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**Credit Application**     Home Equity Loan     Home Equity Line of Credit

**IMPORTANT: Please read these directions before completing this Application and check (✓) the appropriate box below.**

- I am applying for individual credit in my own name, and am relying on my own income or assets and not the income or assets of another person as the basis for repayment of the credit requested. **Complete both sides of application.**
- I am applying for joint credit with another person. **Complete both sides of application.**

WE INTEND TO APPLY FOR JOINT CREDIT:

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
CO-APPLICANT SIGNATURE

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

**APPLICANT (COMPLETE ONLY IF NON-FIRST STATE BANK CUSTOMER):**

<b>IF U.S. PERSON:</b>	DRIVERS LICENSE OR STATE ID NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION	SS OR TAX ID NO.	OTHER (MILITARY ID, TRIBAL ID, ETC)
<b>IF NON U.S. PERSON:</b>	DRIVERS LICENSE OR STATE ID NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION	SS OR TAX ID NO.	
PASSPORT NO. & COUNTRY OF ISSUANCE:	INDIVIDUAL TAXPAYER ID NO.	NO TAXPAYER ID. DATE FILED:		GOV'T ISSUED ID NO. & COUNTRY OF ISSUANCE:	OTHER	

**CO-APPLICANT (COMPLETE ONLY IF NON-FIRST STATE BANK CUSTOMER):**

<b>IF U.S. PERSON:</b>	DRIVERS LICENSE OR STATE ID NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION	SS OR TAX ID NO.	OTHER (MILITARY ID, TRIBAL ID, ETC)
<b>IF NON U.S. PERSON:</b>	DRIVERS LICENSE OR STATE ID NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION	SS OR TAX ID NO.	
PASSPORT NO. & COUNTRY OF ISSUANCE:	INDIVIDUAL TAXPAYER ID NO.	NO TAXPAYER ID. DATE FILED:		GOV'T ISSUED ID NO. & COUNTRY OF ISSUANCE:	OTHER	

**CREDIT DISCLOSURES:** An insurance product or annuity may be offered to you. If you purchase an insurance product or an annuity: (1) The insurance product or annuity is not a deposit or other obligation of, or guaranteed by, this institution or our affiliate(s); (2) With exception of Federal Flood Insurance or Federal Crop Insurance, the insurance product or annuity is not insured by the Federal Deposit Insurance Corporation or any other agency of the United States, this institution, or our affiliate(s); and (3) In the case of an insurance product or annuity that involves an investment risk, there is investment risk associated with the insurance product, including the possible loss of value. If an insurance product or annuity is offered we cannot condition an extension of credit on either of the following: (1) Your purchase of an insurance product or annuity from us or any of our affiliates; or, (2) Your agreement not to obtain, or a prohibition on you from obtaining, an insurance product or annuity from an unaffiliated entity.

**RIGHT TO RECEIVE COPY OF AN APPRAISAL:** You have the right to a copy of any appraisal report used in connection with your application for credit.

**One-Step Credit Check**

What type of credit are you requesting?  Home Equity Loan  Home Equity Line of Credit

How much money do you want to borrow? \$

**Tell Us About Your Home**

Home Address:

Estimated property value: \$  First Mortgage Balance: \$

Is this property your primary residence?  Yes  No

Homeowners Insurance Agent:

**Applicant Information**

**Tell Us About Yourself** (This information will be used to check your credit score)

First Name:  M. I.:  Last Name:

Date of birth (mm/dd/yyyy):  Social Security Number:

Marital Status:  Married  Separated  Unmarried (including single, divorced, or widowed)

Annual Income: \$  Employer:  Years:

Home Address:

City:  State:  Zip code:

**Co-Applicant Information**

**Tell Us About Yourself** (This information will be used to check your credit score)

First Name:  M. I.:  Last Name:

Date of birth (mm/dd/yyyy):  Social Security Number:

Marital Status:  Married  Separated  Unmarried (including single, divorced, or widowed)

Annual Income: \$  Employer:  Years:

Home Address:

City:  State:  Zip code:

**Signatures**

Everything that I have stated in this Application is correct to the best of my knowledge. I understand that you will retain this Application whether or not it is approved. You are authorized to check my credit and employment history and answer questions about your credit experience with me.

Unless I have purchased the insurance product(s) by mail or if the Credit Disclosures are provided electronically, by signing below, I acknowledge that I have received the Credit Disclosures orally at the time I have applied for credit and fully understand the disclosures noted above. I am also being provided with a copy of these disclosures and I acknowledge receipt by my signature.

APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE
X		X	

**Interoffice Use Only**

CS:  DTI:  LTV:  Officer:

Amount: \$  Rate:  Term/Amort: