HOME?

YES

NO

LISTED AS THE APPLICANT'S ADDRESS IN THE "APPLICANT INFORMATION" SECTION?

YES

NO

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.

APPLICANT

OTHER

RENT

MORTGAGE

(incl. Tax & Ins.)

CREDITOR NAME AND ADDRESS

ACCOUNT NUMBER

ORIGINAL BALANCE

PRESENT BALANCE

MONTHLY PAYMENT

PAST DUE

\$

\$

\$

SEE ATTACHED

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED

TOTALS

\$

\$

\$

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 JUDGMENTS?

HAVE YOU EVER FILED FOR BANKRUPTCY OR HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13?

HAVE YOU HAD PROPERTY FORECLOSED UPON OR GIVEN A DEED IN LIEU OF FORECLOSURE IN THE LAST 7 YEARS?

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?

ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE?

FOR WHOM (Name of Others Obligated on Loan):

TO WHOM (Name of Creditor):

APPLICANT

OTHER

YES

NO

YES

NO

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 crime to willfully and deliberately provide incomplete or incorrect information in this application.

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.

X

(SEAL)

APPLICANT'S SIGNATURE

DATE

X

(SEAL)

OTHER SIGNATURE

DATE

CREDIT UNION INFORMATION

LOAN OFFICER

CREDIT COMMITTEE OR OTHER

ADVANCE APPROVED: YES NO

COUNTER OFFER WILL BE MADE, IF ACCEPTED, ADVANCE APPROVED

OUTSIDE INFORMATION CONSIDERED: YES NO

IF YES, ATTACH ADDITIONAL SHEET AND DESCRIBE

\$

APPROVED LIMIT

DEBT RATIO

REFERRED TO/REASON(S) FOR REFERRAL:

DESCRIBE COUNTER OFFER:

SPECIFIC REASON(S) FOR REJECTION:

SIGNATURES:

LOAN OFFICER

X

DATE

X

DATE

CREDIT COMMITTEE

X

DATE

X

DATE

ECOA NOTICE AND REASON FOR REJECTION SENT OR DELIVERED ON

(DATE) BY

(INITIALS)

LOAN ORIGINATOR ORGANIZATION

NMLSR ID NUMBER

LOAN ORIGINATOR

NMLSR ID NUMBER

Page 2 of 2

EST519-e

X. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

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 not discriminate either on the basis of this information, or 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 and surname if you have made this application in person. 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 Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

To be Completed by Loan Originator

This information was provided:

- ☐ In a face-to-face interview
☐ In a telephone interview
☐ By the applicant and submitted by fax or mail
☐ By the applicant and submitted via e-mail or the Internet

Loan Originator's Signature		Date
Loan Originator's Name (print or type)	Loan Originator Identifier NMLS#	Loan Originator's Phone Number (including area code) 856-696-0767
Loan Origination Company's Name Members 1st of NJ FCU	Loan Origination Company Identifier NMLS# 454783	Loan Origination Company's Address 37 W Landis Ave Vineland, NJ 08360

CONTINUATION SHEET/RESIDENTIAL LOAN APPLICATION

Use this continuation sheet if you need more space to complete the Residential Loan Application. Mark **B** for Borrower or **C** for Co-Borrower.

Borrower:

Agency Case Number:

Co-Borrower:

Lender Case Number:

I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1001, et seq.

Borrower's Signature

Date

Co-Borrower's Signature

Date

X

X



Request for Verification of Employment

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

Instructions: **Lender** — Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1.
Employer — Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.
The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

Part I — Request

1. To (Name and address of employer)	2. From (Name and address of lender)
--------------------------------------	--------------------------------------

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender	4. Title	5. Date	6. Lender's Number (Optional)
------------------------	----------	---------	-------------------------------

I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (include employee or badge number)	8. Signature of Applicant
---	---------------------------

Part II — Verification of Present Employment

9. Applicant's Date of Employment				10. Present Position				11. Probability of Continued Employment			
-----------------------------------	--	--	--	----------------------	--	--	--	---	--	--	--

12A. Current Gross Base Pay (Enter Amount and Check Period) <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) \$ _____ <input type="checkbox"/> Weekly					13. For Military Personnel Only		14. If Overtime or Bonus is Applicable, Is Its Continuance Likely? Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No		
					Pay Grade				
					Type	Monthly Amount			
12B. Gross Earnings					Base Pay	\$	15. If paid hourly — average hours per week		
					Rations	\$			
Type	Year To Date	Past Year 19__	Past Year 19__	Flight or Hazard	\$	16. Date of applicant's next pay increase			
Base Pay	\$	\$	\$	Clothing	\$				
Overtime	\$	\$	\$	Quarters	\$	17. Projected amount of next pay increase			
Commissions	\$	\$	\$	Pro Pay	\$				
Bonus	\$	\$	\$	Overseas or Combat	\$	18. Date of applicant's last pay increase			
Total	\$	\$	\$	Variable Housing Allowance	\$				

20. Remarks (If employee was off work for any length of time, please indicate time period and reason)

Part III — Verification of Previous Employment

21. Date Hired		23. Salary/Wage at Termination Per (Year) (Month) (Week)			
22. Date Terminated		Base _____	Overtime _____	Commissions _____	Bonus _____
24. Reason for Leaving			25. Position Held		

Part IV — Authorized Signature - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer	27. Title (Please print or type)	28. Date
29. Print or type name signed in Item 26	30. Phone No.	

Instructions

Verification of Employment

The lender uses this form for applications for conventional first or second mortgages to verify the applicant's past and present employment status.

Copies

Original only.

Printing Instructions

This form must be printed on letter size paper, using portrait format.

Instructions

The applicant must sign this form to authorize his or her employer(s) to release the requested information. Separate forms should be sent to each firm that employed the applicant in the past two years. However, rather than having an applicant sign multiple forms, the lender may have the applicant sign a borrower's signature authorization form, which gives the lender blanket authorization to request the information it needs to evaluate the applicant's creditworthiness. When the lender uses this type of blanket authorization, it must attach a copy of the authorization form to each Form 1005 it sends to the applicant's employer(s).

For First Mortgages:

The lender must send the request directly to the employers. We will not permit the borrower to hand-carry the verification form. The lender must receive the completed form back directly from the employers. The completed form should not be passed through the applicant or any other party.

For Second Mortgages:

The borrower may hand-carry the verification to the employer. The employer will then be required to mail this form directly to the lender.

The lender retains the original form in its mortgage file.