

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.

SIGNATURE FOR WISCONSIN RESIDENTS ONLY _____ DATE _____

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.

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: Payroll Deduction Cash Automatic Payment Military Allotment _____

STATEMENT OF INTENT Are you interested in having your loan protected? Yes 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				OTHER <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE			
NAME (Last - First - Initial)				NAME (Last - First - Initial)			
DRIVER'S LICENSE NUMBER/STATE			BIRTH DATE	DRIVER'S LICENSE NUMBER/STATE			BIRTH DATE
ACCOUNT NUMBER		SOCIAL SECURITY NUMBER		ACCOUNT NUMBER		SOCIAL SECURITY NUMBER	
HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.		HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.	
PRESENT ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT			LENGTH AT RESIDENCE	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	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)				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)				LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)			

EMPLOYMENT INFORMATION				EMPLOYMENT INFORMATION			
NAME AND ADDRESS OF EMPLOYER				NAME AND ADDRESS OF EMPLOYER			
YOUR TITLE/GRADE		SUPERVISOR'S NAME		YOUR TITLE/GRADE		SUPERVISOR'S NAME	
START DATE	HOURS AT WORK	IF SELF EMPLOYED, TYPE OF BUSINESS		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				IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS			
STARTING DATE		ENDING DATE		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 _____				MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ ENDING/SEPARATION DATE _____			

INCOME INFORMATION				INCOME INFORMATION			
NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.				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		EMPLOYMENT INCOME \$ _____ PER _____		<input type="checkbox"/> NET <input type="checkbox"/> GROSS	
OTHER INCOME \$ _____ PER _____		SOURCE _____		OTHER INCOME \$ _____ PER _____		SOURCE _____	

REFERENCES Please include Street, City, State and Zip.				REFERENCES Please include Street, City, State and Zip.			
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU				NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			
RELATIONSHIP _____		HOME PHONE _____		RELATIONSHIP _____		HOME PHONE _____	
NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE				NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE			
HOME PHONE _____				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	PLEGDED AS COLLATERAL FOR ANOTHER LOAN			
		HOME*		\$		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? <input type="checkbox"/> YES <input type="checkbox"/> NO			IS ANYONE OTHER THAN YOUR SPOUSE A PART OWNER OF YOUR HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO					
LISTED AS THE APPLICANT'S ADDRESS IN THE "APPLICANT INFORMATION" SECTION? <input type="checkbox"/> YES <input type="checkbox"/> 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		CREDITOR NAME AND ADDRESS	ACCOUNT NUMBER	ORIGINAL BALANCE	PRESENT BALANCE	MONTHLY PAYMENT	PAST DUE
		<input type="checkbox"/> RENT <input type="checkbox"/> MORTGAGE (incl. Tax & Ins.)			\$	\$	\$	
					\$	\$	\$	
					\$	\$	\$	
					\$	\$	\$	
					\$	\$	\$	
					\$	\$	\$	
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.		APPLICANT		OTHER	
IF A "YES" ANSWER IS GIVEN TO A QUESTION, EXPLAIN ON AN ATTACHED SHEET				YES	NO	YES	NO
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):					

SIGNATURES	
<p>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</p>	<p>report on you. You understand that it is a crime to willfully and deliberately provide incomplete or incorrect information in this application.</p> <p>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.</p>
<div style="border: 1px solid black; padding: 5px; display: inline-block;">X</div> (SEAL)	<div style="border: 1px solid black; padding: 5px; display: inline-block;">X</div> (SEAL)
APPLICANT'S SIGNATURE	OTHER SIGNATURE
DATE	DATE

CREDIT UNION INFORMATION	
<input type="checkbox"/> LOAN OFFICER	ADVANCE APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> CREDIT COMMITTEE OR OTHER	COUNTER OFFER WILL BE MADE, IF ACCEPTED, ADVANCE APPROVED
	OUTSIDE INFORMATION CONSIDERED: <input type="checkbox"/> YES <input type="checkbox"/> 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:	DATE
<input type="checkbox"/> LOAN OFFICER X	DATE
<input type="checkbox"/> CREDIT COMMITTEE X	DATE
<input type="checkbox"/> ECOA NOTICE AND REASON FOR REJECTION SENT OR DELIVERED ON	(DATE) BY (INITIALS)
LOAN ORIGINATOR ORGANIZATION	NMLSR ID NUMBER
LOAN ORIGINATOR	NMLSR ID NUMBER

