N.J.L & P.S. Credit Union

Mailing address: PO Box 550, Trenton, NJ 8604-0550 Phone number: (609)393-1100 or (609)393-0046 ext: 222

Email address: loans@njlpscu.org

CLOSED END FIXED-RATE MORTGAGE PROGRAM

Thank you for your interest in the NJL&PS Credit Union's Fixed Home Equity Program. The following is a brief description of our requirements:

The terms of repayment range from three (3) to fifteen (15) years. The maximum allowable amount under our Fixed Rate Program if \$200,000.00 with a minimum allowable amount of \$10,000.00.

We are offering this Fixed Rate Home Equity Program at this present time, with absolutely NO POINTS or NO FEES to all NEW applicants. Please note that anyone with a present Home Equity with us, who wishes to apply for a new Fixed Rate Loan, will be assessed a \$250.00 fee to cover our costs, unless the loan is \$20,000.00 greater than your current balance. There will be \$75.00 cancellation fee if the application is cancelled after title search and appraisal have been done. These fees must be assessed to cover a current appraisal, title search, and county clerk filing fee.

Loans are granted on Single Family Homes, Primary Residences, Townhouses, Primary Residence and Multi-Family homes if you are the primary resident of one unit, up to 4 units. No rental properties.

The basis of determining your allowable equity is eighty percent (80%) of the appraised market value of your home, less any outstanding mortgage on your home. One hundred percent (100%) financing is available to qualified members with a Credit Bureau Risk Score of 700 or more. We are only appraising primary principle residences in the State of New Jersey and Bucks County, Pennsylvania at the present time.

It should be further noted that any name that legally appears on the deed must be present at the time of closing the in office of the Credit Union in Trenton, New Jersey.

Remember, when applying for your Closed End Fixed-Rate Mortgage Program, be sure to include at the required documents:

| 0 | Completed & signed application |
|---|--|
| 0 | Copy of most recent paystub |
| 0 | Copy of most recent IRS tax filing (only first page of 1040) |
| 0 | Copy of Deed |
| 0 | Copy of Homeowners Policy Declaration Sheet |
| 0 | This letter initialed and attached to the application |

O Signed Errors and Emissions Statement
Please initial this document in the space provided below and return it to the Credit Union with your application.
Any additional questions, please contact the loan office at (609)393-1363

Initial: Received and reviewed accordingly Credit Union Initial: Received and reviewed

Home Equity Line of Credit:

| 0 | Do you currently have a Home Equity Loan with NJL&PS or other? If yes payoff amount: \$ |
|---|---|
| 0 | How much would you initially like to draw? Minimum \$10,000 required. \$ |
| 0 | What is the name of your current mortgage company? |
| 0 | Will you be payroll deducted? |
| 0 | Will you be paying off any debts with this loan? If ues, please list: |
| | |
| 0 | Please provide email addresses of ALL applicants: |
| | Home Equity Fixed rate: |
| 0 | Do you currently have a Home Equity Loan with NJL&PS or other? If yes payoff amount: \$ |
| 0 | What is the name of your current mortgage company? |
| 0 | Will you be payroll deducted? |
| 0 | Will you be paying off any debts with this loan? If yes, please list: |
| 0 | Please provide email addresses of ALL applicants: |
| 0 | How many years would you like to take the loan out for? |

