

## HOME EQUITY LOAN APPLICATION CHECKLIST

Thank you for applying for a home equity loan with Metro Medical Credit Union. To expedite the processing of your application, please return the following forms and information:

Home Equity Questionnaire

Completed Loan Application

Current Tax Appraisal

Mortgage Statement indicating current balance

Copy of Deed of Trust on first lien

Copy of Homeowner's Insurance Policy

Copy of two most recent pay stubs and W-2 forms from last two years

If self-employed, last two years' tax returns (all schedules)

### Current MMCU Home Equity Loan Rates (based on credit score)

\$10,000.00	up to 60 months	rate as low as _____
\$20,000.00	up to 120 months	rate as low as _____
\$30,000.00	up to 180 months	rate as low as _____
\$40,000.00>	up to 240 months	rate as low as _____

Please call us at 214-630-0611 if you have any questions about our home equity loan products. Again, thank you for applying for a home equity loan with Metro Medical Credit Union. We appreciate the opportunity to serve you.

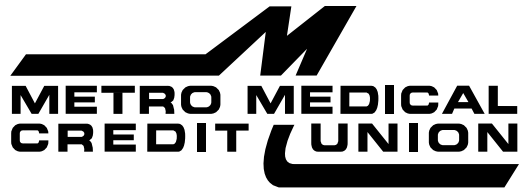
Sincerely,

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Loan Officer Name (Print or Type)

NMLS# 812759

Loan Officer Signature



## HOME EQUITY LOAN INFORMATION

- Only one (1) home equity loan is allowed within the last 12 months
- Minimum loan amount is \$10,000.
- We do not offer home equity loans on rental property, investments, mobile homes, manufactured housing (i.e. mobile homes, pre-fab homes), condos, duplexes, townhomes or log homes.
- Loan cannot exceed 80% of loan-to-value (LTV), including all liens. This means your loan cannot exceed 80% of the equity in your home.
- Home equity loans can only be made on your primary residence/ homestead.
- Please consult your tax advisor regarding deductions of interest.
- Normal time from application to funding is 20 days.

How much can you borrow?	
County tax appraisal of your home	\$ _____
Multiply by 80%	x.80
Your Gross Equity	\$ _____
Subtract balance of mortgage	- _____
Subtract balance of other liens	- _____
Estimated net equity available to borrow at this time	\$ _____

Please submit the following items with your home equity loan application

Statement from mortgage company indicating current balance on first liens.

Copy of Deed of Trust on first liens.

Copy of Homeowner’s Insurance Policy.

Copy of two most recent pay stubs and W2 forms from last two years. Both borrower and co-borrower need to provide these documents.

If self-employed, you’ll need to provide complete tax returns from the last two years (all schedules.)

All disclosures must be signed by names appearing on deed and residing at primary residence.

Copy of County Tax Appraisal.

Tax records will be checked during the title search to ensure property taxes are current. **All property taxes must be current prior to funding of home equity loan.**

Please return all documents and disclosures to:  
 Metro Medical Credit Union  
 Company Identifier: 804892  
 Attn: Loan Department  
 8828 Stemmons Frwy., Ste. 113  
 Dallas, TX 75247



8828 Stemmons Freeway  
Suite 113  
Dallas, TX 75247  
Tel: (214) 630-0611



Date	Account Number
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**APPLICANT INFORMATION.** Married Applicants may apply for an individual loan/separate account.  
**Type of Credit.** Check the type of credit for which you wish to apply.  
 **Individual credit** -- If you are applying for individual credit, complete the Applicant section.  
 **Joint credit** -- If you are applying for joint credit with your spouse or another person, complete the Applicant section and the Spouse/Co-Applicant section.

*You must initial here if you intend to apply for Joint Credit:* Applicant: X Co-Applicant: X

**Spouse Information.** You must also complete the Spouse section if any of the following apply: (1) your spouse will use your account; (2) you are relying on your spouse's income as a source of repayment; (3) you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI or Puerto Rico); or (4) you are an Alaska resident and are currently subject to a community property agreement or community property trust.

**Type of Credit Applied For:**  
 Closed End Home Equity Loans Property Type:  Single Family Home  
 Amt Requested \$ \_\_\_\_\_ Purpose: \_\_\_\_\_ Term (CE Only): \_\_\_\_\_ Approximate Value of Home: \_\_\_\_\_  
 Property Address: \_\_\_\_\_  
 Payment Method:  Cash  Payroll Deduction  Automatic Payment (ACH)

**Optional Payment Protection** -- If you answer "yes" the Credit Union will disclose the cost of optional payment protection to you. A separate election that discloses the terms and conditions must be signed for protection to become effective. **Are you interested in having this loan protected?**  Yes  No

**APPLICANT**  **CO-SIGNER**

Complete only if: (a) credit will be secured by collateral; or (b) you live in a community property state; or (c) you are an Alaska resident subject to a community property agreement or community property trust:  
 MARRIED  SEPARATED  UNMARRIED (Single, Divorced, Widowed)

APPLICANT NAME \_\_\_\_\_

SOCIAL SECURITY NO.	DRIVER'S LICENSE NO. & STATE	BIRTH DATE
HOME PHONE NO.	CELL PHONE	DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT
MOTHER'S MAIDEN NAME	E-MAIL ADDRESS	
CURRENT STREET ADDRESS	APT. NO.	SINCE
CITY/STATE/ZIP		
FORMER ADDRESS (if current less than 2 years)		YEARS THERE
PERSONAL REFERENCE 1 (Name and Address)	RELATIONSHIP	
	PHONE NO.	

