

HOME EQUITY LOAN APPLICATION

Important information about procedures for opening a new account To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

TO: Name/Address of Lender Miami Savings BANK MIAMI SAVINGS BANK PO BOX 40 8008 FERRY STREET MIAMITOWN, OH 45041	What type of account are you applying for? <input type="checkbox"/> INDIVIDUAL (Own income and/or assets) <input type="checkbox"/> JOINT (My income and/or assets and the income/assets of my spouse or other person). We intend to apply for joint credit. Applicant's Initials _____ Co-Applicant's Initials _____
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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.

LOAN TERMS		
Loan Amount: \$ _____	Interest Rate: _____	Loan Type: <input type="checkbox"/> HELOC <input type="checkbox"/> Closed End Home Improvement Loan <input type="checkbox"/> Other (please describe): _____
Term: _____	Payment: _____	Purpose: _____

COLLATERAL INFORMATION			
Property Address: _____	Year Built: _____	Purchase Date: _____	Present Value: _____
Title Holder: _____	Title Holder Address: _____		
Insurance Carrier: _____	Insurance Carrier Address: _____		
Current Mortgage Holder: _____	Current Mortgage Holder Address: _____		Current Mortgage Holder Phone: _____
Monthly Mortgage Payment: _____	Home Purchase Price: _____	Balance Owing: _____	Mortgage Loan Account Number: _____
Additional Collateral Description: _____			

APPLICANT INFORMATION				
Name (last) (First) (MI) (Suffix) _____	Taxpayer ID Number (SSN/TIN) _____	Date of Birth _____		
Street Address _____	Driver's License / ID Number _____	State _____	Home Phone Number _____	
City State Zip Code _____	County _____	How long there _____	No. of Dependents _____	Age of Dependents _____
Previous Address (if less than 2 years at current address): _____				
Employer: _____	Employer Address: _____		Employer Phone Number: _____	
Position: _____	How Long: _____	Gross Net Weekly Monthly \$ _____	How often paid _____	Average Monthly Overtime Pay \$ _____
Previous Employer _____	Previous Employer Address _____		Position _____	How Long _____
Nearest Relative Not Living with You _____			Relationship _____	
Relative's Address _____	City State Zip code _____	Relative's Phone Number _____		
Immigration Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Perm. Resident of U.S. <input type="checkbox"/> Other: _____				
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced & widowed)				
Alimony, Child Support, Separate Maintenance Payments: You are not required to disclose income from alimony, Child Support, or separate maintenance payments. However, if you are relying on income from alimony, child support, or separate maintenance payments as a basis for repayment of this obligation, please complete the information below. Payment received pursuant to: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding. Alimony per month \$ _____ Child support per month \$ _____ Separate maintenance per month \$ _____				

CO-APPLICANT INFORMATION				
Name (last) (First) (MI) (Suffix) _____	Taxpayer ID Number (SSN/TIN) _____	Date of Birth _____		
Street Address _____	Driver's License / ID Number _____	State _____	Home Phone Number _____	
City State Zip Code _____	County _____	How long there _____	No. of Dependents _____	Age of Dependents _____
Previous Address (if less than 2 years at current address): _____				
Employer: _____	Employer Address: _____		Employer Phone Number: _____	
Position: _____	How Long: _____	Gross Net Weekly Monthly \$ _____	How often paid _____	Average Monthly Overtime Pay \$ _____
Previous Employer _____	Previous Employer Address _____		Position _____	How Long _____
Nearest Relative Not Living with You _____			Relationship _____	
Relative's Address _____	City State Zip code _____	Relative's Phone Number _____		
Immigration Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Perm. Resident of U.S. <input type="checkbox"/> Other: _____				
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced & widowed)				
Alimony, Child Support, Separate Maintenance Payments: You are not required to disclose income from alimony, Child Support, or separate maintenance payments. However, if you are relying on income from alimony, child support, or separate maintenance payments as a basis for repayment of this obligation, please complete the information below. Payment received pursuant to: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding. Alimony per month \$ _____ Child support per month \$ _____ Separate maintenance per month \$ _____				

ADDITIONAL INFORMATION	
Other income: Applicant---Amount \$ _____ Source: _____	Other income: Co-Applicant---Amount \$ _____ Source: _____
If you, a joint applicant, or other party answers "yes" to any of the following questions, please explain in the space provided. Are you a guarantor or co-maker of any leases, contracts, or debts? Applicant: _____ YES _____ NO Joint Applicant/Other Party: _____ YES _____ NO	
Are there any suits or judgments pending against you? Applicant: _____ YES _____ NO Joint Applicant/Other Party: _____ YES _____ NO	
Have you been declared bankrupt in the last 10 years? Applicant: _____ YES _____ NO Joint Applicant/Other Party: _____ YES _____ NO	