ERRORS AND OMISSIONS LETTER

| LENDER: N | LENDER: NJL&PS CREDIT UNION | | | | | | | | | | |
|-----------|---|--|--|--|--|--|--|--|--|--|--|
| BORROWE | BORROWER(S) | | | | | | | | | | |
| LOAN NO: | | | | | | | | | | | |
| LOAN AMO | LOAN AMOUNT: | | | | | | | | | | |
| PROPERTY | PROPERTY ADDRESS: | | | | | | | | | | |
| DEAR BOR | DEAR BORROWER(S): | | | | | | | | | | |
| MAKE SAII | IN CONSIDERATION OF THE MORTGAGE LOAN MADE BY THE ABOVE-INDICATED LENDER TO THE UNDERSIGNED MORTGAGOR(S) ON THE DATE SET FORTH BELOW, AND TO INDUCE THE LENDER TO MAKE SAID MORTGAGE LOAN, THE UNDERSIDNED MORTGAGOR(S) DO HEREBY REPRESENT AND PROMISE AS FOLLOWS: | | | | | | | | | | |
| 1, | IN THE EVENT OF ANY OF THE DOCUMENTS EVIDENCING AND/OR SECURING THE ABOVE REFERENCE LOAN (THE "LOAN") MISSTATE OR INACCURATLEY REFLECT THE TRUE AND CORRECT TERMS AND PROVISIONS OF THE LOAN AND SAID MISSTATEMENT OR INACCURACY IS DUE TO THE UNILATERAL MISTAKE ON THE PART OF THE LENDER, MUTUAL MISTAKE ON THE PART OF THE LENDER AND BORROWERS(S) OR CLERICAL ERROR, THEN IN SUCH EVEN BORROWERS(S) SHALL, UPON REQUEST BY THE LENDER AND IN ORDER TO CORRECT SUCH MISSTATEMENT OR INACCURACY, EXECUTE SUCH NEW DOCUMENTS OR INTITIAL SUCH CORRECTED ORIGINAL DOCUMENTS AS LENDER MAY DEEM NECESSARY TO REMEDY SAID INACCURACY OR MISTAKE AND BORROWER(S) FAILURE TO INITIAL OR EXECUTE SUCH DOCUMENTS AS REQUESTED SHALL CONSTITUTE A DEFAULT UNDER THE NOTE EVIDENCING AND MORTGAGE SECURING THE LOAN. | | | | | | | | | | |
| 2. | UPON REQUEST BY THE LENDER, THE UNDERSIGNED MORTGAGOR(S) WILL EXECUTE ANY DOCUMENT OR INSTRUMENT THAT OUGHT TO HAVE BEEN SIGNED AT OR BEFORE THE CLOSING OF SAID MORTGAGE LOAN. | | | | | | | | | | |
| . 3. | ALL SUCH REQUESTS SHALL RECEIVE THE FULL COOPERATION AND COMPLIANCE BY THE UNDERSIGNED MORTGAGOR(S) WITHIN SEVEN (7) DAYS OF THE MAKING OF THE REQUEST SET FORTH IN PARAGRAHS 1 OR 2 HEREOF. | | | | | | | | | | |
| 4. | THE FAILURE OF THE UNDERSIGNED MORTGAGOR(S) TO COMPLY WITH THEIR OBLIGATIONS HEREUNDER SHALL CONSTITUTE A DEFAULT UNDER THE PROMISSORY NOTE AND MORTGAGE DEED EXECUTED IN CONNECTION WITH SAID MORTGAGE LOAN AND SHALL ENTITLE LENDER, OR ITS SUCCESSORS AN ASSIGNS, TO THE REMEDIES AVAILABLE FOR DEFAULT UNDER THE SAID PROMISSORY NOTE AND MORTGAGE DEED. | | | | | | | | | | |
| DATED: | | | | | | | | | | | |
| | SIGNATURE: | | | | | | | | | | |

