

# Open End & Closed End Home Equity Mortgage Application Checklist

Member Service Toll Free 1.800.728.8943  
In Allen County 1.260.471.8336  
Member Service Fax 1.260.470.9773

Print application, complete, and mail or fax to Partners 1st.  
Partners 1st - Attn: Members Services - 1330 Directors Row - Fort Wayne, IN

## W-2 Wage Earners

\* Current Last 3 Paystubs

## Self-Employed

- \* Last 2 years Personal and Business Returns, complete with ALL supporting schedules
- \* Year-To-Date Profit and Loss (P/L) Statements
- \* Current Balance Sheet (most recent quarter)

## Home Information

- Copy of Home Owners (Hazard) Insurance Policy
- Current copy of Deed or Mortgage
- Legal Description
- Last Appraised value and Date or Purchase Price and Date

## Other Information

\*Purpose of loan, if you intend to pay off any debts please list who with and an approximate balance.

\*ONCE YOU HAVE FILLED OUT THE APPLICATION AND GATHERED THE NECESSARY DOCUMENTATION, YOU MAY FAX THESE IN WITH YOUR FILLED OUT APPLICATION. THE MEMBER SERVICE FAX NUMBER IS: 260-470-9773. YOU MAY ALSO DROP THESE OFF AT YOUR NEAREST BRANCH OFFICE OR MAIL THEM TO: PARTNERS 1ST FEDERAL CREDIT UNION  
1330 DIRECTORS ROW  
FORT WAYNE, IN 46808  
ATTENTION: MEMBER SERVICE

*Additional information could be necessary to make a loan decision. Anything less than the above-described data will result in slowing the approval and closing process. Should you have any questions, or need clarification, on any of the above information feel free to contact your Loan Officer.*

This Application may be used to apply for any of the following:  
 Closed-End Home Equity       Open-End Home Equity  
 Payment  Payroll Deduction       Cash Pay

**Amount Requested: \$**

**Loan Term:**  5 Years  10 Years  15 Years

Method:  Transfer From Savings       Transfer From Checking

**Purpose of Loan:**

**Check the Appropriate Box**

- If you are applying for an individual account in your own name and are relying on your own income or assets and not the income or assets of another as the basis for repayment of the credit requested, complete only Applicant Section.
- If you are applying for a joint account or an account that you and another person will use, complete Both Sections, providing information in Spouse/ Co-Applicant Section about the joint applicant or user.
- We intended to apply for joint credit. Applicant: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_
- If you are applying for an individual Account but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections to the extent possible, providing information in Spouse/ Co-Applicant Section about the person on whose alimony, support, or maintenance payments or income or assets you are relying.

**There are costs associated with the use of any Credit Card issued to you by us. You may request specific information about these costs by contacting us by telephone at (800) 728-8943 (callers from outside our area code may call collect) or by writing us at 1330 Directors Row , Ft. Wayne, IN 46808**

APPLICANT			SPOUSE / CO-APPLICANT		
<b>PERSONAL INFORMATION</b>			<b>PERSONAL INFORMATION</b>		
Marital Status: Check One If you reside in or are relying on property in a community property state or if you are applying for a secured credit or joint account. <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED			Marital Status: Check One If you reside in or are relying on property in a community property state or if you are applying for a secured credit or joint account. <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED		
Credit Union Account No.	Social Security Number		Credit Union Account No.	Social Security Number	
First Name	Mid Initial	Last Name (Jr. / Sr.)	First Name	Mid Initial	Last Name (Jr. / Sr.)
Current Street Address	Apt. No.	Rent <input type="checkbox"/> Own <input type="checkbox"/> Other <input type="checkbox"/> Years at address	Current Street Address	Apt. No.	Rent <input type="checkbox"/> Own <input type="checkbox"/> Other <input type="checkbox"/> Years at address
City	State	Zip	City	State	Zip
Date of Birth	Home Phone No. ( )	No. of Dependents	Date of Birth	Home Phone No. ( )	No. of Dependents
Email Address ( )	Cell Phone		Email Address ( )	Cell Phone	

EMPLOYMENT INCOME			EMPLOYMENT INCOME		
Present Employer	Gross Monthly Salary \$		Present Employer	Gross Monthly Salary \$	
Address	City	State Zip	Address	City	State Zip
Position / Type of Work	Start Date	Work Phone No.	Position / Type of Work	Start Date	Work Phone No.
You will not need to list income from alimony, child support, or separate maintenance unless you wish it considered for purposes of granting this credit.			You will not need to list income from alimony, child support, or separate maintenance unless you wish it considered for purposes of granting this credit.		
No. of years in this line of work	List any other type of income	Gross Monthly Amount. \$	No. of years in this line of work	List any other type of income	Gross Monthly Amount. \$

