

# INSTRUCTIONS FOR COMPLETING THE FIXED RATE SECOND MORTGAGE OR HOME IMPROVEMENT LOAN APPLICATION

**TYPE OF LOAN APPLIED FOR** Always will be Conventional, Secured

Please complete loan amount, term (if known) you are applying for. Interest rate, term (if unknown) and amortization will be determined later by the Loan Officer. Indicate what type of property is being used as collateral

**Address of property to be improved:** Complete address **Date purchased:** Actual Date

**Cash down payment:** if known **Purchase Price:** Actual cost **Present value of home:** What you think value is now

**Title in name of:** Who is currently the legal owner of the property **Address of title holder:** if different from property address **Mortgage Type:** "x" whatever applies

Complete the entire line for description of the property: Yr house built, # of rooms, # of bdrms, etc.

If this is a new residential structure... "x" yes or no

## **IMPROVEMENTS PLANNED**

Complete this section if using this loan for improvements. List everything that will be completed  
And check appropriate **Type of Improvement** box

Co-borrower section: Check what box would apply

## **BORROWER and CO-BORROWER INFORMATION**

Please complete **every section** for Both Borrower and Co-Borrower (if applicable)

*It is very important that we have all of this information completed.*

## **GROSS MONTHLY INCOME**

Please indicate in the appropriate area what you receive for monthly income for Both Borrower and Co-Borrower (if applicable)

## **DESCRIBE OTHER INCOME**

List any other income in that section. Please indicate where income is derived from under "Describe Other Income"

(example: Social Security, Pension, etc.)

## **BANK**

Complete type of account, account number and Depository.

**IF EMPLOYED IN CURRENT POSITIONS FOR LESS THAN TWO YEARS, COMPLETE THE FOLLOWING**

Complete this section, if applicable

**THESE QUESTIONS APPLY TO BOTH BORROWER AND CO-BORROWER**

Every question must be answered. Any questions answered "yes" in the first section and the first two questions in section two require an explanation. Please attach an additional sheet for this explanation.

**DEBTS:**

List all current credit card and installment loan information. Indicate if they belong to the Borrower or Co-Borrower and complete all the information in the corresponding boxes on that line. It is important to include account numbers

**AUTO:** Complete all the appropriate boxes for all auto loans

**REAL ESTATE: For Property giving as Security** - Please list any first lien and subordinate lien information and complete all the corresponding boxes on that line.

List any debts on any other real estate loans (rental properties, second homes, etc)

List any additional names under which credit has been previously been received

Include any monthly payments for Taxes and Insurance and Homeowner's Association Dues.

Add up Monthly Obligations from the column and put that total in the box

**ACKNOWLEDGEMENT AND AGREEMENT**

Indicate if applying for Joint Credit and read IMPORTANT – APPLICANT READ BEFORE SIGNING  
Please check appropriate occupancy box

All Applicants need to sign and date where indicated.

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

Please check the appropriate boxes that apply. If you do not want to furnish this information, please indicate so in the appropriate box.



In response to your request regarding information on Home-Equity – Second Mortgage loans I have enclosed the following:

- A. An application that will need to be entirely completed and signed
- B. A letter requesting mortgage related documents pertinent in obtaining Mortgage related information.

Please, you must complete all that is requested and return to the Credit Union.

You may choose one of the following two Home Equity Loan Programs that will assist you with your financial management:

**FIXED RATE (CLOSED END):** A program that offers a FIXED interest rate and maturity as follows:

**Home Equity Second Mortgage Rates/Repayment Term**

<b>6.24%</b>	<b>1 to 5 years/maturity</b>
<b>6.74%</b>	<b>6 to 7 years/maturity</b>
<b>6.99%</b>	<b>8 to 10 years/maturity</b>
<b>7.24%</b>	<b>11 to 15 years/maturity</b>

**VARIABLE RATE (OPEN END):** A program that will OPEN a line of credit for your personal use. Once approved, you can borrow any amount (up to your approved credit limit and term) at any time.