NJL&PS CREDIT UNION



Application

PO BOX 550

N.J.L. & P.S. TRENTON NI OR 04 0550

Credit Union Website: www.nijpscu.org

| | | | Charles The Company | CONTRACTOR STATES | DOMESTIC STREET | ACT THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. | THE PROPERTY OF THE PARTY OF TH | |
|---|---|---|---|--|--|--|--|--|
| HOW TO APPLY | Please complete sections 1 through 8 Sign and complete section 9 An incomp | | | | is application to your credit union plete or unsigned form may delay processing | | | |
| MOTE AND COMPLETS Martied Applicar may apply for a separate account Check the appropriate bux to indicate Individual Credit | (1) about your spouse if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), or (2) if your spouse will use the Account. Please check box to indicate whom the information is about. Joint Credit: Each Applicant must individually complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box. Amount Requested \$ Purpose: | | | | | | | |
| or Joint Credit. | Repayment: Payroll Do | | | | lilitary Allotment | | | |
| Statement Of Intent | Are you interested in having If you answer "Yes," then if which discloses the terms a | e credit union will disclose | the costs | of this volue | ntary payment p effective. | rotection to you. | A separate election | |
| 2 | APPLICANT | | | CO-A | PPLICANT [| SPOUSE | | |
| APPLICANT IMFORMATION | Plaase print in Ink or type. | | | Use "SAA" | if information is | "Same As Applica | erd". | |
| ner consist non | NAME (Last - First - Initial) | | P | NAME (Last | – First – Inikal) | | | |
| | DRIVER'S LICENSE NUMBER/STATE | and Charles to May of Managhan The West Impers and Ask and the Managhan See and and see I see that the Managhan | | DRIVER'S LICI | ENSE NUMBER/STAT | E | | |
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| | BIRTH DATE HOME PHONE | BUSINESS PHONE/EXT | | BIRTH DATE | HOME PHONE | BUSINESS | PHONE/EXT. | |
| | PRESENT ADDRESS (Street - City - | - State - Zip) | / DRENT | PRESENT ADD | () DRESS (Stront - City | - State - Zip) | | |
| | | YEA AT T | PRESENT ADDRESS (Street - City - State - Zip) OWN RENT YEARS AT THIS ADDRESS | | | | | |
| | PREVIOUS ADDRESS (Street - City | | RESS | DESTRUCTOR ACCORDED TO THE PARTY OF THE PART | | | | |
| | *************************************** | YEA | co-conservation and the second | PREVIOUS ADDRESS (Street - City - State - Zip) OWN RENT YEARS AT THIS | | | | |
| | COMPLETE FOR JOINT CREDIT, SECUPROPERTY STATE: MARRIED SEPARATED LIST AGES OF DEPENDENTS NOT LIST | RED CREDIT OR IF YOU LIVE IN A C | ADDRESS COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: MARRIED SEPARATED UNIVARRIED (Single - Divorced - Widowed) LIST AGES OF DEPENDENTS NOT LISTED BY APPLICANT | | | | | |
| 7 | (Exclude Self) NAME AND ADDRESS OF EMPLOYER | | (Exclude Solf) | | | | | |
| S IMPLOYMENT VFORMATION | TOTAL AND ADDRESS OF EMPLOYER | · · · · · · · · · · · · · · · · · · · | NAME AND ADDRESS OF EMPLOYER | | | | | |
| | YOUR TITLE/GRADE | SUPERVISOR'S NAME | | YOUR TITLE/G | RADE | SUPERVISOR'S NAM | 1E | |
| | START DATE HOURS AT WORK | IF SELF EMPLOYED, TYPE OF E | BUSINESS | START DATE | HOURS AT WORK | IF SELF EMPLOYE | ED, TYPE OF BUSINESS | |
| | IF EMPLOYED IN CURRENT POSITI PREVIOUS EMPLOYER NAME AND AC | ON LESS THAN FIVE YEARS, CO DRESS STARTING | | IF EMPLOYED PREVIOUS EMP | IN CURRENT POSIT LOYER NAME AND A | TION LESS THAN FIVE DDRESS | YEARS, COMPLETE STARTING DATE | |
| | *************************************** | ENDING DA | ATE | ****** | | | - ENDING DATE | |
