VIRGINIA CREDIT UNION EQUITY CREDIT APPLICATION

Address: P.O. Box 90010, Richmond, VA 23225-9010 Phone: 804-323-6800 Toll Free: 800-285-6609 Fax: 804-267-5408

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Home Equity :													Member #:				
Payment (check one): Cash or Check Transfer from VACU account ACH from another bank (Equity Loan only)																	
	Loan Payment Protection Insurance. Separate insurance election disclosing costs, terms and conditions must be signed for the coverage to																
	become effective. Restrictions apply. Check coverage desired: Credit Disability- Individual Credit Disability- Joint Credit Life- Individual Credit Life- Joint																
OPTIONAL	Check coverage desired: Credit Disability- Individual																
				eowner Insurance. An insurance review with a licensed agent may help ensure that you have the necessary protection. Throu rance Services, an affiliated insurance agency owned by Virginia Credit Union, a licensed agent can supply you with a no cost a										_			
	_							ers. Would you like an agent to follow up with you? Yes									
	no ot	oligation q	uote tn	rougn ma	any major nationa	i insurance ca	irriers.	would you like an a	igent to	TOIIOW	up with y	our r	25	No			
Type of Property: Primary Residence Secondary/Vacation Home Present Market Value of Home \$																	
Amount Owed: 1st Mortgage: \$ Payment: \$							Lender:				Loan #:						
Amount Owed: 2 nd Mortgage: \$								ender:			Loan #:						
Property Address:																	
MEMBER / BORROWER CO-BORROWER																	
	ild sup	port and s	eparate			ed not be reve		you do not wish to l	have it c				ying this c	debt.			
First Name			MI	Last Na	me		Firs	t Name		MI	Last Na	me					
Home Phone		Birth Date		SSN	SSN or Taxpayer ID		Hor	Home Phone B		rth Date		SSN or Taxpayer ID					
Home Street Address							Hor	Home Street Address									
City, State, Zip							City, State, Zip										
LIC Citizon					Business Phone	<u> </u>	US Citizen			Business Phone							
OS Citizen Yes No Business Prione								Yes No Business Thorie									
Name of Employer Name of Employer																	
Position		Hire Date			Gross Annual Income		Position		ŀ	Hire Date		Gross Annual Income					
*Other Income		Source				*Other Income \$		9	Source		•						
Previous Employer Time Employ				nployed	yed Position		Previous Employer		٦	Time Employed		Position					
5 1011 (11 11				5 11 21 ();							Call Black (actional)						
Email Address (optional)					Cell Phone (optional)			Email Address (optional)				Cell Phone (optional)					
BY SU	UBMITT	TING THIS	APPLIC	ATION Y	OU AGREE TO ALL	OF THE FOLL	.OWING	i. IF YOU DO NOT A	GREE, D	о пот	SUBMIT 1	THIS APPLICA	ATION.				
` '		, ,		,	,		. , .	or a line of credit, yo									
Equity Lines of Credit" booklet and "Home Equity Early Disclosure." (2)You promise that everything you stated in the application is correct to the best of your																	
knowledge. (3)You authorize Virginia Credit Union to obtain consumer reports in connection with this application and for any update, renewal or extension of any																	
credit received. If you request, the credit union will tell you the name and address of any credit bureau from which it received a credit report on you. (4)You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to any credit union																	
insured by NCUA. (5)You agree to notify us of any important changes. If you have any name, address or employment changes, you will also notify us within a																	
reasonable period of time. (6)You authorize us to check your employment history, and you authorize such parties to release to us, any and all information about																	
their experience with you. (7)You understand we will retain this application whether or not it is approved. (8)Each person submitting this application agrees to be																	
jointly and severally responsible for payment of the debt or account. (9)In the event civil collection of any account becomes necessary, you consent to venue in the courts in the City of Richmond, VA.																	
the courts in the	. City OI		<i>∞,</i> • <i>⊓</i> .														
Member / Borrower Signature			Date					Co-Borrower Signature				Date					
							407552										
Loan Officer Name		Loan Officer NIMI CH															
Loan Omcer Maille	_		Loan Officer NMLS#					TI BILLIO CI CUIL OIII	OII INIVIL	∍ /1		Virginia Credit Union NMLS#					

VIRGINIA CREDIT UNION, INC.

POB 90010

Richmond, VA 23225-9010 Phone (804) 323-6800 Toll Free 1-800-285-6609

Demographic Information of Applicant and Co-Applicant

DEMOGRAPHIC INFORMATION OF APPLICANT AND CO-APPLICANT

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, race, and sex) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one or more "Hispanic or Latino" origins, and one or more designations for "Race." The law provides that we may not discriminate on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, race, and sex on the basis of visual observation or surname. If you do not wish to provide some or all of this information, please check below.

"Hispanic or Latino" origins, and one or more designations for "Race." The law provides that we may not discriminate on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, race, and sex on the basis of visual observation or surname. If you do not wish to provide some or all of this information, please check below.									
Account Number: Property Address:									
APPLICANT	CO-APPLICANT								
Name:	Name:								
Ethnicity:	Ethnicity:								
Hispanic or Latino – Check one or more Mexican Puerto Rican Cuban Other Hispanic or Latino – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on:	Hispanic or Latino – Check one or more Mexican Puerto Rican Cuban Other Hispanic or Latino – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on:								
Not Hispanic or Latino I do not wish to provide this information	Not Hispanic or Latino I do not wish to provide this information								
Race: Check one or more American Indian or Alaska Native - Print name of enrolled or principal tribe:	Race: Check one or more American Indian or Alaska Native - Print name of enrolled or principal tribe:								
Asian Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on:	Asian Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on:								
Black or African American Native Hawaiian or Other Pacific Islander Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on:	Black or African American Native Hawaiian or Other Pacific Islander Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on:								
White I do not wish to provide this information Sex:	White I do not wish to provide this information Sex:								
Female Male I do not wish to provide this information	Female Male I do not wish to provide this information								
To Be Completed by Financial Institution (for an application taken in person):									
Was the ethnicity of the applicant collected on the basis of visual observation or surname? Yes No Was the sex of the applicant collected on the basis of visual observation or surname? Yes No Was the sex of the applicant collected on the basis of visual observation or surname? Yes No	Was the ethnicity of the co-applicant collected on the basis of visual observation or surname? Yes No Was the race of the co-applicant collected on the basis of visual observation or surname? Yes No Was the race of the co-applicant collected on the basis of visual observation or surname? Yes No No								
To Be Completed by Interviewer:									
Face to face interview Mail Telephone Internet Interviewer's Name Interviewer's Signature X Interviewer's Phone Number	Date (Seal)								



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