



*Fixed Home Equity Loan Application*

**FOR YOUR SECURITY, THIS FORM CANNOT  
BE SUBMITTED ONLINE OR VIA EMAIL.**

## **Application Instructions:**

*1. Electronic Application - if you are viewing this application from our website or on a computer, please save a copy to a secure location on your computer prior to filling it out. You can type directly into your downloaded form and save/print, and submit using one of the two methods below.*

*2. Hard Copy Application - please fill out all information and submit using one of the two methods below.*

**Completed Applications can be submitted by bringing to your nearest Unity Bank Location or sending them via Fax to our Customer Resource Center at 908.894.6196.  
To see a full list of our locations visit [www.unitybank.com](http://www.unitybank.com)**

**Corporate Offices**

**64 Old Highway 22  
Clinton, NJ 08809**

**800.618.2265  
[unitybank.com](http://unitybank.com)**



unitybank.com  
800.618.BANK

## Fixed Home Equity Loan Application

Application Taken:

<input type="checkbox"/> In Person	<input type="checkbox"/> By Mail	<input type="checkbox"/> By Telephone	<input type="checkbox"/> Other
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**IMPORTANT:** If more than one person is applying for credit, please check below, provide your initials and complete both the Applicant and Joint Applicant information sections.

<input type="checkbox"/> We intend to apply for joint credit	Applicant:	Joint Applicant:
Amount Requested:	Term:	Purpose of Loan:

### APPLICANT INFORMATION

PLEASE TELL US ABOUT YOURSELF:

NAME (Include Jr., Sr., III, if applicable)		DATE OF BIRTH		SOCIAL SECURITY NUMBER
PRESENT ADDRESS (No. & Street)		CITY	STATE	ZIP
HOME TELEPHONE #      CELL #		PREVIOUS ADDRESS, (If less than 2 years at current address)		YEARS AT THIS ADDRESS
EMAIL	LIST ANY OTHER NAMES UNDER WHICH YOU HAVE APPLIED FOR OR BEEN GRANTED CREDIT:		<b>DO NOT MARK SELECTION IF APPLYING FOR AN INDIVIDUAL UNSECURED CREDIT</b> <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (SINGLE, DIVORCED, WIDOWED)	

WE'D LIKE TO KNOW ABOUT YOUR INCOME:

EMPLOYER'S NAME AND ADDRESS			
LENGTH OF EMPLOYMENT YEARS _____ MONTHS _____	EMPLOYER'S TELEPHONE NO.	OCCUPATION/POSITION	ANNUAL GROSS SALARY
OTHER INCOME: DO NOT REVEAL income from alimony, child support or separate maintenance payments unless you are relying on such income to repay this account.		DESCRIBE SOURCE OF OTHER INCOME	AMOUNT (monthly)
PREVIOUS EMPLOYER NAME AND ADDRESS (if less than 2 years at present employer)			
LENGTH OF EMPLOYMENT YEARS _____ MONTHS _____	PREVIOUS EMPLOYER'S TELEPHONE NO.		

### JOINT APPLICANT INFORMATION

PLEASE TELL US ABOUT YOURSELF:

NAME (Include Jr., Sr., III, if applicable)		DATE OF BIRTH		SOCIAL SECURITY NUMBER
PRESENT ADDRESS (No. & Street)		CITY	STATE	ZIP
HOME TELEPHONE #		PREVIOUS ADDRESS, (If less than 2 years at current address)		YEARS AT THIS ADDRESS
CELL #	LIST ANY OTHER NAMES UNDER WHICH YOU HAVE APPLIED FOR OR BEEN GRANTED CREDIT:		<b>DO NOT MARK SELECTION IF APPLYING FOR AN INDIVIDUAL UNSECURED CREDIT</b> <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (SINGLE, DIVORCED, WIDOWED)	

WE'D LIKE TO KNOW ABOUT YOUR INCOME:

