



Home Equity Application
 Council Bluffs Savings Bank
 1751 Madison Ave Council Bluffs, IA 51503



Type of account requested

IMPORTANT INFORMATION ABOUT OPENING AN 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, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

Check one to request the type of account that you are requesting. Married applicants may apply for separate accounts.

- Individual Account _____ (Applicant)
 Individual Account but relying on income from another source We intend to apply for joint credit. _____ (Co-Applicant)

Terms Requested

Loan Amount \$	Interest Rate	Type of Loan <input type="checkbox"/> Fixed Rate <input type="checkbox"/> ARM (type) <input type="checkbox"/> Other _____
# of months	Payment \$	Purpose <input type="checkbox"/> Home Improvement <input type="checkbox"/> Debt Consolidation <input type="checkbox"/> Other _____

Collateral Property & Insurance Information

Address	Date Purchased	Present Value \$	Balance Owing \$	Name and Phone number of Insurance agent
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Primary Applicant Information

Name	Birth date	Social Security number
Address (Street, City, State, Zip)	County	# of Years There
Home Phone	Business Phone	# of Dependants
Employer/Self Employed	Position	# of Years Employed
Monthly Income From Primary Employer Gross \$ / Net \$	Paid How Often (1 monthly, bi-weekly, weekly)	
Previous Employer (If Less Than 2 Years)	Position	# of Years Employed
Name and Address of Applicant's Nearest Relative		Relationship

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered. Alimony, child support, separate maintenance received pursuant to: Court Order Written Agreement Oral Understanding.

Other Income \$ /	Source	How often - Other Income
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Co-Applicant (If Joint Account)

Name	Birth date	Social Security number
Address (Street, City, State, Zip)	County	# of Years There
Home Phone	Business Phone	# of Dependants
Employer/Self Employed	Position	# of Years Employed
Monthly Income From Primary Employer Gross \$ / Net \$	Paid How Often (1 monthly, bi-weekly, weekly)	
Previous Employer (If Less Than 2 Years)	Position	# of Years Employed
Name and Address of Applicant's Nearest Relative		Relationship

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered. Alimony, child support, separate maintenance received pursuant to: Court Order Written Agreement Oral Understanding.

Other Income \$ /	Source	How often - Other Income
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Financial Information

Description of Current Assets	Subject to Debt?	Value	Outstanding Debts	Present Balance	Monthly Payment
Checking Accounts (Bank Name)		\$	Creditor Information		
		\$	Mortgage Loan or Rent Payment	\$	\$
Savings Accounts (Bank Name)		\$	2nd mortgage	\$	\$
Primary Residence Value		\$	Auto loans	\$	\$
Automobiles (Make, Model, Year)		\$	Credit or Charge Cards	\$	\$
		\$		\$	\$
Life Insurance Cash Value (Issuer)		\$		\$	\$
Marketable Securities (Issuer, # of Shares)		\$		\$	\$
Other Real Estate (Location)		\$	Other	\$	\$
Other Assets		\$	Co-signed payment being made by applicant(s)	\$	\$
		\$		\$	\$
Total Assets		\$	Total Liabilities	\$	\$

Notice - Appraisal Copy: You have the right to a copy of the appraisal report used in connection with your application for credit. If you wish a copy, please write to us at the mailing address that we have provided. We must hear from you no later than 90 days after we notify you about the action taken on your credit application or you withdraw your application. In your letter, give up the following information: Loan or application date, name(s) of loan applicant(s), property address, and current mailing address.

I certify that everything I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____



Council Bluffs Savings Bank

Mall Office
 1751 Madison Avenue
 Council Bluffs, IA 51503
 Ph (712)-322-3300 Fax (712)-322-3304

Main Bank
 117 Pearl Street
 Council Bluffs, IA 51503
 Ph (712) 322-1700 Fax: (712) 322-1703

Credit Life, Accident and Health, and Involuntary Unemployment Insurance are not required to obtain credit.

Hazard or Flood Insurance may be required in connection with this loan. **LENDER'S DECISIONS WITH RESPECT TO THE LOAN APPLICATION ARE INDEPENDENT OF APPLICANT'S DECISION OF WHERE TO OBTAIN INSURANCE.** Applicant need not purchase insurance from Lender, its subsidiary, an affiliate, or any particular unaffiliated third-party. The required insurance is available through brokers or agents other than Lender. Applicant's choice of insurance provider will not affect Lender's decision or the credit terms in any way, however, Lender reserves the right to refuse to accept an insurer for reasonable cause.

IMPORTANT INFORMATION

- **THIS INSURANCE IS NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEED BY, LENDER OR AN AFFILIATE OF LENDER.**
- **THIS INSURANCE IS NOT INSURED BY THE FEDERAL DEPOSIT INSURANCE CORPORATION (FDIC) OR ANY OTHER AGENCY OF THE UNITED STATES*, LENDER OR AFFILIATE OF LENDER.**

LENDER MAY NOT CONDITION AN EXTENSION OF CREDIT ON EITHER:

- **APPLICANT'S PURCHASE OF AN INSURANCE PRODUCT OR ANNUITY FROM LENDER OR ANY OF ITS AFFILIATES, OR**
- **APPLICANT'S AGREEMENT NOT TO OBTAIN, OR A PROHIBITION ON APPLICANT FROM OBTAINING , AN INSURANCE PRODUCT OR ANNUITY FROM AN UNAFFILIATED ENTITY.**

*Flood insurance may be insured by a Federal Agency.

No insurance is provided unless a premium is paid and a policy is issued.

The persons signing below acknowledge that they have read and understand the above disclosure, and further acknowledge receipt of an exact copy of this disclosure. Applicant requests or declines the Credit Life, Accident and Health, Involuntary Unemployment, VSI, Hazard, and/or Flood Insurance as indicated above.

Dated:

Borrower:

Borrower:

Borrower:

Borrower:

