

ESL Home Equity Application

Before You Apply

The minimum equity loan or line of credit is \$5,000. If you need less than that amount, please contact us to discuss other options. You can call our Contact Center at 585.336.1000 or 800.848.2265, chat with us using chat banking available at <u>esl.org</u>, or stop by any <u>ESL branch</u> and speak with a representative.

Presently, ESL accepts applications for properties located in New York State in the following counties only: Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Seneca, Wayne, Wyoming, and Yates. Please provide all of the requested information.

What You'll Need

The application will take approximately 10 to 15 minutes to complete. You will need:

- Telephone numbers, addresses, and Social Security Number(s) for any persons listed on the application
- Your residency and work history
- Current mortgage information
- Estimated current market value of your home
- Account names, monthly payments, and balances for any debts you want to consolidate

Required Reading

- If you are applying for a Home Equity Line of Credit, you must read <u>The Consumer Guide to Home</u> <u>Equity Lines of Credit</u>. You'll be asked to confirm that you have read this information in order to begin your application for credit. You will also receive a written copy of the disclosure in your initial loan disclosure package.
- If you are applying for Home Equity Line of Credit, you must also read the <u>Important Terms of an ESL</u> <u>Federal Credit Union (ESL) Home Equity Line of Credit</u>. You also will receive a written copy of the disclosure in your initial loan disclosure package.

□ I have read <u>The Consumer Guide to Home Equity Lines of Credit</u>.

□ I have read the Important Terms of an ESL Federal Credit Union (ESL) Home Equity Line of Credit.



About Your Loan

What type of loan are you applying for?

- O Home Equity Line of Credit
- O Increase to Existing Home Equity Line (minimum increase is \$5,000)
- O Fixed Rate Home Equity Loan
 - Fixed Rate Home Equity Loan Term (4 to 20 years):

Total Amount Requested ______ (minimum total loan or line of \$5,000) (Calculator)

Loan Purpose:

- O Bill Consolidation
- O Other

Will this loan pay off an existing first mortgage, a home equity loan/line, or other real-estate secured loan?

O Yes O No

Where would you like to sign your legal documents? (Choose one)

- O Batavia Office
- O Brockport Office
- O Chestnut Street Office
- O Cobblestone Court Office
- O Geneseo Office
- O Long Pond Office
- O Mt. Read Office
- O Penfield Office
- O Ridgeway Office
- O Twelve Corners Office
- O ESL Headquarters (225 Chestnut Street, Rochester, NY 14604)

Would you like to apply for:

Group Credit Life Insurance? O Single O Joint O None

Group Disability Insurance? ○ Single ○ Joint ○ None

Insurance is available for Home Equity Lines of Credit only. Applicant must be under age 66.

Payment Options:

O Automatic deduction from ESL checking or savings account:

Member Number _____

Account Number

O Direct Billing

All Home Equity Line of Credit payments are due on the 25th of the month.

This credit union is federally insured by the National Credit Union Administration.

(07/17)

- O Brighton-Henrietta Office
- O Canandaigua Office
- O Chili Office
- O Culver-Ridge Office
- O Irondequoit Office
- O Merchants Walk Office
- O Newark Office
- O Pittsford Office
- O State Street Office
- O Webster Office
- O By Mail (must be notarized)

Membership subject to eligibility.



About Applicant(s)

Your Email Address:	
Primary Applicant:	
My intent is to apply for joint credit?	O Yes O No
Member Number	
First Name	
Middle Initial	
Last Name	
Date of Birth	(mm/dd/yyyy)
Social Security Number	(xxx-xx-xxxx)
Home Telephone	(include area code)
Street Address	
City	
State	(i.e., NY)
Zip	
How long at residence?	
Years Months	
Your Current Employer:	
Employer's Name	
Occupation/Title	O Permanent O Supplemental
Business Phone	(include area code)
Extension	
How long at employer?	
Years Months	
Self-Employed? O Yes O No	
Gross Salary/Income	
O Annually O Monthly	O Biweekly O Weekly



Your Previous Employer, if less than one year at current employer:

Employer's Name

How long with this employer?

Years_____ Months _____

Additional Monthly Income, if applicable:

Amount _____

Source _____

Please list other sources of income, such as second employers, Social Security, MET Pension, investments, SIP/401(k), rental income, etc. Alimony, child support, and separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repayment.

Applicant Investment Accounts:

Please list the estimated balances in the following accounts:

Mutual Funds	
SIP/401(k)	
Stocks/Bonds	
IRA	

If no Co-Applicant, skip to Financial Information.

