

HOME EQUITY LOAN APPLICATION

PLEASE TYPE OR PRINT

IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

TYPE OF ACCOUNT REQUESTED

Check one to indicate the type of account you are requesting. Note: Married applicants may apply for separate accounts.

- Joint Account
 Individual Account - Relying solely on my income and assets.
 Individual Account - Relying on my income and assets and as well as income or assets of another.

TERMS REQUESTED

Amount \$	Interest Rate %	Type of Loan <input type="checkbox"/> Fixed Rate <input type="checkbox"/> ARM (type):	<input type="checkbox"/> Other:
No. of Months	Payment \$ /	Purpose <input type="checkbox"/> Home Improvement <input type="checkbox"/> Pay Debt:	<input type="checkbox"/> Other:

COLLATERAL PROPERTY

Address	Year Built	Date Purchased	Present Value	Balance Owning
Title in Name(s) of:		Address of Title Holder		Name and Address of Insurance Carrier

Mortgage Holder

Name _____ Address _____ Phone No. _____ Acct. No. _____

INDIVIDUAL APPLICANT INFORMATION

Name	Birthdate	Social Security No.		
Address (Street, City, State, Zip)		County	Drivers License No.	
Home Phone	Business Phone	No. of Dependents	Ages of Dependents	
Employer/Self Employed	Position	Years Employed	Employer's Address	
Wages, Salary, Commissions Gross \$ /month Net \$ /month			How Often Paid	
Previous Employer	Position	Years Employed	Previous Employer's Address	
Name and Address of Applicant's Nearest Relative				Relationship

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered. Alimony, child support, separate maintenance received pursuant to: Court Order Written Agreement Oral Understanding.

Other Income: Source _____ Amount/Month _____

Marital Status Married Separated Unmarried (includes single, divorced and widowed)

JOINT APPLICANT OR OTHER PARTY INFORMATION

Provide the information in this section for a joint applicant, another party that will use or contribute assets or income toward repayment on the account, or for your spouse if you live in, or the collateral property is located in, AZ, CA, ID, LA, NM, NV, TX, WA or WI.

Name	Birthdate	Social Security No.		
Address (Street, City, State, Zip)		County	Drivers License No.	
Home Phone	Business Phone	No. of Dependents	Ages of Dependents	
Employer/Self Employed	Position	Years Employed	Employer's Address	
Wages, Salary, Commissions Gross \$ /month Net \$ /month			How Often Paid	
Previous Employer	Position	Years Employed	Previous Employer's Address	
Name and Address of Applicant's Nearest Relative				Relationship

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered. Alimony, child support, separate maintenance received pursuant to: Court Order Written Agreement Oral Understanding.

Other Income: Source _____ Amount/Month _____

Marital Status Married Separated Unmarried (includes single, divorced and widowed)

GENERAL INFORMATION

If you or a joint applicant or other party answers "yes" to any of the following questions, please explain in the space provided.

Are you a guarantor or co-maker of any leases, contracts or debts? Applicant: Yes No Joint Applicant/Other Party: Yes No

Are there any suits or judgments pending against you? Applicant: Yes No Joint Applicant/Other Party: Yes No
(Include amount) _____

Have you been declared bankrupt in the last 10 years? Applicant: Yes No Joint Applicant/Other Party: Yes No

PREVIOUS CREDIT REFERENCES

Describe any previous debt obligations. Please mark Applicant-related information with an "A".

1.	\$	Date Paid
2.	\$	Date Paid

NOT FOR FNMA/FHLMC/FHAVA USE

ASSET AND DEBT INFORMATION

If "Joint Applicant or Other Party Information" section was completed above, this section should be completed giving information about both the Applicant and the Joint Applicant or Other Party. **Attach additional sheets if necessary.**

ASSETS

DESCRIPTION OF CURRENT ASSETS	NAME(S) OF OWNER(S)	SUBJECT TO DEBT: YES/NO	VALUE
Checking Accounts (Institution, Acct. No.)			\$
Savings Accounts (Institution, Acct. No.)			
Automobiles (Make, Model, Year)			
Marketable Securities (Issuer, Type, No. of Shares)			
Life Insurance Cash Value (Issuer)			
Other Real Estate (Location, when acquired)			
Other Assets (Describe)			
Total Assets			\$

OUTSTANDING DEBTS (Include all charge accounts, installment contracts, credit cards, rents, mortgages and other obligations.)

CREDITOR	ACCOUNT NUMBER	NAMES IN WHICH THE ACCOUNT IS CARRIED	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENTS
Auto Loans					
Credit or Charge Cards					
Landlord or Mortgage Holder on other Real Estate					
Other					
TOTAL DEBTS			\$	\$	\$

Maine Residents: A consumer report may be ordered in connection with your application. Upon your request, we will inform you whether or not a report was ordered. If a report was ordered we will tell you the name and address of the consumer reporting agency that provided the report.

