



HERITAGE
COMMUNITY CREDIT UNION

P.O. Box 790
Rancho Cordova, CA 95741-0790
(916) 364-1700

Loan Application and Agreement to Terms

An Incomplete or Unsigned Form Will Delay Processing

READ AND COMPLETE

Married Applicants may apply for a separate account. Check the appropriate box to indicate Individual-Credit or Joint Credit.

- Individual Credit:** Complete Applicant sections if only the applicant's income is considered for loan approval. Complete Applicant and Co-Applicant sections (1) if you are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of credit requested, or; (2) if you reside in a Community Property State, or; (3) if you are relying on property located in a Community Property State as a basis for repayment of the credit requested. Community Property States include: AK, AZ, CA, ID, LA, NM, NV, TX, WA and WI.
- Joint Credit:** Complete Applicant and Co-Applicant sections if your co-applicant will be contractually liable for repayment of the loan.

Amount Requested \$ _____ Purpose/Collateral: _____

APPLICANT				<input type="checkbox"/> CO-APPLICANT		<input type="checkbox"/> SPOUSE	
NAME (Last - First - Initial)		ACCOUNT NUMBER		NAME (Last - First - Initial)		ACCOUNT NUMBER	
SOCIAL SECURITY NUMBER		MOTHER'S MAIDEN NAME		SOCIAL SECURITY NUMBER		MOTHER'S MAIDEN NAME	
E-MAIL ADDRESS		FAX NUMBER		E-MAIL ADDRESS		FAX NUMBER	
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.		BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.	
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS/MONTHS AT THIS ADDRESS		PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS/MONTHS AT THIS ADDRESS	
PURCHASE PRICE OF HOME: \$		PRESENT HOME VALUE: \$		PURCHASE PRICE OF HOME: \$		PRESENT HOME VALUE: \$	
MORTGAGE BALANCE \$		MONTHLY PAYMENT (MORTGAGE/RENT) \$		MORTGAGE BALANCE \$		MONTHLY PAYMENT (MORTGAGE/RENT) \$	
PLEASE COMPLETE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)				PLEASE COMPLETE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)			

EMPLOYMENT

NAME AND ADDRESS OF EMPLOYER		NAME AND ADDRESS OF EMPLOYER	
HIRE DATE	POSITION	HIRE DATE	POSITION

INCOME

OTHER INCOME NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.		OTHER INCOME NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.	
EMPLOYMENT INCOME (GROSS) \$ PER	OTHER INCOME (GROSS) \$ PER	EMPLOYMENT INCOME (GROSS) \$ PER	OTHER INCOME (GROSS) \$ PER

REFERENCES

NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	HOME NUMBER	NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	HOME NUMBER
	RELATIONSHIP		RELATIONSHIP

LOAN APPLICATION SIGNATURES

BY SIGNING BELOW, I AGREE AS FOLLOWS:

All the information in this application is true. I understand that section 1014 Title 18 U.S. Code makes it a federal crime to knowingly make a false statement on this application. You have my permission to check it. You may retain this application even if not approved. I understand that you may receive information from others about my credit and you may answer questions and requests from others seeking credit or experience information about me or my accounts with you.

IF MY LOAN APPLICATION IS APPROVED:

Terms and Conditions: I acknowledge that I have read, understand and accept the terms and conditions of the Open-end Credit Plan, Disclosures, Credit Agreement, and Security Agreement. I also understand that I may receive our Advance Receipt, that the Advance Receipt is a part of my credit contract, and I should be bound by the terms of the Advance Receipt. I acknowledge that I have received copies of these documents. If I have elected to apply for voluntary credit insurance, I acknowledge that I have read and understand the terms of the insurance Application and Certificate of Group Insurance; I certify that all information given in connection with the Application is true and complete; and I acknowledge receipt of a copy of the Application and Certificate.

I also understand that by signing or endorsing any advance proceeds checks or vouchers, or by otherwise accepting, using or accessing advance proceeds now or in the future. I also agree to the terms of the above documents. I further understand and acknowledge that no additional signatures shall be required for you to enforce the terms of the above agreements, but I may be asked, and shall be required to, provide additional signatures if you deem it necessary. I also agree to provide Credit Union with any and all information necessary for you to perfect your security interest in any collateral pledged in connection with my advances, either now or in the future.