Co-Applicant:

My intent is to apply for joint credit?	O Yes	O No
Member Number		-
First Name		
Middle Initial		
Last Name		
Date of Birth		_ (mm/dd/yyyy)
Social Security Number		(xxx-xx-xxxx)
Home Telephone		(include area code)
Street Address		
City		
State		(i.e., NY)
dit union is federally insured by the National C	redit Unior	Administration



	Zip		
	How long at residence?		
	Years	Months	-
Your	Current Employer:		
	Employer's Name		
	Occupation/Title		O Permanent O Supplemental
	Business Phone		(include area code)
	Extension		
	How long at employer?		
	Years	Months	-
	Self-Employed? O Ye	s O No	
	Gross Salary/Income		
	O Annually C	Monthly O Biweek	y O Weekly
Your	Previous Employer, if les	ss than one year at cu	rrent employer:
	Employer's Name		
	How long with this empl	oyer?	
	Years	Months	-
Addit	ional Monthly Income, if	applicable:	
	Amount		
	Source		
	investments, SIP/401(k)	, rental income, etc. Ali	cond employers, Social Security, MET Pension, mony, child support, and separate maintenance income it considered as a basis for repayment.
Co-Aj	pplicant Investment Acco	ounts:	
	Please list the estimated	d balances in the followi	ng accounts:
	Mutual Funds		
	SIP/401(k)		
	Stocks/Bonds		
	IRA		



This credit union is federally insured by the National Credit Union Administration. Membership subject to eligibility. (07/17)

Financial Information

Please list all debts:

Creditor	Purpose	Monthly Payment	Balance	Will you pay off balance with this loan?		
	Mortgage			O Yes	O No	
	Property Tax (if not escrowed)			O Yes	O No	
				O Yes	O No	
				O Yes	O No	
				O Yes	O No	
				O Yes	O No	
				O Yes	O No	

Property Description

Provide information about property that will secure your line of credit or	loan:
Property Address	
Town	
County	
City	
State (i.e., NY)	
Zip	
Property Type:	
O Single Family O Duplex O Condo O PUD O Manufactu	red/Mobile Home
Estimated Value \$	
List major property improvements in the last five years, if applicable:	



Other Real Estate Owned:

Property Address	# of Units	Mortgage Balance	Name of Lender	Gross Rental Income	Monthly Mortgage Payment	Monthly Taxes & Insurance Payment (if not escrowed)

Information for Government Monitoring 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 the 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.

Applicant:

 \Box I do not wish to furnish this information.

Ethnicity

O Hispanic or Latino O Not Hispanic or Latino

Race

- O American Indian or Alaskan Native
- O Asian
- O Black or African American
- O Native Hawaiian or Other Pacific Islander
- O White

Sex

O Female O Male

Co-Applicant:

 \Box I do not wish to furnish this information.

Ethnicity

O Hispanic or Latino O Not Hispanic or Latino

Race

- O American Indian or Alaskan Native
- O Asian
- O Black or African American
- O Native Hawaiian or Other Pacific Islander
- O White



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Membership subject to eligibility. (07/17)

Sex

O Female O Male

Applicant(s) – PLEASE READ BEFORE COMPLETING

You promise all the information given on this application is true, correct, and complete to the best of your knowledge. You understand the lender will retain this application whether approved or declined. The lender is authorized to check your credit and employment history and to answer questions from others about its credit experience with you. ESL may request a credit report in connection with this application for credit and any credit update, renewal, or extension of credit. Upon request, ESL will tell you whether or not a consumer report was obtained, and if such a report was obtained ESL will furnish you with the name and address of the consumer reporting agency furnishing the report.

I have read the above as well as the Terms and Conditions Listed below:

Important Terms of an ESL Federal Credit Union (ESL) Home Equity Line of Credit

The Consumer Guide to Home Equity Lines of Credit

O Yes O No

How to Submit Your Application

Thank you for choosing ESL for your home equity lending needs. Once we have received your application, we'll be quickly back in touch with you to complete your loan application.

Mail:	ESL Federal Credit Union Corporate Headquarters Attn: Home Equity Department P.O. Box 92714 Rochester, NY 14692-9837
Apply online:	Visit esl.org
Call us:	585.336.1165 or 800.848.2265
Chat:	Live Chat Banking at esl.org
Visit your local branch:	Visit <u>esl.org</u> for locations