Demographic Information of Applicant and Co-Applicant

DEMOGRAPHIC INFORMATION OF APPLICANT AND CO-APPLICANT

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, race, and sex) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one or more "Hispanic or Latino" origins, and one or more designations for "Race." The law provides that we may not discriminate on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, race, and sex on the basis of visual observation or surname. If you do not wish to provide some or all of this information, please check below.

Account Number:
Property Address:

APPLICANT

Name:

Ethnicity:

Hispanic or Latino – *Check one or more*

Mexican

Puerto Rican

Cuban

Other Hispanic or Latino – *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on:*

Not Hispanic or Latino

I do not wish to provide this information

Race: Check one or more

American Indian or Alaska Native - *Print name of enrolled or principal tribe:*

Asian

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian – *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on:*

Black or African American

Native Hawaiian or Other Pacific Islander

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander – *Print race, for example, Fijian, Tongan, and so on:*

White

I do not wish to provide this information

Sex:

Female

Male

I do not wish to provide this information

CO-APPLICANT

Name:

Ethnicity:

Hispanic or Latino – *Check one or more*

Mexican

Puerto Rican

Cuban

Other Hispanic or Latino – *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on:*

Not Hispanic or Latino

I do not wish to provide this information

Race: Check one or more

American Indian or Alaska Native - *Print name of enrolled or principal tribe:*

Asian

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian – *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on:*

Black or African American

Native Hawaiian or Other Pacific Islander

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander – *Print race, for example, Fijian, Tongan, and so on:*

White

I do not wish to provide this information

Sex:

Female

Male

I do not wish to provide this information

To Be Completed by Financial Institution (for an application taken in person):

Was the ethnicity of the applicant collected on the basis of visual observation or surname? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the race of the applicant collected on the basis of visual observation or surname? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the ethnicity of the co-applicant collected on the basis of visual observation or surname? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the race of the co-applicant collected on the basis of visual observation or surname? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the sex of the applicant collected on the basis of visual observation or surname? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the sex of the co-applicant collected on the basis of visual observation or surname? <input type="checkbox"/> Yes <input type="checkbox"/> No		

To Be Completed by Interviewer:

<input type="checkbox"/> Face to face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Name <div style="border: 1px solid black; padding: 5px;"> Interviewer's Signature Date X (Seal) Interviewer's Phone Number </div>	Name and Address of Interviewer's Employer
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AUTHORIZATION

I/We hereby authorize Farmers Insurance Group Federal Credit Union to begin the processing of a Home Equity Loan on the property located at:

This is my primary residence. This is **NOT** my primary residence.

Initials: _____

Unless otherwise prohibited by law or paid by the Credit Union, I/we agree to pay any "third party" fees, i.e. title search, appraisal fees, etc., incurred by the Credit Union in the processing of this loan, even if I/we cancel our loan request prior to its completion. I/we understand that these fees will be billed to me/us if applicable.

Initials: _____

INSURANCE COVERAGE ACKNOWLEDGEMENT

I acknowledge and understand that it is my responsibility to keep the collateral, which I am financing with you, covered by insurance acceptable to the Credit Union for the term of the loan. As you requested, I will inform my insurance agent to provide the Credit Union with a Loss Payable Form 438 BFU as applicable showing Farmers Insurance Group Federal Credit Union as lienholder.

Initials: _____

CONSENT

We hereby give our consent to have Farmers Insurance Group Federal Credit Union obtain any and all information concerning our employment, checking and/or savings accounts, obligations and all other credit matters, which they may require in connection with our application for a loan.

This form may be reproduced or photocopied and that copy shall be as effective consent as the original, which we have signed.

Borrower

Date

Co-borrower

Date

I hereby certify this to be a true and correct copy of the original.

