

HELOC Application

Required fields

Optional fields

Account Information

Total Amount Desired: (Minimum \$5,000.00)

- Account Ownership: Individual – My Income Only
 * Individual – My Income and Income or Assets of Another
 * Joint * (Please complete Joint Applicant Information)

How Do You Plan to Use this Loan?

Personal Information

First and Last Name:

Street Address:

City, State, and Zip:

Time at this address: (years and months)

Date of Birth:

Social Security Number:

Driver's License Number: State Issued:

Marital Status: Married Separated Unmarried (single, divorced, widowed)

Number of Dependents: Age of Dependents:

Home Phone:

Cell Phone:

Email Address:

If Less Than 2 Years at Current Residence

Previous Street Address:

City, State, and Zip:

Time at this address: (years and months)

Employment Information

Employment Status: (employed, self-employed, retired, etc)

Current Employer:

Job Title:

Work Phone:

Time at Current Employer:

Alimony, child support, and separate maintenance need not be revealed if you do not wish to have them considered as a basis for repayment of this obligation.

Gross Monthly Income:

Pay Frequency:

Other Income:

Source of Other Income:

If Less Than 2 Years with Current Employer

Previous Employer:

Previous Job Title:

Time at Previous Employer:

Asset / Debt Information

Please list Financial Institutions or Companies with which you have deposit accounts (e.g. Checking Accounts, Savings Accounts, and Investment or Retirement Accounts).

Please list Financial Institutions or Companies with which you have loans (e.g. Mortgages, Installment Loans, Credit Cards, etc.).

Are you a guarantor or co-maker of any leases, contracts or debts? Yes No

Are there any suits or judgments pending against you? Yes No

Have you been declared bankrupt in the last 10 years? Yes No

I certify that everything stated in this application is correct. You may keep this application whether or not it is approved. By signing below, I authorize the Morrill and Janes Bank to obtain and review my credit report, verify any of the above information, and to answer questions others may ask about my credit record with you. I understand additional information and documentation may be needed to complete this loan. I understand that I must update this credit information at your request and if my financial condition changes.

Sign Full Name - Applicant

Date

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City, State, and Zip:

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We intend to apply for joint credit. (initials of both applicants)

Sign Full Name – Joint Applicant

Date