New York Residents: A consumer report may be ordered in connection with your application. Upon your request, we will inform you whether or not a report was ordered. If a report was ordered we will tell you the name and address of the consumer reporting agency that provided the report. Subsequent reports may be ordered or utilized in connection with an update, renewal or extension of credit for which you have applied.

Ohio Residents: 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.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Married Wisconsin Residents: No provision of any marital property agreement, unilateral statement under Wisc. Statutes §766.59 or a court decree under Wisc. Statutes §766.70 adversely affects the interest of the lender unless the lender, prior to the time the credit is granted, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision when the obligation to the lender is incurred.

NOTICE - JOINT CREDIT:

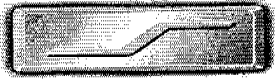
We intend to apply for joint credit. (initials) _____

I certify that everything I have stated in this application and on any attachments is correct. Lender may keep this application whether or not it is approved. By signing below, I authorize Lender to check my credit and employment history, to have a consumer credit report prepared on me for the purpose of evaluating this application for credit, and to answer questions others may ask Lender about my credit record with Lender. I understand that I must update this credit information at Lender's request and if my financial condition changes.

I acknowledge receipt of the Home Equity Brochure and the lender's Home Equity disclosure statement on today's date.

Applicant _____ **Date** _____ **Joint-Applicant** _____ **Date** _____

CREDITOR USE ONLY			
This application was taken by: <input type="checkbox"/> face-to-face interview <input type="checkbox"/> mail <input type="checkbox"/> telephone <input type="checkbox"/> internet.			
Date Application Received:	Received By:	Amount Requested	
		\$	
Date Application Completed:	Approved By:	Amount Approved	
	/	\$	
Rescindable? <input type="checkbox"/> Yes <input type="checkbox"/> No	RESPA Applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Funding Date:	Initial Advance
			\$



Borrower's Signature Authorization

Borrower(s) Name and Address	Bank of Sullivan P. O. Box 489 Sullivan, MO 63080 (573) 468-3191(voice) (573) 468-1436 (fax)
Loan Number:	Lender Contact:

Borrower Authorization

1. I/We hereby authorize Bank of Sullivan to verify my past and present employment earnings records, bank accounts, stock holdings and any other asset balances that are needed to process my loan application. I further authorize Bank of Sullivan to order a consumer credit report, loan payoff information, and verify other credit information, including past and present mortgage and landlord references.
2. I/We authorize you to provide to Bank of Sullivan, any and all information and documentation that they request. Such information includes, but is not limited to, account balances, employment history and income; credit history; and copies of income tax returns.
3. I/We authorize you to provide to _____ (Title Company), account balances and loan payoff information.
4. It is understood that a copy of this form will also serve as authorization.

Your prompt reply to Bank of Sullivan is appreciated.

(Social Security Number)

(Date)

(Social Security Number)

(Date)

CREDIT INSURANCE DISCLOSURE

THIS IS TO INFORM YOU THAT YOUR CREDIT APPLICATION MAY INVOLVE A PRODUCT WITH WHICH THE BANK OFFERS THE PURCHASE OF INSURANCE. THE FOLLOWING DISCLOSURE IS TO INFORM YOU THAT THE BANK OF SULLIVAN DOES NOT CONDITION ANY EXTENSION OF CREDIT UPON:

- THE PURCHASE OF AN INSURANCE PRODUCT OR ANNUITY FROM THE BANK OR ANY OF ITS AFFILIATES

OR

- AN AGREEMENT NOT TO OBTAIN OR PROHIBITION FROM OBTAINING AN INSURANCE PRODUCT OR ANNUITY FROM AN UNAFFILIATED ENTITY

AND

THE INSURANCE PRODUCTS WHICH ARE OFFERED IN CONNECTION WITH YOUR LOAN:

- ARE NOT DEPOSITS OF OR OTHER OBLIGATIONS OF, OR GUARANTEED BY, THE BANK OF SULLIVAN OR ANY OF ITS AFFILIATES
- ARE NOT INSURED BY THE FEDERAL DEPOSIT INSURANCE CORPORATION (FDIC) OR ANY OTHER AGENCY OF THE UNITED STATES, THE BANK, OR AN AFFILIATE OF THE BANK – (UNLESS THE PRODUCT IS FEDERALLY-INSURED CROP OR FLOOD INSURANCE)

BY SIGNING BELOW, I ACKNOWLEDGE RECEIPT OF AND EXPLANATION OF THE ABOVE DISCLOSURES.

SIGNATURE

SIGNATURE

DATE

DATE