

# HOME EQUITY CONSUMER 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 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 | What type of account are you applying for? <i>(Please check appropriate box):</i><br><input type="checkbox"/> INDIVIDUAL (Own income or assets) <span style="float: right;"><input type="checkbox"/> COSIGNER</span><br><input type="checkbox"/> INDIVIDUAL (Own income or assets plus income or assets from other sources)<br><input type="checkbox"/> JOINT <i>(please initial)</i> _____<br>Are you interested in Credit Life/Disability Insurance that is offered by Lender if this loan is approved? <i>(Please check appropriate box)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO |
|----------------------------|--|

### LOAN TERMS

|             |               |           |  |
|-------------|---------------|-----------|--|
| Loan Amount | Interest Rate | Loan Type | <input type="checkbox"/> HELOC <input type="checkbox"/> Closed End <input type="checkbox"/> Fixed Rate <input type="checkbox"/> Variable Rate (type): _____ <input type="checkbox"/> Other _____ |
| 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  | <input type="checkbox"/> Taxes & Insurance Included<br><input type="checkbox"/> not included | Home Purchase Price          | Balance Owing                 |
|   |  | Mortgage Loan Account Number |                               |
| Additional Collateral Description   |  |                              |                               |
| Do you intend to occupy residence as your primary residence? ___ Yes ___ No |  |                              |                               |

### APPLICANT/COSIGNER 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       |
| Previous Address <i>(if less than 2 years at current address)</i>   |                           |   |                                 |   |                         |
| Employer  | Employer Address          |   |                                 | Employer Phone Number                     |                         |
| Position  | How Long                  | <input type="checkbox"/> Gross <input type="checkbox"/> Net <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly \$ | 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, and 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 Payment 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       |
| Previous Address <i>(if less than 2 years at current address)</i>   |                           |   |                                 |   |                         |
| Employer  | Employer Address          |   |                                 | Employer Phone Number                     |                         |
| Position  | How Long                  | <input type="checkbox"/> Gross <input type="checkbox"/> Net <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly \$ | 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, and 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 Payment 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: <input type="checkbox"/> Yes <input type="checkbox"/> No | Joint Applicant/Other Party: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there any suits or judgments pending against you?  |             | Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No | Joint Applicant/Other Party: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you been declared bankrupt in the last 10 years?  |             | Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No | Joint Applicant/Other Party: <input type="checkbox"/> Yes <input type="checkbox"/> No |



# BORROWER'S BLANKET AUTHORIZATION

**PRIVACY ACT NOTICE:** This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor or borrower under its program. It will not be disclosed outside the agency except as required by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38 USC, Chapter 37 (if VA); by 12 USC, Section 1701 et seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et seq., or 7 USC, 1921 et seq. (if USDA/FMHA).

|  |  |
|--|--|
| <p><b>Borrower Information</b></p> <p>Name 1:<br/>Social Security Number 1:<br/>Name 2:<br/>Social Security Number 2:<br/>Street Address 1:<br/>Street Address 2:<br/>City/ST/ZIP:</p> | <p><b>Lender Information</b></p> <p>Name 1:<br/>Street Address 1:<br/>Street Address 2:<br/>City/ST/ZIP:</p> |
|--|--|

| DATE | LOAN NUMBER |  |  |  |
|------|-------------|--|--|--|
|      |             |  |  |  |

**BORROWER AUTHORIZATION:** I hereby authorize the Lender to verify my past and present employment earnings records, bank accounts, stock holdings, and any other balances that are needed to process my loan application. I further authorize the Lender to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references. It is understood that a copy of this form will also serve as authorization.

\_\_\_\_\_  
Borrower

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower

\_\_\_\_\_  
Date

**GOVERNMENT MONITORING INFORMATION**

Lender's Name and Address:  
 Capitol Federal Savings  
 700 S Kansas Ave  
 Topeka KS 66603

Application Date:

Applicant's Complete Name and Address

Co-Applicant's Complete Name  
 (and Address, if different than Applicant's)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

THE FOLLOWING INFORMATION IS REQUESTED BY THE FEDERAL GOVERNMENT FOR CERTAIN TYPES OF LOANS RELATED TO A DWELLING IN ORDER TO MONITOR THE LENDER'S COMPLIANCE WITH EQUAL CREDIT OPPORTUNITY, FAIR HOUSING, AND HOME MORTGAGE DISCLOSURE LAWS. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION, BUT ARE ENCOURAGED TO DO SO. YOU MAY SELECT ONE OR MORE DESIGNATIONS FOR "RACE." THE LAW PROVIDES THAT A LENDER MAY NOT DISCRIMINATE ON THE BASIS OF THIS INFORMATION, OR ON WHETHER YOU CHOOSE TO FURNISH IT. HOWEVER, IF YOU CHOOSE NOT TO FURNISH THE INFORMATION AND YOU HAVE MADE THIS APPLICATION IN PERSON, UNDER FEDERAL REGULATIONS THE LENDER IS REQUIRED TO NOTE ETHNICITY, RACE, AND SEX ON THE BASIS OF VISUAL OBSERVATION OR SURNAME. IF YOU DO NOT WISH TO FURNISH THIS INFORMATION, PLEASE CHECK BELOW.

**Applicant**  I do not wish to furnish this information

**Co-Applicant**  I do not wish to furnish this information

**ETHNICITY**

- Hispanic or Latino
- Not Hispanic or Latino

**RACE**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**SEX:**

- Female
- Male

**AGE:**

\_\_\_\_\_

Do not complete MARITAL STATUS information if credit applied for is individual unsecured credit unless Applicant resides in a community property state.

