



Dear Member,

Thank you for allowing National 1st Credit Union to assist you with your Home Equity (2nd mortgage) loan. The following is a list of items required in order for us to process your application:

- Completed, signed and dated attached application and disclosures (typed or printed in ink).
- Current pay stub. If self-employed or retired, please enclose the last two years of tax returns.
- If you receive income from child/spousal support and you choose to include it as income, or if you are obligated to pay child/spousal support, enclose that portion of your final divorce agreement showing the amount and length of obligation.
- Copy of 1st mortgage Note and current mortgage statement.
- If you have an outstanding 2nd lien on your property, please provide us with name of the financial institution that you have your loan with, their phone number and your account number.
- Current homeowners insurance policy information (name of insurance agency, contact name, phone number and policy number).

If you have any questions, please call 408.524.4500, option 4 or 888.672.6073, option 4.

Sincerely,

National 1st Credit Union  
Mortgage Department

Please mail completed application packet to:  
National 1st Credit Union  
Attn: Loan Department  
2999 San Ysidro Way  
Santa Clara, CA 95051

## Application

### 1 NOTE AND COMPLETE

Married Applicants may apply for a separate account.

**NOTICE TO OHIO APPLICANTS:** 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.

- Individual Credit:** Complete **Applicant** section. Complete **Co-Applicant, Spouse**, (referred to as "Other") section: (1) about your spouse if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), or (2) if your spouse will use the Account. Please check box to indicate whom the information is about.
- Joint Credit:** Each Applicant must **individually** complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.

Amount Requested \$ \_\_\_\_\_ Purpose: \_\_\_\_\_

Repayment:  Payroll Deduction  Cash  Automatic Payment  Military Allotment  \_\_\_\_\_

### STATEMENT OF INTENT

Are you interested in having your loan protected?  Yes  No  
 If you answer "yes", then the credit union will disclose the cost of this voluntary payment protection to you. A separate election which discloses the terms and conditions must be signed for protection to be effective.

### 2 APPLICANT INFORMATION

#### APPLICANT

NAME (Last - First - Initial)		
DRIVER'S LICENSE NUMBER/STATE		
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip)		LENGTH AT RESIDENCE
<input type="checkbox"/> OWN <input type="checkbox"/> RENT		
PREVIOUS ADDRESS (Street - City - State - Zip)		LENGTH AT RESIDENCE
<input type="checkbox"/> OWN <input type="checkbox"/> RENT		
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:		
<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)		
LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)		

#### CO-APPLICANT SPOUSE

Referred to as "Other" Use "SAA" if information is "Same as Applicant"

NAME (Last - First - Initial)		
DRIVER'S LICENSE NUMBER/STATE		
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip)		LENGTH AT RESIDENCE
<input type="checkbox"/> OWN <input type="checkbox"/> RENT		
PREVIOUS ADDRESS (Street - City - State - Zip)		LENGTH AT RESIDENCE
<input type="checkbox"/> OWN <input type="checkbox"/> RENT		
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:		
<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)		
LIST AGES OF DEPENDENTS NOT LISTED BY APPLICANT (Exclude Self)		

### 3 EMPLOYMENT INFORMATION

NAME AND ADDRESS OF EMPLOYER		
YOUR TITLE/GRADE	SUPERVISOR'S NAME	
START DATE	HOURS AT WORK	IF SELF EMPLOYED, TYPE OF BUSINESS
IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS		
STARTING DATE	ENDING DATE	
IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO		
WHERE		
ENDING/SEPARATION DATE		

NAME AND ADDRESS OF EMPLOYER		
YOUR TITLE/GRADE	SUPERVISOR'S NAME	
START DATE	HOURS AT WORK	IF SELF EMPLOYED, TYPE OF BUSINESS
IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS		
STARTING DATE	ENDING DATE	
IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO		
WHERE		
ENDING/SEPARATION DATE		

MILITARY

### 4 INCOME INFORMATION

NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

EMPLOYMENT INCOME	OTHER INCOME
\$	\$
PER	PER
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE

NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

EMPLOYMENT INCOME	OTHER INCOME
\$	\$
PER	PER
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE

### 5 REFERENCES

Please include Street, City, State and Zip.

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	
RELATIONSHIP	HOME PHONE
NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE	
HOME PHONE	

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	
RELATIONSHIP	HOME PHONE
NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE	
HOME PHONE	







## **COPY OF APPRAISAL REPORT**

You have the right to a copy of the appraisal report to be obtained in connection with the loan for which you are applying, provided that you have paid for or are willing to pay for the appraisal. If you want a copy of the appraisal report, please call the mortgage specialist who processed your loan at 1 (888) 672- 6073 or submit a written request to the following address:

National 1st CU  
P.O. Box 61867  
Sunnyvale, Ca 94088

My/Our signature below acknowledges your receipt of this notice of my/our right to a copy of the appraisal report.