**SPOUSE**  **CO-APPLICANT**

Complete only if: (a) credit will be secured by collateral; or (b) you live in a community property state; or (c) you are an Alaska resident subject to a community property agreement or community property trust:  
 MARRIED  SEPARATED  UNMARRIED (Single, Divorced, Widowed)

SPOUSE/CO-APPLICANT NAME \_\_\_\_\_

SOCIAL SECURITY NO.	DRIVER'S LICENSE NO. & STATE	BIRTH DATE
HOME PHONE NO.	CELL PHONE	DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT
MOTHER'S MAIDEN NAME	RELATIONSHIP TO APPLICANT	
CURRENT STREET ADDRESS	APT. NO.	SINCE
CITY/STATE/ZIP		
FORMER ADDRESS (if current less than 2 years)		YEARS THERE
PERSONAL REFERENCE 1 (Name and Address)	RELATIONSHIP	
	PHONE NO.	

**EMPLOYMENT & INCOME** If you are self-employed, attach a financial statement and your most recent income tax return.

CURRENT EMPLOYER	HIRE DATE	
CURRENT ADDRESS		
WORK PHONE NO.	POSITION	MONTHLY GROSS INCOME
		\$
FORMER EMPLOYER (if current less than 2 years)		

**OTHER INCOME** You need not list income from alimony, child support or separate maintenance unless you wish it considered for purposes of granting this credit.

SOURCE OF OTHER INCOME	FREQUENCY	MONTHLY INCOME	SOURCE OF OTHER INCOME	FREQUENCY	MONTHLY INCOME
		\$			\$

**ASSETS & DEPOSITS** Please check the appropriate box below. INDICATE: **A** - Applicant **OR** **C** - Spouse/Co-Applicant

CHECK ONE			FINANCIAL INSTITUTION NAME	CURRENT BALANCE	CHECK ONE			FINANCIAL INSTITUTION NAME	CURRENT BALANCE
A	C	TYPE			A	C	TYPE		
				\$				\$	
				\$				\$	
AUTO #1 MAKE		MODEL	YEAR	VALUE	AUTO #2 MAKE		MODEL	YEAR	VALUE
				\$					\$
REAL ESTATE TYPE				VALUE	OTHER ASSETS				VALUE
				\$					\$





8828 Stemmons Freeway  
 Suite 113  
 Dallas, TX 75247  
 Tel: (214) 630-0611

EQUAL CREDIT  
 OPPORTUNITY ACT NOTICE



Account No. \_\_\_\_\_

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicants income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

The Federal Agency that administers compliance with this law concerning this Credit Union is:

The Federal Agency that administers compliance with this law concerning this Credit Union is:  
**Federal Trade Commission, Dallas Regional Office, 1999 Bryan Street, Suite 2150, Dallas, Texas 75201-6808.**

**SIGNATURES**

X  
 Borrower Signature \_\_\_\_\_ Date \_\_\_\_\_

X  
 Borrower Signature \_\_\_\_\_ Date \_\_\_\_\_

X  
 Borrower Signature \_\_\_\_\_ Date \_\_\_\_\_

X  
 Borrower Signature \_\_\_\_\_ Date \_\_\_\_\_



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**NOTICE OF PENALTIES FOR MAKING FALSE  
 OR MISLEADING WRITTEN STATEMENT**

**Warning: Intentionally or knowingly making a materially false or misleading written statement to obtain property or credit, including a mortgage loan, is a violation of Section 32.32, Texas Penal Code, and, depending on the amount of the loan or value of the property, is punishable by imprisonment for a term of 2 years to 99 years and a fine not to exceed \$10,000.**

I/we, the undersigned home loan applicant(s), represent that I/we have received, read, and understand this notice of penalties for making a materially false or misleading written statement to obtain a home loan.

I/we represent that all statements and representations contained in my/our written home loan application, including statements or representations regarding my/our identity, employment, annual income, and intent to occupy the residential real property secured by the home loan, are true and correct as of the date of loan closing.

EXECUTED this \_\_\_\_\_.

\_\_\_\_\_ Borrower

\_\_\_\_\_ Borrower

**Metro Medical Credit Union**  
 Credit Union

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_