**MARITAL STATUS:**

- Married
- Separated
- Unmarried

Applicant's Signature \_\_\_\_\_  
 Date \_\_\_\_\_

**ETHNICITY**

- Hispanic or Latino
- Not Hispanic or Latino

**RACE**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**SEX:**

- Female
- Male

**AGE:**

\_\_\_\_\_

**MARITAL STATUS:**

- Married
- Separated
- Unmarried

Co-Applicant's Signature \_\_\_\_\_  
 Date \_\_\_\_\_

Lender's Signature \_\_\_\_\_

Dated: \_\_\_\_\_



**Capitol  
Federal**

*True Blue® for over 115 years*

## CUSTOMER APPLICATION CHECKLIST

**Please complete and return the items indicated below.**

**You also may apply on-line through Capitol Federal's web site at [www.capfed.com](http://www.capfed.com).**

### CLOSED END/FIXED RATE SECOND MORTGAGE LOANS

- \_\_\_\_\_ Complete the "Home Equity Loan Application" in its entirety and return it to us. Remember to sign and date the application. Complete the names, addresses, and loan numbers of other creditors, including creditors to be paid off with the proceeds of this loan.
- \_\_\_\_\_ Copies of two consecutive, recent pay stubs for each applicant. The previous year's W-2's also will be required if the paystubs cover a time period less than six months or if there has been a change of employment within the last two years.
- \_\_\_\_\_ Self-employed persons and applicants otherwise relying on a significant amount of business income (such as commissioned salespersons) must furnish complete copies of the previous two year's tax returns.
- \_\_\_\_\_ A copy of your first mortgage document (deed of trust if in Missouri) and promissory note, if that loan is not with Capitol Federal.
- \_\_\_\_\_ A copy of your most recent county tax valuation statement.
- \_\_\_\_\_ A copy of the trust documents, if the property securing this loan is under the ownership of a trust.
- \_\_\_\_\_ Complete, sign, date and return the "Borrower Blanket Authorization" form.
- \_\_\_\_\_ Sign, date and return the "Appraisal Disclosure." [NOTE: This disclosure is required only if a new appraisal is being obtained for this loan or if an existing appraisal previously obtained by Capitol Federal is being used. Use of the county valuation does not require this disclosure.]
- \_\_\_\_\_ Sign, date and return one copy of the "RESPA Servicing Disclosure". Retain the other copy for your records. [NOTE: This disclosure is required only if you do not presently have a first mortgage on your property.]
- \_\_\_\_\_ Complete and return the "Information for Government Monitoring Purposes" disclosure. [NOTE: This disclosure is required only if the purpose of your loan will be for home improvements or another dwelling-secured loan will be paid off with a portion of the proceeds of this loan.]

Picture identification is REQUIRED for ALL parties before the loan closing can be completed. This documentation cannot be expired. Remember to bring this documentation not later than at loan closing.

Thanks you for requesting home equity loan information from Capitol Federal. We look forward to the opportunity to assist with your financing needs. If you have any questions please, contact us.

**SERVICING DISCLOSURE STATEMENT**

**Capitol Federal Savings Bank**  
700 S Kansas Avenue  
Topeka, Kansas 66603-3809  
(785)235-1341

| LOAN NUMBER | DATE |  |
|-------------|------|--|
|             |      |  |

**APPLICANT INFORMATION**

**LENDER.** "Lender" means **Capitol Federal Savings Bank** whose address is **700 S Kansas Avenue, Topeka, Kansas 66603-3809** , its successors and assigns, and will be referred to in this Statement as "we", "our" or "us."

**APPLICANT.** "Applicant" means each person who signs this Statement, and will be referred to as "you" or "your".

**NOTICE TO FIRST LIEN MORTGAGE LOAN APPLICANTS: THE RIGHT TO COLLECT YOUR MORTGAGE LOAN PAYMENTS MAY BE TRANSFERRED.**

You are applying for a mortgage loan covered by the Real Estate Settlement Procedures Act (RESPA) (12 U.S.C. 2601 et seq.). RESPA gives you certain rights under Federal law. This statement describes whether the servicing for this loan may be transferred to a different loan servicer. "Servicing" refers to collecting your principal, interest, and escrow payments, if any, as well as sending any monthly or annual statements, tracking account balances, and handling other aspects of your loan. You will be given advance notice before a transfer occurs.

**SERVICING TRANSFER INFORMATION.** The loan for which you have applied will be serviced at this financial institution and we do not intend to sell, transfer, or assign the servicing of the loan.

**ACKNOWLEDGMENT OF MORTGAGE LOAN APPLICANT**

I have read this disclosure form, and understand its contents, as evidenced by my signature below. I understand that this acknowledgment is a required part of the mortgage loan application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**NOTICE OF RIGHT TO COPY OF APPRAISAL REPORT**

**Capitol Federal Savings Bank  
700 S Kansas Ave  
Topeka, Kansas 66603  
(785)235-1341**

| LOAN NUMBER | NOTICE DATE |  |
|-------------|-------------|--|
| "           | *****       |  |

**APPLICANT INFORMATION**

"

The following Notice is being provided to you as an Applicant for credit secured by a lien on a dwelling. The notice states your right under federal law to receive a copy of any appraisal report Lender may have obtained on the dwelling offered as collateral.

**NOTICE TO APPLICANT**

**You have the right to a copy of the appraisal report used in connection with the application for credit. You may write to Lender at the above mailing address to obtain a copy of the report. Lender must hear from you no later than 90 days after you receive notification from Lender about the action taken on your credit application or you withdraw the application.**

**In the request letter, please provide Lender with the following information:**

- **The name and address of the Applicant making the request**
- **The date of the application for credit**

**By signing below, you acknowledge that you have received and read a copy of the above Notice.**

\_\_\_\_\_  
Date