OUTSTANDING DEBTS				OUTSTANDING DEBTS			
<input type="checkbox"/> MTG	Monthly Pmt/Rent	Balance	Market Value	<input type="checkbox"/> MTG	Monthly Pmt/Rent	Balance	Market Value
<input type="checkbox"/> RENT	\$	\$	\$	<input type="checkbox"/> RENT	\$	\$	\$
Who do you pay Rent/ Mtg to?			<input type="checkbox"/> Live with Parents	Who do you pay Rent/ Mtg to?			<input type="checkbox"/> Live with Parents
Additional Loans On Your Home		Total Mo. Payments \$	Total Balance \$	Additional Loans On Your Home		Total Mo. Payments \$	Total Balance \$
Who do you pay Second or other Real Estate Loans to?				Who do you pay Second or other Real Estate Loans to?			
Have you or your Spouse / Co-Applicant ever filed for bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes – explain on separate sheet				Do you or your Spouse / Co-Applicant have credit under any other Name? <input type="checkbox"/> No <input type="checkbox"/> Yes- List Name			
I / We have listed all debts and pending credit applications <input type="checkbox"/> No <input type="checkbox"/> Yes – explain on a separate sheet							
Are you a U.S. Citizen? <input type="checkbox"/> No <input type="checkbox"/> Yes		Are you a co-maker on any loan? <input type="checkbox"/> No <input type="checkbox"/> Yes		Do you have past due loans? <input type="checkbox"/> No <input type="checkbox"/> Yes			

**Credit Information** Please list all open accounts with or without a balance. Attach separate sheet if necessary.

A = Applicant  
 C = Spouse / Co-Applicant  
 D = Debts to be paid off if loan granted

Please Check			Type of Loan	Lender (or other) Name, Address List all obligations and Credit Unions Loans	Account Number	Balance	Monthly Payment
A	C	D					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<b>TOTALS</b>						\$	\$

**ASSETS AND DEPOSITS** Attach a separate sheet if necessary.

Type	Bank (or other) Name, Address	Account No.	Interest Rate	Approx Bal	Type	Bank (or other) Name, Address	Account No.	Interest Rate	Approx Bal.
Checking					Checking				
Saving					Saving				
Other					Other				
Car 1-Yr.-Make-Model			Balance Owed \$		Car 1-Yr.-Make-Model			Balance Owed \$	
Car 2-Yr.-Make-Model			Balance Owed \$		Car 2-Yr.-Make-Model			Balance Owed \$	

<b>PERSONAL REFERENCE</b>		<b>PERSONAL REFERENCE</b>	
Nearest Relative (not living with you)	Relationship	Nearest Relative (not living with you)	Relationship
Address	Phone	Address	Phone

**OPTIONAL CREDIT INSURANCE** Credit Insurance Disclosures for Closed-End Loans are furnished separately. Your Loan Officer has details.

Credit Life and/or Credit Disability Insurance are not required to obtain credit under this plan and will be included only if requested immediately below by the APPLICANT. The insurance rates are shown below Each month, the insurance charge is calculated by multiplying the outstanding balance of the Account on the last day of that month by the rate shown.

Monthly Premium Rates Per \$100 of Outstanding Balance- You must CHECK ONE OR MORE of the boxes below.			
CREDIT LIFE:	Single Coverage - \$0.69	<input type="checkbox"/> Yes <input type="checkbox"/> No	Joint Coverage - \$0.112 <input type="checkbox"/> Yes <input type="checkbox"/> No
CREDIT DISABILITY:	Single Coverage - \$0.254	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Note: If You are applying for Credit Insurance, You authorize us to add the required premiums to Your Account, charge a Finance Charge on the Premiums at the rate which applies to Your Account, and forward such premiums to the Insurance Company.

X \_\_\_\_\_  
 SIGNATURE OF APPLICANT DATE

X \_\_\_\_\_  
 SIGNATURE OF APPLICANT DATE

**SIGNATURE**— READ CAREFULLY BEFORE SIGNING. PER YOUR MEMBERSHIP AGREEMENT AND/OR LOAN AGREEMENTS WITH US YOU GIVE US A SECURITY INTEREST IN YOUR ACCOUNTS AND CERTAIN OTHER PROPERTY PLEDGED AS DESCRIBED IN SAID AGREEMENTS.

You agree and attest that your name and address shown herein is your legal name and the place of your residence, and such address is the proper address for all notice(s) required by this Application, and you further understand that any changes in this address must be submitted to us in writing to be effective. You agree that everything stated in this application, whether oral, written, or through fax machine, is true and correct to the best of your knowledge. The Credit Union or its agent is authorized to investigate your credit worthiness, employment history, and to obtain a credit report and to answer questions about the credit history with you. You understand that any false or misleading statements in your applications may cause any loan to be in default. You agree that this Application shall be the Credit Union's Property whether or not this Credit Application is approved.

**NOTICE:** By submitting this application by facsimile or electronically, you agree to the same terms that apply to a signed application. If there is a co-applicant on this loan, that co-applicant has authorized the submission of this application. This facsimile or electronic submission qualifies as your signature. It is understood that you will have to sign loan documents before funds can be disbursed. Indirect lending: If this application is submitted to the Credit Union by a third party such as a car dealer, you authorize us to disclose to such third party the Credit Union's loan decision including the reason(s) for its decision.

**Authorized User/Card** You also request that an additional card be issued in the name of the Borrower for use by the authorized user identified herein. The undersigned specifically acknowledge their responsibility for all purchases and/ or cash advances made by the Authorized User or anyone that Authorized User allows to use any card(s) issued in connection with your credit card account. The Authorized Users may also be responsible for all purchases and cash advances they make or authorize.

Applicant's Signature	Date	<b>SECURITY AGREEMENT AND PLEDGE.</b> By signing this application, acceptance or authorized use of any credit card(s) issued, pledge your shares as defined by your Membership Agreement to secure payment of your understand that collateral securing other loans will secure this account; and that property purchased with your credit card(s) will also secure this account.
Co-Applicant's Signature	Date	
		Authorized User (Print Name) _____ Date _____