Your Annual Percentage Rate (APR) is based on an index, and Fico scores. The Wall Street Journal Prime Rate is used. Information about the index is published in the Money Rates Column of the Wall Street Journal

The APR on your account may change monthly to reflect any increase or decrease in the index.

Your APR will never increase more than a rate of 18% APR.

\*\*Rates are subject to change without notice

(Main Office)  
1600 Huntington Drive P.O. Box 1249  
Calumet City, IL 60409-0649  
(708) 891-7800 (219) 923-8600  
Fax (708) 891-8745

[www.illiana.org](http://www.illiana.org)

# Second Mortgage or Home Improvement Loan Application

TYPE LOAN APPLIED FOR	<input checked="" type="checkbox"/> Conventional	Amount \$ _____	Interest Rate <input type="checkbox"/> Simple Int. <input type="checkbox"/> Add-on		No. of mos.	Monthly payment Principal & Interest	Property type				
	<input checked="" type="checkbox"/> Secured <input type="checkbox"/> Unsecured		<input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> 2-4 Family Dwelling	<input type="checkbox"/> Condo <input type="checkbox"/> PUD <input type="checkbox"/> Other							
Address of property to be improved			Date purchased		Cash down payment		Purchase price		Present value of home		
Title in name of			Address of title holder			Mortgage Type: Is your present first mortgage a conventional graduated payment mortgage or an FHA 245 mortgage loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach payment schedule					
Yr. house built	No. of rooms	No. of bedrooms	No. of baths	Family room or den <input type="checkbox"/> Yes <input type="checkbox"/> No		Gross living area sq. ft.		Garage/Carport (Specify type & no.)		Central air <input type="checkbox"/> Yes <input type="checkbox"/> No	
If this is a new residential structure, has it been completed and occupied for 90 days or longer? <input type="checkbox"/> Yes <input type="checkbox"/> No											
<b>Improvements Planned (copied estimate or itemized cost breakdown must be attached)</b>								<b>Type of Improvement</b>			
								<input type="checkbox"/> Property Improvement <input type="checkbox"/> Rehabilitation/Modernization <input type="checkbox"/> Additions <input type="checkbox"/> Energy Conservation <input type="checkbox"/> Solar Installation			
The Co-Borrower Section and all other Co-Borrower questions must be completed and the appropriate box(es) checked if <input type="checkbox"/> another person will be jointly obligated with the Borrower on the loan, or <input type="checkbox"/> the Borrower is relying on income from alimony, child support or separate maintenance or on the income or assets of another person as a basis for repayment of the loan, or <input type="checkbox"/> the Borrower is married and resides, or the property is located in a community property state.											
<b>Borrower</b>						<b>Co-Borrower</b>					
Name			DOB			Name			DOB		
Present Address (if different from above)			No. Years _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent			Present Address (if different from above)			No. Years _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent		
Mailing Address, if different from Present Address						Mailing Address, if different from Present Address					
Former address if less than 2 years at present address						Former address if less than 2 years at present address					
Years at former address			<input type="checkbox"/> Own <input type="checkbox"/> Rent			Years at former address			<input type="checkbox"/> Own <input type="checkbox"/> Rent		
Complete for Secured Loans Only			Dep. other than listed by Co-Borrower			Complete for Secured Loans Only			Dep. other than listed by Borrower		
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)			No. _____ Ages _____			<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)			No. _____ Ages _____		
Name and Address of Employer			Years employed in this line of work or profession? _____ Years Years on this job _____ <input type="checkbox"/> Self Employed			Name and Address of Employer			Years employed in this line of work or profession? _____ Years Years on this job _____ <input type="checkbox"/> Self Employed		
Position/Title			Type of Business			Position/Title			Type of Business		
Social Security Number		Home Phone		Business Phone		Social Security Number		Home Phone		Business Phone	
Name & Address of nearest relative not living with you			Relationship		Home Phone		Name & Address of nearest relative not living with you			Relationship Home Phone	
<b>Gross Monthly Income</b>				<b>Bank</b>		<b>Account No.</b>		<b>Name &amp; Address of Depository</b>			
Item	Borrower	Co-Borrower	Total		Checking						
Empl. Income	\$ _____	\$ _____	\$ _____		<input type="checkbox"/> Yes <input type="checkbox"/> No						
Other †(Before completing, see notice under Describe Other Income below.)					Savings						
Total	\$ _____	\$ _____	\$ _____		<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Describe Other Income</b>											
B - Borrower			NOTICE: † Alimony, child support, or separate maintenance income need not be revealed if the Borrower or Co-Borrower does not choose to have it considered as a basis for repaying this loan.						Monthly Amount		
									\$ _____		
									\$ _____		
<b>If Employed In Current Position For Less Than Two Years, Complete the Following</b>											
B/C	Previous Employer/School	City/State		Type of Business		Position/Title		Dates From/To		Monthly Income	
										\$ _____	





