



LL STATE EMPLOYEES FEDERAL CREDIT UNION STATE OFFICE BUILDING VETERANS MEMORIAL HIGHWAY HAUPPAUGE, NEW YORK 11788

HOME EQUITY	SYSTEM	Application			WCmba.	TELEPHONE (516) 962-4296 F	AX (516) 360-3620	
HOW TO APPLY	 Please complete sect Sign and complete se 			this application to mplete or unsigne				
1 NOTE AND COMPLETE	NOTICE TO OHIO APPLI credit worthy customers, a Ohio Civil Rights Commis	and that credit reporting	agencies maint	ain separate credi	t all credito t histories	ors make credit equall on each individual up	y available to all on request. The	
Married Applicants may apply for a separate account.	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.							
Check the appropriate box	☐ Joint Credit: Provide information about both of you by completing Applicant and Other section.							
to indicate	Amount Requested \$	Purpos	se:					
Individual Credit or Joint Credit.	Repayment: Payroll Deduction Cash Automatic Payment Military Allotment							
STATEMENT OF INTENT Check if desired.	☐ Credit Disability Insura☐ Single Credit Life Insur☐ Joint Credit Life Insura	rance insu	rance to you. As		election wh	ill disclose the cost on nich discloses the term		
2 APPLICANT INFORMATION	APPLICANT			CO-APPL	ICANT [SPOUSE	30	
	Please print in ink or type.			Use "SAA" if information is "Same As Applicant".				
	NAME (Last - First - Initial)			NAME (Last - First - Initial)				
	DRIVER'S LICENSE NUMBER/STATE			DRIVER'S LICENSE NUMBER/STATE				
	ACCOUNT NUMBER SOCIAL SECURITY NUMBER			ACCOUNT NUMBER SOCIAL SECURITY NUMBER				
	BIRTH DATE HOME PHONE BUSINESS PHONE/EXT.			BIRTH DATE HOME PHONE BUSINESS PHONE/EXT.				
	PRESENT ADDRESS (Street - C	() (itv - State - Zip)	OWN RENT	PRESENT ADDRESS	(Street - Cit	y - State - Zip)	OWN RENT	
			YEARS AT THIS ADDRESS				YEARS AT THIS ADDRESS	
	PREVIOUS ADDRESS (Street - City - State - Zip)			PREVIOUS ADDRESS (Street - City - State - Zip) OWN ORN				
	YEARS AT THIS ADDRESS			YEARS AT THIS ADDRESS				
	COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed)			COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed				
	LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT			LIST AGES OF DEPENDENTS NOT LISTED BY APPLICANT				
	(Exclude Self)			(Exclude Self)				
3	NAME AND ADDRESS OF EMPLO	YER		NAME AND ADDRES	S OF EMPLOY	ER		
EMPLOYMENT INFORMATION								
	YOUR TITLE/GRADE SUPERVISOR'S NAME			YOUR TITLE/GRADE SUPERVISOR'S NAME				
	START DATE HOURS AT WO	RK IF SELF EMPLOYED, T	YPE OF BUSINESS	START DATE HO	URS AT WOR	K IF SELF EMPLOYED.	TYPE OF BUSINESS	
	CIMIL DATE HOURS AT NO	III OLE EIII COTED, I	01 00001600					

	IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS STARTING DATE	IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS STARTING DATE				
	ENDING DATE	ENDING DATE				
MILITARY	IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR _ YES _ NO WHERE _ ENDING/SEPARATION DATE	IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR _ YES _ NO WHERE _ ENDING/SEPARATION DATE				
	NOTICE: Alimony, child support, or separate maintenance income need not be revealed	NOTICE: Alimony, child support, or separate maintenance income need not be revealed				

EMPLOYMENT INCOME

4 INCOME INFORMATION

EMPLOYMENT INCOME OTHER INCOME PER NET GROSS

ı	☐ NET	GROSS	SOURCE	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP		
				· · · · · HOME PHONE

