



## 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,

**Imelda Buchanan**

Loan Officer Name

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  
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 \$
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**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 \$				VALUE \$		

**HOME EQUITY INFORMATION** - List any liens against your house. A lien is a legal claim filed against property as security for payment of a debt.

FIRST MORTGAGE HELD BY	PRESENT BALANCE	MONTHLY PAYMENT \$
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OTHER LIENS (DESCRIBE)

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

**CREDIT INFORMATION** Be sure to list all open accounts with or without a balance.  
A - APPLICANT   C - SPOUSE/CO-APPLICANT   D - DEBTS TO BE PAID OFF IF LOAN IS GRANTED

PLEASE CHECK			LIST ALL OBLIGATIONS INCLUDING CREDIT UNION LOANS (Attach separate sheet if necessary)	ACCOUNT NUMBER	BALANCE	MONTHLY PAYMENTS
A	C	D				

**FINANCIAL INFORMATION** PLEASE ANSWER THE FOLLOWING QUESTIONS AND IF A "YES" ANSWER IS GIVEN, EXPLAIN ON A SEPARATE SHEET.

	Applicant		Co-Applicant	
	YES	NO	YES	NO
1. HAVE YOU EVER FILED FOR BANKRUPTCY OR HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13?				
2. DO YOU HAVE ANY OUTSTANDING JUDGMENTS?				
3. HAVE YOU HAD PROPERTY FORECLOSED UPON OR GIVEN A DEED IN LIEU OF FORECLOSURE IN THE LAST 7 YEARS?				
4. ARE YOU A PARTY IN A LAWSUIT?				
5. ARE YOU OTHER THAN A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?				
6. IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS?				
7. ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE?				

FOR WHOM (Name of other obligated on loan): \_\_\_\_\_ TO WHOM (Name of Creditor): \_\_\_\_\_

**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 discriminate neither on the basis of this information, nor 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 or surname. 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.)

<b>BORROWER:</b> <input type="checkbox"/> I do not wish to furnish this information	<b>CO-BORROWER:</b> <input type="checkbox"/> I do not wish to furnish this information
<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino	<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino
<b>Race:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<b>Race:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American
<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male

**To be Completed by Loan Originator:**  
This application was taken by:  Face-to-Face interview  Mail  Telephone  Internet

Loan Originator's Signature X	Date
Loan Originator's Name	Loan Originator Identifier
Loan Origination Company's Name	Loan Origination Company Identifier
	Loan Origination Company's Address

**SIGNATURES – Are you currently on active military duty?**  Yes  No

You promise that the information stated in this Home Equity Loan Application is true and correct to the best of your knowledge. You authorize the Credit Union to obtain credit reports when updating its records in connection with any review, increase, extension or renewal of credit, and in connection with any collection activities involving credit extended to you. The Credit Union may also obtain credit reports to update, increase, extend, renew or collection of the credit received by you. False or misleading statements in your application may cause any loan to be in default. You agree that this application shall be the Credit Union's property whether or not this application is approved. You will notify the Credit Union in writing immediately of any changes in your name, address or employment. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information to obtain credit. If you request, you will be provided the name and address of any credit bureau from which we received a credit report. You understand and agree that if your application is approved, that any collateral described in any security agreement, pledge, advance disbursement voucher or similar document that may be executed, now or in the future, in connection with such credit will secure the Credit Union for repayment of funds advanced to you, subject to the terms and conditions of such security agreement, pledge, advance disbursement voucher or similar document.

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, Federal law 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, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**OHIO RESIDENTS:** The Ohio laws against discrimination requires 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:** For any provision of any marital property agreement, court decree under WI ST § 766.70, or statement under WI ST § 766.59 to adversely affect the rights of the Credit Union, the Credit Union must be provided with a copy of the Agreement, decree or statement or have actual knowledge of its terms before any credit is approved or account opened. Sign if you are NOT applying for this loan account with your spouse. This credit request, if approved, will be incurred in the interest of the marriage or family of the undersigned.

Wisconsin Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

X	Applicant/Co-Signer	Date	X	Spouse/Co-Applicant	Date
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**Credit Union Use Only**

Loan Approved <input type="checkbox"/> Yes <input type="checkbox"/> No Loan Officer Signature X	Loan Approved <input type="checkbox"/> Yes <input type="checkbox"/> No Credit Committee Signature X	Mortgage Loan Originator:  NMLSR ID #:	Mortgage Loan Officer Name:  NMLSR ID #:
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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: \_\_\_\_\_