JERSEY STATE BANK HOME EQUITY LOAN APPLICATION INDIVIDUAL CREDIT – relying solely on my income or assets JOINT CREDIT INDIVIDUAL CREDIT – relying on my income or assets as well as income or assets from other sources Date Purchased **Amount Requested** Interest Rate Collateral Property Address Year Built Name and Address of Insurance Carrier Present Value **Balance Owing** \$ Address of Title Holder Title in Name(s) of: Mortgage Holder Name Address of Mortgage Holder Phone No. Account No. SECTION A: INDIVIDUAL APPLICANT INFORMATION SSN: Name: Date of birth: Current address: City, State, Zip Home Phone: Cell Phone: How Iona? □ Own □ Rent Previous address: City, State, Zip Owned Rented How long? **EMPLOYMENT INFORMATION** Current employer: Position: Employer address: City, State, Zip Gross Monthly Income: Work Phone: How long? Previous employer: Position: Employer address: City, State, Zip How long? Work Phone: Gross Monthly Income: APPLICATION INFORMATION CONTINUED Name of a relative not residing with you: City, State, Zip Address: Relationship: Home Phone: Cell Phone: OTHER SOURCES OF INCOME Sources of other Income: Amount per month \$ Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Alimony, child support, separate maintenance received under: Court Ordered Written Agreement Oral Understanding Is any income listed in this Section likely to be reduced before the credit request Have you previously received credit from us? $\ \square$ No $\ \square$ Yes is paid off? ☐ No ☐ Yes, please explain: If yes, when? SECTION B: JOINT APPLICANT OR OTHER PARTY INFORMATION Complete only if: for joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property Name: SSN: Date of birth: Current address: City, State, Zip Home Phone: Cell Phone: E-mail: Own / Rent (Please circle) How long? Previous address: City, State, Zip Owned / Rented (Please circle) How Iona? Relationship to Applicant: JOINT APPLICANT EMPLOYMENT INFORMATION Current employer: Position: Employer address: City, State, Zip Work Phone: How long? Gross Monthly Income: Previous employer: Position: Employer address: City, State, Zip Work Phone: How Iona? Gross Monthly Income: JOINT APPLICANT OTHER SOURCES OF INCOME Sources of other Income: Amount per month \$ Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Alimony, child support, separate maintenance received under: Court Ordered Written Agreement Oral Understanding Is any income listed in this Section likely to be reduced before the credit request Have you previously received credit from us? $\ \square$ No $\ \square$ Yes is paid off? □ No □ Yes, please explain:

SECTION C: MARITAL STATUS Complete only if: for joint or secured credit or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested.					
Applicant: Married Separated Unmarried (including single, divorced and widowed) Other Party: Married Separated Unmarried (including single, divorced and widowed)					
SECTION D: ASSET & DEBT INFORMATION If Section B has been completed, this section should be completed giving information about both the Applicant and the Joint Applicant or Other Person. Please mark Applicant related information with "A". If Section B was not completed, only give information about the Applicant in this section.					
ASSETS OWNED (use separate sheet if necessary)					
Description of Assets	Name in which t	the Account is Carried		Subject to Debt?	Value
Checking account number(s) (where?)					\$
Savings account number(s) (where?)					\$
Certificate of Deposit(s) (where?)					\$
Real Estate (location, date acquired)					\$
Automobiles (make, model, year)					\$
TOTAL ASSETS \$					
OUTSTANDING DEBTS (including charge accounts, installment contracts, credit cards, rent, mortgages and other obligations. Use separate sheet if necessary)					
Creditor	Account no.	Name in which the Account is Carried	Original Amount	Present Balance	Monthly Payments
Landlord or Mortgage Holder	Rent		(Omit Rent)	(Omit Rent)	\$
Automobiles (describe)	☐ Mortgage		4	Ψ	Ψ
Credit Cards					
TOTAL DEBTS \$			\$	\$	\$
<u> </u>	 nformation about b	oth the applicant and join	⊥ ¥ nt applicant of othe	⊥ * r person (if applicab	<u> </u>
Are you obligated to make Alimony, Support or Maintenance Payments? No Yes Amount per month \$ If yes, to who? (Name & Address)					
Are you a co-maker, endorser or guarantor on any loan or contract? \square No \square Yes If yes, for whom? Are there any unsatisfied judgments against you? \square No \square Yes If yes, to whom owed?					
Have you been declared bankrupt in the last 10 years? □ No □ Yes If yes, where?					
NOTICE OF APPRAISAL					
We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost.					
SIGNATURES: I/we certify that everything that I/we have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below I/we authorize you to check my credit and employment history and to answer questions others may ask you about my/our credit record with you. I/we understand that I/we must update credit information at your request or if my/our financial condition changes.					
Signature of applicant	Date	Other Party's	Signatures (Where	Applicable)	Date
IMPORTANT INFORMATION about our Insurance Sales Practice Please read this notice carefully and keep a copy for your records Our bank will not condition the approval of your loan application on your purchase of any type of insurance product from our bank or any of our affiliates. If you choose to purchase an insurance product, you may do so from any insurance provider. Before purchasing, understand that life insurance products: • Are not insured by the FDIC, NCUSIF, or any other government agency • Are not deposits or obligations of, or guaranteed by Jersey State Bank • In the case of an insurance product that involves an investment risk, there is a risk associated with the product, including possible loss of value. I/we have read this disclosure and understand its contents, as evidenced by my/our signatures below. Unless these disclosures are provided electronically or I have applied for credit by mail, I/we also acknowledge that you have provided these disclosures to me/us orally. I/we understand that this acknowledgment will be made a permanent part of my/our loan application.					
Signature of applicant	Date Other Party's Signatures (Where Applicable) Date				
Loan Originator's Signature:		Loar	Originator Identifier _		

Loan Origination Company's Name & Phone Number: <u>Jersey State Bank 1000 South State Street Jerseyville, IL 62052</u> (618) 498-6466

Loan Originator's Name (print): ___

Loan Origination Company Identifier 616259