5 REFERENCES Please include Street, City, State NAME AND ADDRESS OF PERSONAL FRIEND —NOT A RELATIVE HOME PHONE and Zip.

\$ □ NET	PER GROSS	\$ SOURCE	PER
	D ADDRESS OF NEAR IG WITH YOU	EST RELATIVE	RELATIONSHI
			HOME PHONE
NAME AN	D ADDRESS OF PERS	ONAL FRIEND	HOME PHONE

OTHER INCOME

			OTHER TOTAL		10			
6A ASSETS/	SHARE DRAFT OR CHECKING AMOUNT \$	NAME AND ADDRESS OF DEPOSITORY	SHARE DRAFT OR CHECKING AMOUNT \$	NAME AND	ADDRESS OF	DEPOSITORY		
PROPERTY Check box for Applicant/Other.	SAVINGS AMOUNT NAME AND ADDRESS OF DEPOSITORY SAVINGS AMOUNT NAME AND ADDRESS OF DEPOSITORY							
List all assets and account	APPLICANT OTHER	LIST HOME AND ALL OTHER ITEMS YOU OWN A For Example: Auto, Boat, Stocks, Bonds, Cash, Ho.				PLEDGED AS C		
number(s)— Attach other sheets if	HOME*			\$		YES	NO	
necessary.				\$		YES	NO	
6B* This section				\$		YES	NO	
must be com- pleted for the property which will be given as	LIST EVERY LIEN AGAINST YOUR HOME 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							
security, if applicable.	\$ IS THE PROPERTY DESCRIBED IN THIS SECTION: YOUR PRINCIPAL DWELLING?							
7	APPLICANT OTHER	CREDITOR NAME AND ADDRESS	ACCOUNT NUMBER	ORIGINAL BALANCE	PRESENT			
DEBTS In addition to Rent/Mortgage	☐ RENT ☐ MORTGAGE (Incl. Tax & Ins.)			\$	\$	s		
list all other debts (for example, auto	The second			\$	\$	s		
loans, credit cards, second	ing leave			\$	\$	\$		
mortgage, home assoc. dues, alimony, child				\$	\$	\$		
support, child care, medical,				\$	\$	s		
utilities, auto insurance, IRS				\$	\$	\$		
liabilities, etc.) Please use a				\$	\$	s		
separate line for each credit card				\$	\$	\$		
and auto loan. Attach other sheets if necessary.		WHICH YOUR CREDIT REFERENCES AND CREDIT HI	STORY CAN BE CHECKED	\$	\$	\$		
10			TOTALS	\$	\$	\$		
8 FINANCIAL	IF A "YES" ANSWER IS GIVEN TO A QUESTION, EXPLAIN ON AN ATTACHED SHEET APPLICANT YES NO						YES NO	
INFORMATION These questions	DO YOU HAVE ANY OUTSTANDING JUDGMENTS? HAVE YOU EVER FILED FOR BANKRUPTCY OR HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13?							
apply to both Applicant and	HAVE YOU HAD PROPERTY FORECLOSED UPON OR GIVEN A DEED IN LIEU OF FORECLOSURE IN THE LAST 7 YEARS?							
Other.	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):					ш		
9 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							
	APPLICANT'S SIGNATURE	DATE	OTHER SIGNATURE				DATE	
10 CREDIT UNION INFORMATION Do not write in this section— for credit union	□ LOAN OFFICER □ CREDIT COMMITTEE OR OTHER ADVANCE APPROVED: □ YES □ NO □ COUNTER OFFER WILL BE MADE, IF ACCEPTED, ADVANCE APPROVED □ CREDIT COMMITTEE OR OTHER ADVANCE APPROVED: □ YES □ NO □ F YES, ATTACH ADDITIONAL SHEET AND DESCRIBE							
	REFERRED TO/REASON(S	5) FOR REFERRAL:	\$	APPROVED LI	MIT	- 19	DEBT RATIO	
	DESCRIBE COUNTER OFF SPECIFIC REASON(S) FOR							
use only. Check applicable	SIGNATURES:	X	DATE X				DATE	
box(es).	CREDIT COMMITTEE	X	DATE X				DATE	
	☐ ECOA NOTICE AND REA	ASON FOR REJECTION SENT OR DELIVERED ON	^	(DATE) BY			(INITIALS	