In order to assist the Credit Union in processing your Home Equity-Second Mortgage loan request, please supply the following documents and information contained in this list.

- \_\_\_ **FIRST MORTGAGE STATEMENT LISTING THE MOST CURRENT BALANCE**
- \_\_\_ **COPY OF PRIOR 30 DAYS EMPLOYER PAY STUBS.** Stubs for borrower and co-borrower if both are employed. If you are self-employed we need the last 2 years personal and business tax returns. If retired – proof of Pension and/or Social Security amounts. E.G. direct deposit statements
- \_\_\_ **COMPETED 4506-C FORM**
- \_\_\_ **COPY OF TRUST AGREEMENT, IF APPLICABLE.**
- \_\_\_ **CONDO OR TOWNHOUSE – PROOF ASSOCIATION FEES ARE CURRENT**
- \_\_\_ **COPY OF HOMEOWNERS INSURANCE POLICY**
  - Company \_\_\_\_\_
  - Policy No. \_\_\_\_\_
  - Agent \_\_\_\_\_
  - Telephone \_\_\_\_\_
- \_\_\_ **PROPERTY ID NUMBER** \_\_\_\_\_

\_\_\_ **SIGNED AGREEMENT TO PAY FEES:**

I, \_\_\_\_\_ do hereby authorize and instruct Illiana Financial Credit Union to begin processing my Home Equity – Second Mortgage Loan Application on preliminary approval on the property located at:

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

**Product fees:**

- **Application Fee: \$150.00 due upfront, non-refundable**
- **Appraisal Fee: Due upfront, non-refundable**
  - \* Up to \$525 for Single Family Residence
  - \* Up to \$625 for Multi-Unit Properties
  - \* Additional cost may apply
- **Document Preparation Fee: \$100 due at closing**

**AGREED TO:** \_\_\_\_\_ **DATED:** \_\_\_\_\_

(Main Office)  
1600 Huntington Drive P.O. Box 1249  
Calumet City, IL 60409-0649  
(708) 891-7800 (219) 923-8600  
Fax (708) 891-8745

[www.illiana.org](http://www.illiana.org)

**Do not sign this form unless all applicable lines have been completed.  
Request may be rejected if the form is incomplete or illegible.**

