



Honeywell Phila Div Federal Credit Union

512 Virginia Dr
Fort Washington, PA 19034
(215) – 641-3492
(215) –641-3513 (Fax)

FACSIMILE TRANSMITTAL SHEET

TO: LOAN DEPT.

FROM:

COMPANY: **Honeywell Phila Div FCU**

DATE:

FAX NUMBER: **215-641-3513**

TOTAL # OF PAGES:

PHONE NUMBER: 215-641-3492 Please call if you have any questions.

RE:

NOTES/COMMENTS:

Please print the attached loan application. Complete any necessary fields, sign, and return them to us, along with the required documentation listed below. You may drop off your application at our office, fax information to Honeywell Phila Div FCU using this cover letter at 215-641-3513, or email information to Member_Services_Help_Desk@honeywellfcu.com

REQUIRED DOCUMENTATION FOR HOME EQUITY LOAN APPLICATION

- Copy of Year End or Monthly Statement from Mortgage Co.
- Copy of Deed
- Copy of Homeowners Insurance
- Paystubs (Copy of Two Most Recent)
- Proof of Income ie. Social Security, Pension, and Rental Income
- Receipt of Paid Taxes if not paid by Mortgage Co.

HOW TO APPLY

- Please complete sections 1 through 8
- Sign and complete section 9
- Return this application to your credit union
- An incomplete or unsigned form may delay processing

1 NOTE AND COMPLETE

Married Applicants may apply for a separate account. Check the appropriate box to indicate Individual Credit or Joint Credit.

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.

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," then the credit union will disclose the costs of this voluntary payment protection to you. A separate election which discloses the terms and conditions must be signed for protection to be effective.

2 APPLICANT INFORMATION

APPLICANT

Please print in ink or type.

NAME (Last - First - Initial) _____

DRIVER'S LICENSE NUMBER/STATE _____

ACCOUNT NUMBER _____ SOCIAL SECURITY NUMBER _____

BIRTH DATE _____ HOME PHONE _____ BUSINESS PHONE/EXT. _____

PRESENT ADDRESS (Street - City - State - Zip) _____ OWN RENT

YEARS AT THIS ADDRESS _____

PREVIOUS ADDRESS (Street - City - State - Zip) _____ OWN RENT

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)

LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)

CO-APPLICANT SPOUSE

Use "SAA" if information is "Same As Applicant".

NAME (Last - First - Initial) _____

DRIVER'S LICENSE NUMBER/STATE _____

ACCOUNT NUMBER _____ SOCIAL SECURITY NUMBER _____

BIRTH DATE _____ HOME PHONE _____ BUSINESS PHONE/EXT. _____

PRESENT ADDRESS (Street - City - State - Zip) _____ OWN RENT

YEARS AT THIS ADDRESS _____

PREVIOUS ADDRESS (Street - City - State - Zip) _____ OWN RENT

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)

LIST AGES OF DEPENDENTS NOT LISTED BY APPLICANT (Exclude Self)

3 EMPLOYMENT INFORMATION

NAME AND ADDRESS OF EMPLOYER _____

YOUR TITLE / GRADE _____ SUPERVISOR'S NAME _____

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 _____ STARTING DATE _____

ENDING DATE _____

MILITARY

IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR YES NO WHERE _____ ENDING / SEPARATION DATE _____

NAME AND ADDRESS OF EMPLOYER _____

YOUR TITLE / GRADE _____ SUPERVISOR'S NAME _____

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 _____ STARTING DATE _____

ENDING DATE _____

IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR YES NO WHERE _____ ENDING / SEPARATION DATE _____

4 INCOME INFORMATION

NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

EMPLOYMENT INCOME OTHER INCOME
\$ PER \$ PER
 NET GROSS SOURCE

NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

EMPLOYMENT INCOME OTHER INCOME
\$ PER \$ PER
 NET GROSS SOURCE

5 REFERENCES

Please include Street, City, State and Zip.

NAME AND ADDRESS OF NEAREST RELATIVE _____ RELATIONSHIP _____

HOME PHONE _____

NAME AND ADDRESS OF PERSONAL FRIEND _____ HOME PHONE _____

-NOT A RELATIVE _____

NAME AND ADDRESS OF NEAREST RELATIVE _____ RELATIONSHIP _____

HOME PHONE _____

NAME AND ADDRESS OF PERSONAL FRIEND _____ HOME PHONE _____

-NOT A RELATIVE _____

APPLICANT

OTHER (CO-APPLICANT, SPOUSE)

6A ASSETS/PROPERTY
Check box for Applicant/Other. List all assets and account number(s)— Attach other sheets if necessary.

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	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	
OTHER			YES	NO
HOME*		\$	YES	NO
		\$	YES	NO
		\$	YES	NO

6B*
This section must be completed for the property which will be given as security, if applicable.

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 \$	
IS THE PROPERTY DESCRIBED IN THIS SECTION: YOUR PRINCIPAL DWELLING? LISTED AS THE APPLICANT'S ADDRESS IN THE "APPLICANT INFORMATION" SECTION?	IS ANYONE OTHER THAN YOUR SPOUSE A PART OWNER OF YOUR HOME?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

7 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	CREDITOR NAME AND ADDRESS	ACCOUNT NUMBER	ORIGINAL BALANCE	PRESENT BALANCE	MONTHLY PAYMENT	IF 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			\$	\$	\$	

8 FINANCIAL INFORMATION
These questions apply to both Applicant and Other.

IF A "YES" ANSWER IS GIVEN TO A QUESTION, EXPLAIN ON AN ATTACHED SHEET

	APPLICANT		OTHER	
	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):				

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 federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to Federal Credit Unions or State Chartered Credit Unions insured by NCUA. 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.

X _____ **X** _____
APPLICANT'S SIGNATURE DATE OTHER SIGNATURE DATE

10 CREDIT UNION INFORMATION
Do not write in this section— for credit union use only. Check applicable box(es).

LOAN OFFICER ADVANCE APPROVED: YES NO COUNTER OFFER WILL BE MADE, IF ACCEPTED, ADVANCE APPROVED

CREDIT COMMITTEE OR OTHER OUTSIDE INFORMATION CONSIDERED: YES NO IF YES, ATTACH ADDITIONAL SHEET AND DESCRIBE

REFERRED TO /REASON(S) FOR REFERRAL: _____ \$ _____ APPROVED LIMIT _____ DEBT RATIO _____

DESCRIBE COUNTER OFFER: _____

SPECIFIC REASON(S) FOR REJECTION: _____

SIGNATURES:

<input type="checkbox"/> LOAN OFFICER	X	DATE	X	DATE
<input type="checkbox"/> CREDIT COMMITTEE	X	DATE	X	DATE

ECOA NOTICE AND REASON FOR REJECTION SENT OR DELIVERED ON _____ (DATE) BY _____ (INITIALS)