By: _____
Farmers Insurance Group Federal Credit Union Representative

Financial Statement

(To be completed by candidate)



FARMERS INSURANCE
FEDERAL CREDIT UNION

Applicant's Name: _____

Date: _____

Household Information:

Spouse's Name: _____

Spouse's Type of Employment: _____

Number of Household Dependents: _____

Other Sources of Income: _____

Spouse's Gross Income: _____

If purchasing the service and commission rights to an agency through Agency Acquisitions, how are you financing your purchase? _____

Assets		Liabilities	
Liquid Assets:		Mortgage on Home:	\$ _____
Cash and Checking Account Balance:	\$ _____	Other Mortgages (specify below):	\$ _____
Savings Account Balance:	\$ _____	_____	_____
Life Insurance Cash Value:	\$ _____	_____	_____
Short-term Investments:	\$ _____	Auto Loan Balance:	\$ _____
Other (specify below):	\$ _____	Credit Cards/Credit Line:	\$ _____
_____	_____	Other Liabilities (specify below):	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
Total Liquid Assets:	\$ 0.00	Total Liabilities:	\$ _____ 0.00
Non-Liquid Assets:		Net Worth: (Total Assets - Total Liabilities)	\$ _____ 0.00
Real Estate:	\$ _____	Use below for additional detail (if necessary, use attachment that must be identified as part of this statement and signed). <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
Autos:	\$ _____		
Long-Term:	\$ _____		
Other (specify below):	\$ _____		
_____	_____		
_____	_____		
Total Non-Liquid Assets:	\$ _____ 0.00		
Total Assets (Liquid + Non-Liquid):	\$ _____ 0.00		

By my signature below, I represent and warrant that the information above is true and complete.

Applicant's Signature

Date



REAL ESTATE LOANS PRELIMINARY QUESTIONNAIRE

1. **Property Information**

Owner Occupied?	<input type="checkbox"/> Yes <input type="checkbox"/> No (we do not offer loans on rental, vacation or second homes)
Property Type:	<input type="checkbox"/> Single Family Unit <input type="checkbox"/> Condominium <input type="checkbox"/> Planned Unit Development <input type="checkbox"/> 2-4 Units
Texas loans only*:	<input type="checkbox"/> 50(a)(6) <input type="checkbox"/> Urban property (up to 10 acres) <input type="checkbox"/> Rural property (10 to 20 acres)
(Financing only applies on residential properties. Will not finance farms, ranches or properties used for agricultural purposes)	

2. **First Mortgage Trust Deed**

Lienholder Lender:	Loan No.
Address:	Phone No.
Balance Owning \$	Payment Amount\$
Is this a Negative Amortization loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Tax and Insurance Impounded? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this an Interest Payment only loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual taxes\$

3. **Existing Second Mortgage Trust Deed: (Must be paid off. Please forward a statement showing full account number)**

Lienholder Lender:	Loan No.
Address:	Phone No.
Balance Owning \$	Prepayment Penalty? <input type="checkbox"/> Yes <input type="checkbox"/> No
Payment Amount?	

4. **Other Liens (Give complete information. If none, so state.)**

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5. **Insurance Information**

Insurance Company	Annual Premiums \$
Agent's name	Phone No.
Policy No.	Expiration Date

6.

Personal Information	
Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment? (This would include such loans as home mortgage loans, SBA loans, home improvement loans, educational loans, manufactured (mobile) home loans, any mortgage, financial obligation, bond or loan guarantee.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide details, including date, name and address of Lender, FHA or VA case number, if any, and reasons for the action.	
Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide details, including date, name and address of Lender, FHA or VA case number if any, and reasons for the action.	
Are you obligated to pay alimony, child support, or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any part of the down payment borrowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a permanent resident alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you intend to occupy the property as your primary residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had an ownership interest in a property in the last three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of property did you own? (Principle Residence, Second Home, or Investment Property):	
How did you hold title to the home? (Solely by yourself, Jointly with your spouse, or Jointly with another person.)	

I/We understand that the information given above must be accurate and that said information has a direct bearing on the loan approval. I/We agree to insure said property in an amount equal to the total first and second trust deed loans, or full guaranteed value, whichever is less.

Borrower _____ Date _____

Co-Borrower _____ Date _____