EMPLOYER'S NAME AND ADDRESS			
LENGTH OF EMPLOYMENT YEARS _____ MONTHS _____	EMPLOYER'S TELEPHONE NO.	OCCUPATION/POSITION	ANNUAL GROSS SALARY
OTHER INCOME: DO NOT REVEAL income from alimony, child support or separate maintenance payments unless you are relying on such income to repay this account.		DESCRIBE SOURCE OF OTHER INCOME	AMOUNT (monthly)
PREVIOUS EMPLOYER NAME AND ADDRESS (if less than 2 years at present employer)			
LENGTH OF EMPLOYMENT YEARS _____ MONTHS _____	PREVIOUS EMPLOYER'S TELEPHONE NO.		

## COLLATERAL PROPERTY:

ESTIMATED PROPERTY VALUE \$		COLLATERAL ADDRESS (if different than home address)		COUNTY	
TYPE OF COLLATERAL :			PURCHASE DATE		PURCHASE PRICE \$
<input type="checkbox"/> Single Family <input type="checkbox"/> Condo/Townhouse <input type="checkbox"/> 2-4 Family					
OCCUPANCY :					
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary/Vacation <input type="checkbox"/> Investment					
MORTGAGE HOLDER OF COLLATERAL PROPERTY		MORTGAGE ACCOUNT # (if applicable)		MORTGAGE BALANCE \$	
SECOND MORTGAGE HOLDER OF COLLATERAL PROPERTY				SECOND MORTGAGE BALANCE \$	
NAME OF INSURANCE COMPANY		AGENT'S NAME		AGENT'S PHONE NUMBER	

Please describe the purpose for the loan and note any additional comments:

## ASSETS AND LIABILITIES

This Statement and any applicable supporting schedules may be completed jointly by both married and unmarried Co-Borrowers if their assets and liabilities are sufficiently joined so that the Statement can be meaningfully and fairly presented on a combined basis; otherwise separate Statements and Schedules are required. If the Co-Borrower section was completed about a non-applicant spouse or other person, this Statement and supporting schedules must be completed about that spouse or other person also.  
 Completed:  Jointly     Not Jointly

ASSETS		CASH OR MARKET VALUE	Liabilities and Pledged Assets. List the creditor's name, address and account number for all outstanding debts, including automobile loans, revolving charge accounts, real estate loans, alimony, child support, stock pledges, etc. Use continuation sheet, if necessary. Indicate by (*) those liabilities which will be satisfied upon sale of real estate owned or upon refinancing of the subject property.		
Description			LIABILITIES	MONTHLY PAYMENT	UNPAID BALANCE
CASH DEPOSIT TOWARD PURCHASE HELD BY:	\$				
List checking and savings accounts below			NAME AND ADDRESS OF COMPANY	\$	\$
NAME AND ADDRESS OF BANK, S&L, OR CREDIT UNION			ACCT. NO.		
ACCT. NO.	\$		NAME AND ADDRESS OF COMPANY	\$	\$
NAME AND ADDRESS OF BANK, S&L, OR CREDIT UNION			ACCT. NO.		
ACCT. NO.	\$		NAME AND ADDRESS OF COMPANY	\$	\$
NAME AND ADDRESS OF BANK, S&L, OR CREDIT UNION			ACCT. NO.		
ACCT. NO.	\$		NAME AND ADDRESS OF COMPANY	\$	\$
NAME AND ADDRESS OF BANK, S&L, OR CREDIT UNION			ACCT. NO.		
ACCT. NO.	\$		NAME AND ADDRESS OF COMPANY	\$	\$
STOCKS & BONDS (Company name/number & description)	\$		ACCT. NO.		