---

Applicant

Date

---

Applicant

Date



National 1st Credit Union  
P.O. Box 61867  
Sunnyvale, Ca 94088

## HAZARD INSURANCE AUTHORIZATION AND REQUIREMENTS

I understand that the terms of my loan agreement require that:

(A) I obtain property insurance against loss or damage. Coverage must be in an amount at least equal to the replacement value of improvements on the property or the loan amount(s) inclusive of all liens against the property.

(B) Lender's Loss Payable Endorsement to be affixed in favor of:

National 1st Credit Union  
P.O. Box 61867  
Sunnyvale, Ca 94088

Effective date of new policies, endorsements, and/or assignments shall be as of, or prior to, the date of recording on this loan.

Verification of renewal policies must be in the lender's office at least thirty days prior to the expiration of the existing policy. If this requirement is not met, the LENDER MAY AT THEIR OPTION, BUT WITHOUT OBLIGATION TO DO SO, PROVIDE COVERAGE TO REPLACE ANY EXPIRING POLICIES WHICH HAVE NOT BEEN PROPERLY RENEWED. The premium for such coverage will be remitted promptly by the undersigned, or the Lender may charge borrower's account for the cost thereof.

**AN ACCEPTABLE POLICY, WITH ENDORSEMENTS AND/OR ASSIGNMENTS, MUST BE FORWARDED TO AND RECEIVED BY LENDER BEFORE THIS LOAN CAN BE FUNDED: OTHERWISE, THE LENDER MAY BE FORCED TO PLACE INTERIM COVERAGE ON THE PROPERTY AT AN ADDITIONAL COST TO THE BORROWER(S).**

Each of the undersigned acknowledges that he or she has read and understands the foregoing provisions and insurance requirements. This authorization will remain irrevocable for the undersigned as owner(s) of the subject property, as long as this loan remains on subject property.

---

Borrower

Date

---

Borrower

Date



2999 San Ysidro Way  
 Santa Clara, CA 95051-0604  
 Phone: (408) 524-4500 • 1-888-672-6073  
 Fax: (408) 245-6536  
 www.national1st.org



## CALIFORNIA HOLDEN ACT FAIR LENDING NOTICE

### The Housing Financial Discrimination (Holden) Act of 1977 - Fair Lending Notice

IT IS ILLEGAL TO DISCRIMINATE IN THE PROVISION OF OR IN THE AVAILABILITY OF FINANCIAL ASSISTANCE BECAUSE OF THE CONSIDERATION OF

1. TRENDS, CHARACTERISTICS OR CONDITIONS IN THE NEIGHBORHOOD OR GEOGRAPHIC AREA SURROUNDING A HOUSING ACCOMMODATION, UNLESS THE FINANCIAL INSTITUTION CAN DEMONSTRATE IN THE PARTICULAR CASE THAT SUCH CONSIDERATION IS REQUIRED TO AVOID AN UNSAFE AND UNSOUND BUSINESS PRACTICE OR,
2. RACE, COLOR, RELIGION, SEX, MARITAL STATUS, NATIONAL ORIGIN OR ANCESTRY.

IT IS ILLEGAL TO CONSIDER THE RACIAL, ETHNIC, RELIGIOUS OR NATIONAL ORIGIN COMPOSITION OF A NEIGHBORHOOD OR GEOGRAPHIC AREA SURROUNDING A HOUSING ACCOMMODATION OR WHETHER OR NOT SUCH COMPOSITION IS UNDERGOING CHANGE, OR IS EXPECTED TO UNDERGO CHANGE, IN APPRAISING A HOUSING ACCOMMODATION OR IN DETERMINING WHETHER OR NOT, OR UNDER WHAT TERMS AND CONDITIONS, TO PROVIDE FINANCIAL ASSISTANCE.

THESE PROVISIONS GOVERN FINANCIAL ASSISTANCE FOR THE PURPOSE OF THE PURCHASE, CONSTRUCTION, REHABILITATION OR REFINANCING OF ONE TO FOUR UNIT FAMILY RESIDENCES OCCUPIED BY THE OWNER AND FOR THE PURPOSE OF THE HOME IMPROVEMENT OF ANY ONE TO FOUR UNIT FAMILY RESIDENCE.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR RIGHTS, OR IF YOU WISH TO FILE A COMPLAINT, CONTACT THE MANAGEMENT OF THIS FINANCIAL INSTITUTION OR:

Department of Financial Institutions  
 300 S. Spring Street, Suite 15513  
 Los Angeles, CA 90013-1204  
 Telephone (213) 897-2085

111 Pine Street, Suite 1100  
 San Francisco, CA 94111-5613  
 Telephone (415) 263-8500

### ACKNOWLEDGMENT OF RECEIPT

I (WE) RECEIVED A COPY OF THIS NOTICE.

<b>X</b>	
APPLICANT 1 SIGNATURE	DATE

<b>X</b>	
APPLICANT 2 SIGNATURE	DATE

<b>X</b>	
APPLICANT 3 SIGNATURE	DATE

<b>X</b>	
APPLICANT 4 SIGNATURE	DATE