**For more information about Form 4506-C, visit [www.irs.gov](http://www.irs.gov) and search IVES.**

<b>1a. Current name</b>			<b>2a. Spouse's current name</b> <i>(if joint return and transcripts are requested for both taxpayers)</i>		
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
<b>1b. First taxpayer identification number</b> <i>(see instructions)</i>			<b>2b. Spouse's taxpayer identification number</b> <i>(if joint return and transcripts are requested for both taxpayers)</i>		
<b>1c. Previous name shown on the last return filed if different from line 1a</b>			<b>2c. Spouse's previous name shown on the last return filed if different from line 2a</b>		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
<b>3. Current address</b> <i>(including apt., room, or suite no.), city, state, and ZIP code</i> <i>(see instructions)</i>					
a. Street address <i>(including apt., room, or suite no.)</i>		b. City	c. State	d. ZIP code	
<b>4. Previous address shown on the last return filed if different from line 3</b> <i>(see instructions)</i>					
a. Street address <i>(including apt., room, or suite no.)</i>		b. City	c. State	d. ZIP code	
<b>5a. IVES participant name, ID number, SOR mailbox ID, and address</b>					
i. IVES participant name <b>Private Eyes Screening Group Inc</b>		ii. IVES participant ID number <b>0000304579</b>	iii. SOR mailbox ID <b>BWILSON210</b>		
iv. Street address <i>(including apt., room, or suite no.)</i> <b>9080 Double Diamond Parkway Suite C</b>		v. City <b>Reno</b>	vi. State <b>NV</b>	vii. ZIP code <b>89521</b>	
5b. Customer file number <i>(if applicable)</i> <i>(see instructions)</i>		5c. Unique identifier <i>(if applicable)</i> <i>(see instructions)</i>			
<b>5d. Client name, telephone number, and address</b> <i>(this field cannot be blank or not applicable (NA))</i>					
i. Client name <b>Illiana Financial Credit Union</b>				ii. Telephone number <b>708-891-7800</b>	
iii. Street address <i>(including apt., room, or suite no.)</i> <b>1600 Huntington Drive</b>		iv. City <b>Calumet City</b>	v. State <b>IL</b>	vi. ZIP code <b>60409</b>	

**Caution:** This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. *(see instructions)*

**6. Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcripts

a. Return Transcript                       b. Account Transcript                       c. Record of Account

**7. Wage and Income transcript** *(W-2, 1098-E, 1099-G, etc.)*

a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.

b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers

Line 1a                       Line 2a

**8. Year or period requested.** Enter the ending date of the tax year or period using the mm dd yyyy format *(see instructions)*

**12 / 31 /                      12 / 31 /                      / /                      / /**

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

**Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.**

<b>Sign Here</b>	Signature for Line 1a <i>(see instructions)</i>		Date	Phone number of taxpayer on line 1a or 2a
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
	Print/Type name			
	Title <i>(if line 1a above is a corporation, partnership, estate, or trust)</i>			
	Spouse's signature <i>(required if listed on Line 2a)</i>			Date
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
Print/Type name				

# Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about Form 4506-C and its instructions, go to [www.irs.gov](http://www.irs.gov) and search IVES. Information about any recent developments affecting Form 4506-C (such as legislation enacted after we released it) will be posted on that page.

**What's New.** Form 4506-C includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

## General Instructions

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Designated Recipient Notification.** Section 6103(c) limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

**Taxpayer Notification.** Section 6103(c) limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

**Purpose of form.** Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

**Note:** If you are unsure of which type of transcript you need, check with the party requesting your tax information.

**Where to file.** The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

## Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

## Specific Instructions

**Line 1a/2a (if spouse is also requested).** For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

**Line 1b/2b (if spouse is also requested).** Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

**Line 1c/2c (if spouse is also requested).** Enter your previous name as shown on your last filed tax return if different than line 1a.

**Line 3.** Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note:** If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

**Line 5b.** Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

**Line 5c.** Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

**Note.** If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

**Line 5d.** Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

**Line 6.** Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

**Line 6a.** Return Transcript includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

**Line 6b.** Account Transcript contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns.

**Line 6c.** Record of Account provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years.

**Line 7.** The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

**Line 8.** Enter the end date of the tax year or period requested in mm dd yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12 31 2018 for a calendar year 2018 Form 1040 transcript.



*You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed if unchecked.*

**Signature and date.** Form 4506-C must be signed and dated by the taxpayer listed on line 1a and, if listed, 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.

