

## Diablo Valley FCU Home Equity Application

Please print this form, fill it out and fax to **925-771-5601**

General Information		
Will you be applying for Individual or Joint Credit: <input type="checkbox"/> Joint <input type="checkbox"/> Individual		
If applying for joint credit, please sign below to verify that you intend to apply for joint credit		
Applicant:		Co-Applicant:
Marital Status: Complete marital status if this application is for: a. Joint or secured credit, or b. You reside in or rely on property located in a Community Property State. (AZ, CA, ID, LA, NM, NV, TX, WA, WI) <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> This loan is not for joint or secured credit and I do not live in the states listed above.		
Loan Amount Requested:		Property Value:
Current Mortgage Balance:		Current Monthly Mortgage Payment:
Second Mortgage Balance (if applicable):		Intended Purpose of Loan:
If the intended purpose is debt consolidation, please list creditors to be paid with loan proceeds:		
Creditor:	Acct. Number:	Balance:
Creditor:	Acct. Number:	Balance:
Creditor:	Acct. Number:	Balance:
Primary Applicant		
Last Name:		Member Number:
First Name:		Middle Name:
Social Security Number (TIN):		Date of Birth:
Number of Dependents:		Ages of Dependents:
Home Phone Number:		Work Phone Number:
Other Phone Number:		Email Address:
Drivers License #:		Drivers License State:
<i>Home Address</i>		
Address 1:		
Address 2:		
City:		State, Zip:
Time at Current Residence:		Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:
Monthly Payment:		
<i>Previous Address</i>		
Address 1:		
Address 2:		
City:		State, Zip:
Time at Previous Residence:		Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:
<i>Present Employer</i>		
Name:		Phone Number:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):		
Job Start Date:		Job Title:
Gross Salary:		per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.		
Other Income:		per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
Other Income Source:		
<i>Previous Employer</i>		

Name:	Phone Number:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):	
Job Start Date:	Job Title:
Job End Date:	
Gross Salary:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
<b>Co-Applicant</b>	
Last Name:	Member Number:
First Name:	Middle Name:
Social Security Number (TIN):	Date of Birth:
Number of Dependents:	Ages of Dependents:
Home Phone Number:	Work Phone Number:
Other Phone Number:	Email Address:
Drivers License #:	Drivers License State:
<i>Home Address</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Current Residence:	Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:
Monthly Payment:	
<i>Previous Address</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Previous Residence:	Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:
<i>Present Employer</i>	
Name:	Phone Number:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):	
Job Start Date:	Job Title:
Gross Salary:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.	
Other Income:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
Other Income Source:	
<i>Previous Employer</i>	
Name:	Phone Number:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):	
Job Start Date:	Job Title:
Job End Date:	
Gross Salary:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
<b>References</b>	
<i>Nearest Relative Not Living With You</i>	
Last Name:	First Name:
Relationship:	Phone Number:
Address 1:	
Address 2:	
City:	State, Zip:

Home Mortgage Disclosure Act (HMDA)

Only complete this section for closed-end fixed rate Home Equity loans that are for Home Improvement 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. You may select one or more designations for "Race". The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations the lender is required to note ethnicity, race, and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

Primary Applicant	Joint Applicant (If Applicable)
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino  Race: <input type="checkbox"/> American Indian, Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White  Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino  Race: <input type="checkbox"/> American Indian, Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White  Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

Additional Information

How would you prefer to be contacted?  
 Home Phone  
 Work Phone  
 Other Phone  
 Email Address  
 Other:

Special Instructions/Comments:

Signatures

Please note: Income verification is required; other information may be required.

I certify that statements on this application are true and complete. I authorize any person, association, firm or corporation to furnish, on request of this financial institution, information concerning me or my affairs. (Sec. 1014, Title 18, U.S. Code makes it a Federal Crime to knowingly make a false statement on this application.)

A representative will contact you upon receipt of requested information with a credit decision subject to appraisal and title verification.

Primary Applicant Signature:	Date:
Co-Applicant Signature:	Date: