



18 West Boulevard
Newfield, NJ 08344-9599
856-692-3440 • 800-690-3440

HOME EQUITY CREDIT APPLICATION

Date: _____

We intend to apply for joint credit. _____ Applicant _____ Co-Applicant

Newfield National Bank Home Equity Loan Home Equity Credit Line Mobile Home

Amount requested: \$ _____ for _____ months. Purpose of the loan _____

HOW MUCH OF THIS LOAN DO YOU INTEND TO USE FOR: (estimate amount of each purpose: if none, enter zero)

HOME PURCHASE \$ _____ HOME IMPROVEMENT \$ _____ REFINANCING OF A PRIOR HOME PURCHASE AND/OR HOME IMPROVEMENT LOAN \$ _____

If the proceeds will be used for home improvement, are you the owner of the property to be improved? Yes No Do you occupy that property? Yes No

DO NOT COMPLETE THE FOLLOWING UNLESS YOU INTEND TO USE ANY PART OF THE REQUESTED LOAN AMOUNT FOR HOME PURCHASE, HOME IMPROVEMENT, REFINANCING OF A PRIOR HOME PURCHASE OR HOME IMPROVEMENT LOAN, OR A COMBINATION THEREOF!

This information is requested by the Federal Government if this loan is related to a dwelling in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations the lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish this information, please check the appropriate box.

APPLICANT

CO-APPLICANT

I do not wish to furnish this information. Sex: Female Male

I do not wish to furnish this information. Sex: Female Male

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race/National Origin: American Indian/Alaskan Native Black White Asian

Race/National Origin: American Indian/Alaskan Native Black White Asian

Native Hawaiian/Other Pacific Islander Other (Specify): _____

Native Hawaiian/Other Pacific Islander Other (Specify): _____

APPLICANT

Complete this section. Also complete "Co-Applicant" section if this is a joint application. If you are relying on income from another person for repayment of this loan, see important notice below. If you do not think that you qualify for credit on your own and someone else has agreed to co-sign a loan for you, the co-signer must complete a separate application.

Name (First, MI, Last)	Social Security #	Date of Birth	Phone number
Address (No. & Street) (If less than 3 years, previous also)	City	State	Zip
Mailing Address (if different)	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Rent/Mortgage \$	Name of mortgage holder or landlord
Previous address	City	State	Zip
Employer name (if less than 5 years, previous also)			Business phone ()
Employer address	City	State	Zip
if self-employed, name of business	Annual salary* \$	*Enter only base salary, wages and retirement income.	How long at employer?
Previous employer name and address	City	State	Zip

Important Notice: Other sources of income, 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. If you wish to rely on such income, you must provide us with the following information on the person(s) who will be making payments to you. Use additional page if needed. If this source of income is necessary to make a credit decision, we will have to contact that person to obtain additional information in order to process this loan application.

Name (First, MI, Last)	Phone number ()	Other income \$	Type
Address	City	State	Zip

LIST ALL DEBTS Include bank, finance company, credit card, store charge, personal debts, and pension plan loans, also alimony, support payments and court judgements. Attach additional sheet if necessary, if none, state none.

NAME AND ADDRESS OF CREDITOR	IN WHAT NAME	ACCT. NUMBER	UNPAID BALANCE	MONTHLY PAYMENT

CO-APPLICANT

Complete this section only if you are applying for credit jointly and the loan will be in two names. If co-applicant is relying on income from another person for repayment of this loan, see important notice below.

Name (First, MI, Last)	Social Security #	Date of Birth	Phone number
Address (No. & Street) (If less than 3 years, previous also)	City	State	Zip
Mailing Address (if different)	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Rent/Mortgage \$	Name of mortgage holder or landlord
Previous address	City	State	Zip
Employer name (if less than 5 years, previous also)			Business phone ()
Employer address	City	State	Zip
if self-employed, name of business	Annual salary* \$	*Enter only base salary, wages and retirement income.	How long at employer?
Previous employer name and address	City	State	Zip

Important Notice: Other sources of income, 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. If you wish to rely on such income, you must provide us with the following information on the person(s) who will be making payments to you. Use additional page if needed. If this source of income is necessary to make a credit decision, we will have to contact that person to obtain additional information in order to process this loan application.

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Address	City	State	Zip

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NAME AND ADDRESS OF CREDITOR	IN WHAT NAME	ACCT. NUMBER	UNPAID BALANCE	MONTHLY PAYMENT

HOME EQUITY

Please provide information on the property that will be used to secure the loan.

Address (No. and Street)	Town/City	County	State	Zip
Size of lot	Lot numbers	Block no.	Property zoned for	
<input type="checkbox"/> Single Family Home <input type="checkbox"/> Condo <input type="checkbox"/> Town House <input type="checkbox"/> Other:	Annual taxes \$	Principal residence of applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Year built	No. stories
Date purchased	Purchase price \$	Present value \$	No. rooms	No. bedrooms
Mortgage balance \$	Amount of original mortgage \$	Mortgage held by	No. baths	Type of heating system
Other mortgage	Do mortgage payments include taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No \$	Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No \$	Name of Insurance Company (Provide copy of this policy to bank if one exists)	

PLEASE READ AND SIGN

I certify that I have read the foregoing statement and all statements and information on both sides of this application and that the information furnished is complete, true and correct to the best of my knowledge and belief. I authorize you to make such inquiries regarding the information furnished herein as may be required in connection with this application and I agree this statement shall remain your property whether or not this credit is granted. I further agree to notify you of any material change in the above statement. In addition, I was informed of and received a copy of the Customer Information Privacy Policy, the Equal Credit Opportunity Act Notice, and the Notice of Right to Receive Copy of Appraisal shown on the back of this application.

Signature of Applicant _____

Signature of Co-Applicant (if applicable) _____

Where is best to reach you: Home # _____

Work/Other # _____

For Bank Use Only: Personal Interview _____ (date) Mail _____ (date received) Telephone _____ (date received)/(time)

Government Monitoring Information obtained by visual observation

Bank Employee _____ (Print Name)