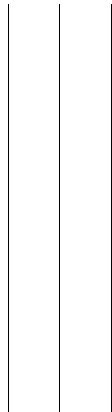




METRO Federal Credit Union  
2440 E. Rand Road  
Arlington Heights IL 60004



**METRO FEDERAL CREDIT UNION**

2440 E. Rand Road  
Arlington Heights IL 60004  
Main (847) 670-0456  
Fax (847) 670-0401

**BUSINESS HOURS**

LOBBY

Monday-Friday 8:00am - 6:00pm  
Saturday 8:00am - 1:00pm

DRIVE-THRU

Monday-Friday 7:00am - 6:00pm  
Saturday 7:00am - 1:00pm

Internet: <http://www.mcu.org>  
E-mail: [accountservices@mcu.org](mailto:accountservices@mcu.org)

Revised 02/01/06



**HOME EQUITY  
AGREEMENT TO MODIFY  
APPLICATION**



*home equity*



We Do Business in Accordance With the  
Federal Fair Housing Law and the  
Equal Credit Opportunity Act

**REQUEST TO AMEND THE HOME EQUITY PLAN AS FOLLOWS:**

**Home Equity Plan**  No Change

From: \_\_\_\_\_ To: \_\_\_\_\_

**Home Equity Rate Index:**  No Change

From: \_\_\_\_\_ To: \_\_\_\_\_

**Home Equity Term:**  No Change

From: \_\_\_\_\_ To: \_\_\_\_\_

**Home Equity Draw Period:**  No Change

From: \_\_\_\_\_ To: \_\_\_\_\_

**Credit Limit:**  No Change

From: \_\_\_\_\_ To: \_\_\_\_\_

**Other Terms:**

**Please tell us the following:**

Approximate Home Value: \$ \_\_\_\_\_

Current First Mortgage Balance \$ \_\_\_\_\_

**Your request to modify the existing plan may be subject to the following fees:**

Home Equity Release Fee	\$75.00
Home Equity Refiling Fee	\$200.00
Property Report Appraisal Fee	\$75.00 \$300.00
Flood Insurance Certification	\$20.00

**HOME EQUITY AGREEMENT TO MODIFY APPLICATION**

**LOAN AMOUNT \$:** \_\_\_\_\_ **HOME EQUITY PLAN:** \_\_\_\_\_

APPLICANT		METRO ACCOUNT#	
FULL NAME	SOCIAL SECURITY NO.	DATE OF BIRTH	DRIVERS LICENSE NO.
ADDRESS , CITY, STATE, ZIP	HOME PHONE	HOW LONG AT CURRENT ADDRESS?	[ ] OWN [ ] RENT [ ] OTHER _____
NAME OF EMPLOYER ADDRESS	POSITION	BUSINESS PHONE	HOW LONG? YRS _____ MTHS _____ MONTHLY GROSS INCOME?

**JOINT APPLICANT**

JOINT NAME	SOCIAL SECURITY NO.	DATE OF BIRTH	DRIVERS LICENSE NO.
ADDRESS , CITY, STATE, ZIP	HOME PHONE	HOW LONG AT CURRENT ADDRESS?	[ ] OWN [ ] RENT [ ] OTHER _____
NAME OF EMPLOYER ADDRESS	POSITION	BUSINESS PHONE	HOW LONG? YRS _____ MTHS _____ MONTHLY GROSS INCOME?
<b>ADDITIONAL INCOME:</b> INFORMATION REGARDING ALIMONY AND CHILD SUPPORT (OPTIONAL, UNLESS RELIED UPON FOR THIS APPLICATION)	1. SOURCE 2. SOURCE	AMOUNT \$ AMOUNT \$	

**CREDIT INFORMATION**

[INCLUDE CHARGE ACCOUNTS, INSTALLMENT CONTRACTS, CREDIT CARDS, RENT, MORTGAGE, ETC. (USE SEPARATE SHEET OF PAPER IF NECESSARY)]

NAME OF MORTGAGOR OR LANDLORD	ACCOUNT NUMBER	APPROX. MARKET VALUE \$	CURRENT BALANCE OUTSTANDING \$	MONTHLY RENT OR MORTGAGE PAYMENT \$
CREDITOR 1.			\$	MO. PAYMENT \$
CREDITOR 2.			\$	MO. PAYMENT \$
CREDITOR 3.			\$	MO. PAYMENT \$

**SIGNATURES**

THIS STATEMENT IS SUBMITTED TO OBTAIN CREDIT AND I (WE) CERTIFY THAT ALL INFORMATION HEREIN IS TRUE AND COMPLETE. I (WE) ALSO AUTHORIZE THE CREDIT UNION TO VERIFY OR OBTAIN FURTHER INFORMATION THE CREDIT UNION MAY DEEM NECESSARY CONCERNING MY (OUR) CREDIT STANDING. IF THIS APPLICATION IS APPROVED AND ISSUED, I (WE) AGREE TO READ AND COMPLY WITH THE TERMS OF THE AGREEMENTS WHICH WILL BE FURNISHED TO ME (US).

APPLICANT SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_ CO-APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(PLEASE ATTACH A COPY OF YOUR LAST PAY STUB)

FOR OFFICE USE ONLY	LOAN OFFICER:	ACTION:	DATE:	CARD TYPE/LINE:
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