| MUTARY | IS DUTY STATION TRANSFER EXPECT WHERE | ENDING/SEPARAT | I NO ION DATE | IS DUTY STATIO WHERE | N TRANSFER EXPEC | TEO DURING NEXT YE, ENDI | AR TYES THO NO | |
| | NOTICE: Alimony, child support, or revealed if you do not choose | separate maintenance income ne | ed not be | NOTICE: Alim | ony, child support, o | r separate maintenanc | e income need not be | |
| COME | EMPLOYMENT INCOME | OTHER INCOME | | EMPLOYMENT I | | OTHER INCOME | 90. | |
| FORMATION | \$ PER GROSS | \$ PER SOURCE | | | PEA GROSS | \$ source | PER | |
| | NAME AND ADDRESS OF NEAREST A NOT LIVING WITH YOU | ELATIVE RELATI | ONSHIP | NAME AND ADD NOT LIVING WIT | RESS OF NEAREST I | PELATIVE | RELATIONSHIP | |
| EPERENCES ease include | ************ | HOME | PHONE | | ********* | | · · · · HOME PHONE | |
| reet, Cily, State nd Zip. | NAME AND ADDRESS OF PERSONAL -NOT A RELATIVE | FRIEND HOME I | | -NOT A RELATIV | | FRIEND | HOME PHONE | |
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| 6A | SH | ARE DRAFT OR ECKING AMOUNT | NAME AND ADDRESS OF DEPOSITORY | SHA | SHARE DRAFT OR NAME AND ADDRESS OF DEPOSITORY CHECKING AMOUNT | | | | | | | |
| ASSLYS/ PBOPERTY | \$ | | | \$ | 1 | | | | | | | |
| Chack box for | 1 | INGS AMOUNT | NAME AND ADDRESS OF DEPOSITORY | SAV | SAVINGS AMOUNT NAME AND ADDRESS OF DEPOSITORY | | | | | | | |
| Applicant/Othe | _ | PLICANT | LIST HOME AND ALL OTHER TEMP YOU CANNOT | \$ | | | | , | | | | |
| and account number(s) | | OTHER | LIST HOME AND ALL OTHER ITEMS YOU OWN AN For Example: Auto, Boal, Stocks, Bonds, Cash, House | N OF PROPERTY leaf Estate, etc. | MARKET VALUE | | PLEDGED AS COLLATERA FOR ANOTHER LOAN | | | | | |
| Attach other | | HOME | | | • | \$ | | | YES | NC | | |
| sheets II necessary | П | | | | | | | | YES | NC | | |
| ĴB⁴ | | | The contract of the Contract o | *************************************** | | \$ | | | | | | |
| This section | \$ YES | | | | | | | | | NO | | |
| must be com- plated for the | LIST EVERY LIEN AGAINST YOUR HOME A lien is a legal claim filed against property as security for payment of a debt. Usos include mortgages, deads of trust, land contracts, judgments and past due taxes. | | | | | | | | | | | |
| proporty which will be given as | FIRST MORTGAGE HELD 6Y OTHER LIENS (Describe) | | | | | | | | | | | |
| security, if | PRESENT BALANCE S | | | | | | | | | | | |
| applicable. | IS THE PROPERTY DESCRIBED IN THIS SECTION: YOUR PRINCIPAL DWELLING? YES NO IS ANYONE OTHER THAN YOUR SPOUSE | | | | | | | | | | | |
| 7 | APPI | ED AS THE APPLICA | NT'S ADDRESS IN THE "APPLICANT INFORMATION" SE | CTION? | | | OF YOUR HOME | | | OND | | |
| őests | 1 | OTHER | NAME AND ADDRESS | | ACCOUNT NUMBER | ORIGINAL BALANC'S | BALANCE | P | ONTHLY AYMENT | IF PAS | | |
| in addition to | 11 | ☐ RENT ☐ MORTGAGE | | | | \$ | \$ | \$ | | | | |
| Pant/Mortgage list elt other debts | | (lect. Tax & ins.) | | | | | | +- | | | | |
| (/or example, auto loans, credit | ' | | | | | \$ | \$ | \$ | | ļ | | |
| cards, second mortgage, home | 1 | | | | | \$ | \$ | \$ | | | | |
| assoc, dues, alimony child | | | | | | \$ | \$ | \$ | | | | |
| support, child | | | | | | \$ | \$ | \$ | | | | |
| care, modical. utilitas, auto | | | | | | \$ | \$ | \$ | | | | |
| insurance, IAS linbiliuos, ata.) | | | | *************************************** | | \$ | \$ | \$ | | | | |
| Please use a soparate line for | H | <u> </u> | | | | | | + | | . | | |
| each credit card and auto loan. | 1 | | | | <u> </u> | \$ | \$ | \$ | | | | |
| Attach other shorts if necessary. | LISTA | INY NAMES UNDER | WHICH YOUR CREDIT REFERENCES AND CREDIT HIS | LUBA CAN B | E CHECKED | \$ | \$ | \$ | | | | |