**Authorized Representative:** A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. If you are Heir at Law, Next of Kin, or Beneficiary, you must be able to establish a material interest in the estate or trust. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

**Electronic Signature:** Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

**Individuals.** Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

**Corporations.** Generally, Form 4506-C can be signed by:

(1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-C but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-C will vary depending on individual circumstances. The estimated average time is:

**Learning about the law or the form**..... 10 min.  
**Preparing the form** ..... 12 min.  
**Copying, assembling, and sending the form to the IRS** ..... 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-C simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
 Tax Forms and Publications Division  
 1111 Constitution Ave. NW, IR-6526  
 Washington, DC 20224

Do not send this form to this address. Instead, see where to file on this page.

**Demographic Information Addendum.** This section asks about your ethnicity, sex, and race.

**Demographic Information of Borrower**

The purpose of collecting this information is to help ensure that all 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. **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.

**Instructions:** You may select one or more "Hispanic or Latino" origins and one or more designations for "Race." If you do not wish to provide some or all of this information, select the applicable check box.

**Ethnicity**

- Hispanic or Latino
  - Mexican     Puerto Rican     Cuban
  - Other Hispanic or Latino - Enter origin: \_\_\_\_\_

*Examples: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.*

- Not Hispanic or Latino
- I do not wish to provide this information

**Sex**

- Female
- Male
- I do not wish to provide this information

**Race**

- American Indian or Alaska Native - Enter name of enrolled or principal tribe: \_\_\_\_\_
- Asian
  - Asian Indian     Chinese     Filipino
  - Japanese     Korean     Vietnamese
  - Other Asian - Enter race: \_\_\_\_\_

*Examples: Hmong, Laotian, Thai, Pakistani, Cambodian, etc.*

- Black or African American
- Native Hawaiian or Other Pacific Islander
  - Native Hawaiian     Guamanian or Chamorro     Samoan
  - Other Pacific Islander - Enter race: \_\_\_\_\_

*Examples: Fijian, Tongan, etc.*

- 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 Borrower collected on the basis of visual observation or surname?  NO  YES
- Was the sex of the Borrower collected on the basis of visual observation or surname?  NO  YES
- Was the race of the Borrower collected on the basis of visual observation or surname?  NO  YES

**The Demographic Information was provided through:**

- Face-to-Face Interview (includes Electronic Media w/ Video Component)
- Telephone Interview
- Fax or Mail
- Email or Internet

**Borrower Name:** \_\_\_\_\_



*Illiana Financial Credit Union*

**FEE ITEMIZATION**

I/We agree to pay for an appraisal at the time of pre-qualification to be used to purchase an appraisal of the property being financed or purchased. If the loan is cancelled or if the value of the property is not sufficient, any unused portion funds will not be refunded.

- The amount of the fees to be collected:
- \* Up to \$525 for Single Family Residence
  - \* Up to \$625 for Multi Unit Properties
  - \* Additional cost may apply

Appraisal	\$ _____
Total	\$ _____

Borrower	Date	Borrower	Date
----------	------	----------	------

\_\_\_\_\_  
Interviewer's Signature

## **Borrower's Certification and Authorization**

### **CERTIFICATION**

The Undersigned certify the following:

1. I/We have applied for a mortgage loan from Illiana Financial Credit Union. In applying for the loan, I/We completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information, and the assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application or other documents, nor did I/We omit any pertinent information.
2. I/We understand and agree that Illiana Financial Credit Union reserves the right to change the mortgage loan review processes to a full documentation program. This may include verifying the information provided on the application with the employer and/or financial institution.
3. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States Code, Section 1014.

### **AUTHORIZATION TO RELEASE INFORMATION**

To Whom It May Concern:

1. I/We have applied for a mortgage loan from Illiana Financial Credit Union. As part of the application process, Illiana Financial Credit Union and the mortgage guaranty insurer (if any), may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.
2. I/authorize you to provide to Illiana Financial Credit Union and to any investor to whom Illiana Financial Credit Union may sell my mortgage, any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market and similar account balances; credit history; and copies of income tax returns.
3. Illiana Financial Credit Union or any investor that purchases the mortgage may address this authorization to any party named in the loan application.
4. A copy of this authorization may be accepted as an original.

\_\_\_\_\_  
Borrowers Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrowers Signature

\_\_\_\_\_  
Date