## DEMOGRAPHIC INFORMATION OF APPLICANT

**The purpose of collecting this information** is to help ensure that all the 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, sex, and race) 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 designations for "Ethnicity" 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, sex, and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

### APPLICANT

**Ethnicity:** Check one or more

- Hispanic or Latino
  Not Hispanic or Latino  
 Mexican  Puerto Rican  Cuban  I do not wish to provide this information  
 Other Hispanic or Latino - *Print Origin:* \_\_\_\_\_

*For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.*

**Sex:**  Female  Male  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:* \_\_\_\_\_  
 Asian  
 Asian Indian  Japanese  Chinese  Korean  Filipino  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  Other Pacific Islander - *Print race:* \_\_\_\_\_

*For example: Fijian, Tongan, and so on.*

- White  I do not wish to provide this information

### JOINT APPLICANT

**Ethnicity:** Check one or more

- Hispanic or Latino
  Not Hispanic or Latino  
 Mexican  Puerto Rican  Cuban  I do not wish to provide this information  
 Other Hispanic or Latino - *Print Origin:* \_\_\_\_\_

*For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.*

**Sex:**  Female  Male  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:* \_\_\_\_\_  
 Asian  
 Asian Indian  Japanese  Chinese  Korean  Filipino  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  Other Pacific Islander - *Print race:* \_\_\_\_\_

*For example: Fijian, Tongan, and so on.*

- White  I do not wish to provide this information

### TO BE COMPLETED BY FINANCIAL INSTITUTION (FOR APPLICATION TAKEN IN PERSON):

Was the ethnicity of the Applicant collected on the basis of visual observation or surname? <input type="checkbox"/> NO <input type="checkbox"/> YES	Was the ethnicity of the Co-Applicant collected on the basis of visual observation or surname? <input type="checkbox"/> NO <input type="checkbox"/> YES
Was the sex of the Applicant collected on the basis of visual observation or surname? <input type="checkbox"/> NO <input type="checkbox"/> YES	Was the sex of the Co-Applicant collected on the basis of visual observation or surname? <input type="checkbox"/> NO <input type="checkbox"/> YES
Was the race of the Applicant collected on the basis of visual observation or surname? <input type="checkbox"/> NO <input type="checkbox"/> YES	Was the race of the Co-Applicant collected on the basis of visual observation or surname? <input type="checkbox"/> NO <input type="checkbox"/> YES

### THE DEMOGRAPHIC INFORMATION WAS PROVIDED THROUGH:

Applicant: <input type="checkbox"/> Face-to-Face Interview (includes Electronic Media w/Video Component) <input type="checkbox"/> Telephone Interview <input type="checkbox"/> Fax or Mail <input type="checkbox"/> Email or Internet	Co-Applicant: <input type="checkbox"/> Face-to-Face Interview (includes Electronic Media w/Video Component) <input type="checkbox"/> Telephone Interview <input type="checkbox"/> Fax or Mail <input type="checkbox"/> Email or Internet
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### U.S. PATRIOT ACT INFORMATION

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.

I/We understand that my/our statements made above will be used to induce you to grant me/us the loan and to show my/our ability to repay said loan. I/We further attest and warrant to the accuracy of my/our statements and authorize you to obtain further information you deem necessary. I/We understand it is a federal offense to provide false information to a federally regulated bank. This application and credit statement will remain yours regardless of whether or not the loan is granted. Final approval is contingent on acceptability of collateral and verification of property damage insurance and flood insurance (when required).

APPLICANT SIGNATURE	DATE	JOINT APPLICANT SIGNATURE	DATE
LOAN ORIGINATOR'S SIGNATURE			DATE

LOAN ORIGINATOR'S NAME <b>Rebecca Dietz</b>	LOAN ORIGINATOR IDENTIFIER <b>1760932</b>	LOAN ORIGINATOR'S PHONE NUMBER <b>908-713-4558</b>
LOAN ORIGINATOR COMPANY'S NAME <b>Unity Bank</b>	LOAN ORIGINATOR COMPANY IDENTIFIER <b>617337</b>	LOAN ORIGINATOR COMPANY'S ADDRESS <b>64 Old Highway 22, Clinton, NJ 08809</b>

<b>FOR INTERNAL USE ONLY:</b>	BRANCH #	EMPLOYEE NAME:	DATE RECEIVED:
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