| | <u> </u> | | | | TOTALS | \$ | \$ | \$ | | | | |
| 8 | The state of the s | | | | | | | | | OTHER ES NO | | |
| financial Information | YES NO YES | | | | | | | | | | | |
| | HAVE YOU EVER FILED FOR BANKRUPTCY OR HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13? | | | | | | | | | | | |
| Applicant and Other | HAVE YOU HAD PROPERTY FORECLOSED UPON OR GIVEN A DEED IN LIEU OF FORECLOSURE IN THE LAST 7 YEARS? | | | | | | | | | | | |
| CHIM | ARE YOU A PARTY IN A LAWSUIT? ARE YOU OTHER THAN A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN? | | | | | | | | | - | | |
| | IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS? | | | | | | | | 1 | +- | | |
| | ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE? FOR WHOM (Name of Others Obligated on Loan): TO WHOM (Name of Creditor): | | | | | | | | | | | |
| | | | s Obligatori en Loan): | TO WHOM | M (Name of Credito | r): | | | 00000 | , | | |
| ng" | You prot Your kno | mise that everything powledge and that the | you have stated in this application is correct to the best of | a nu lann | crime to willfully a | nd deliberately | provide incompl | ete or Ir | ncorrect inf | ormation | | |
| adenza unta | and obligations. You authorize the credit union to obtain credit reports in connection | | | | | | | | | | | |
| | with this application for credit and for any update, renewal or extension of the credit received. If you request, the credit union will tell you the name and address of any credit bureau from which it received a credit report on you. You understand that it is a "assonable time thereafter." | | | | | | | | | | | |
| | 26 | | The distribution of the control of t | d izasona | DIC MINE MICHARDS. | | | | | | | |
| | À APPLICA | NT'S SIGNATURE | DATE | X | DICHITURE | | | | | | | |
| 2 50 | | OFFICER | | | SIGNATURE | | | | DAT | E | | |
| | LI LOAN OFFICER ADVANCE APPROVED: DYES DNO COUNTER OFFER WILL BE MADE, IF ACCEPTED, ADVANCE APPROVED CREDIT COMMITTEE OR OTHER OUTSIDE INFOHMATION CONSIDERED: DYES NO IF YES, AITACH ADDITIONAL SHEET AND DESCRIBE | | | | | | | | | | | |
| INION NFORMATION | REFERRED TO/HEASON(S) FOR REFERRIL: | | | | | | | | | T RATIO | | |
| o not write in - | DESCRIBE COUNTER OFFER | | | | | | | | | | | |
| r credit union | DESCRIBE CRIMITER OFFER. SPECIFIC REASON(S) FOR REJECTION: | | | | | | | | | | | |
| se only. | SIGNATI | JRES: | | DATE | | | | | DATE | | | |
| OXIEST | Fig. 1. section of the | IT COMMITTEE | X | DATE | <u> X</u> | | **** | | DATE | | | |
| 7 | 7600 | - 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | X | | X | | | | - UNIC | | | |
| | - 4000 | MUTICE AND REAS | ON FOR REJECTION SENT OR DELIVERED ON | | (0) | ATE) BY | | | 708 | IITIAI CL | | |

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| # | Appropriate appropriate | PAVABLE | | | | |
| FIRST | PRMI ENDLOTES NAME | S T OF & E YOU TO DEACHSEE OR CARCEL IT | | | DATE | DATE |
| LAS7 | | AUTHORIZATION FOR GREDIT UNION EDDUCTIONS PREEZY AGTHERIT UNION FOR STATE OF ACTION TO BE CONTINUE OF THE STATE OF THE STA | M.J.L. & P.S. CREDIT UNION P.O. BOX 550 | TRENTON, NJ 00604-0550 | TURE | MYROLL CLERK SIGNATURE DO NOT FOLD, STAPLE OR MUTILATE |
| | SOCIAL SECURITY MEMBER | AUTHORIZA JERSEY TO WANE BI-WEE IOM DESIMALTED SELOW | × | | EMPLOYEE SIGNATURE | MYROLL CLETK SURATURE DO NOT FOLD, STAP |
| | COME SE | TE OF NEW | | To a contract to the contract | ſ | |
| ACT ACT TO ACT T | TROLL MANDER | HEREDY AUTHORIZE THE STA | | RESIT LINION NAME: | | 5004 |

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