Cross-collateralization: I understand and acknowledge that any and all collateral given in connection with any advances shall secure all amounts I owe the credit union now and in the future. However, non-purchase-money household goods shall not secure any loan or advance, and my principle dwelling will not secure any advance under this Open-end Plan.

On-going credit checks: I understand that you may periodically update my credit information in order to evaluate my on-going credit worthiness, without any additional signatures, for as long as my plan is open and/or an outstanding balance exists. You may use and communicate any information gathered for any lawful purpose in any manner allowed by law.

Credit Insurance: Voluntary Credit Insurance is available to protect your loan. If you are interested in applying for coverage please complete the Insurance Application below.

PLEDGE OF SHARES: I grant and pledge to you a consensual lien on all sums on deposit to secure my obligations to the credit union pursuant to applicable state law. "All sums on deposit" and "shares" for purposes of this pledge means all deposits in any share savings, share draft, club, certificate, P.O.D., revocable trust or custodial accounts(s), whether jointly or individually held, that you have on deposit now or in the future, all of which are deemed "general deposits" for the purpose of this pledge. My pledge does not include any IRA, Keogh, tax escrow, irrevocable trust or fiduciary account in which I do not have vested ownership interest. In addition, I acknowledge and agree to impoundment of the Credit Union's statutory lien rights under the Federal Credit Union Act as of the date I opened my credit plan, which gives you the right to apply the sums in my account(s), to satisfy any obligations I owe to the credit union, regardless of contributions at the time of default, and without further notice to me or any owner of the account(s).

SECURITY INTEREST AND LIEN ON ACCOUNT(S). (1) By signing the Master Application, or by accessing, using, or otherwise accepting any funds, accounts or services, I grant the Credit Union a security interest in all goods, property, or other items purchased under this Plan either now or in the future, or in any other collateral given now or at the time of any future advance, or given at any other time in connection with the Open-end Plan, in accordance with my Security Agreement. I also agree to abide by the terms of the Security Agreement and any Advance Receipt or similar document.

(2) By signing the Master Application and/or Account Card, or by accessing, using, or otherwise accepting any funds, accounts or services, I grant the credit union, and you impress, a lien on any and all funds in any joint and individual share account(s), regardless of the source of the funds in the account(s) or any owner's contributions, to secure any account owner's joint or individual obligations to us, now or in the future, whether direct, indirect, contingent or secondary. This lien secures all debts you owe us pursuant to any loan or credit agreements; under this Open-end Credit Plan; arising from any insufficient funds item; fees; costs; expenses; or otherwise. I understand and agree that the Credit Union has multiple rights which include a "consensual lien" a "statutory lien" pursuant to 12 USC 1757 and 12 CFR 701.39, applicable state law and your "common law" right to set off, which authorize us to apply the funds in any joint or individual account to any obligations owed to you if I default or fail to pay or satisfy any obligation to you without any legal process, court proceeding or any notice to any owner of the account(s) affected hereunder or otherwise under this Agreement. I specifically agree that you have a right to place an administrative freeze on any of my joint or individual account(s) and that such action shall not violate 11 USC 362 or other applicable law. I agree that my account(s) are not assignable or transferable except to the Credit Union unless specifically authorized in writing by you. Obligations secured by my primary residence, household goods and any funds in an IRA or Keogh account are not included in your lien or this security interest, unless subject to specific pledge or security agreement. The Credit Union will not have any responsibility or liability to me or others relating to the dishonor or other return of any check, draft, ACH transaction or other order occurring as a result of you exercising your lien rights or freezing any accounts in order to protect or preserve such rights.

APPLICANT'S SIGNATURE <input checked="" type="checkbox"/>	DATE
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CO-APPLICANT'S SIGNATURE (Where Applicable) <input checked="" type="checkbox"/>	DATE
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HAVE YOU OMITTED ANYTHING? REMEMBER: INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

APPLICATION OF BORROWER

CREDIT LIFE INSURANCE		CREDIT DISABILITY INSURANCE	
GROUP POLICY NUMBER	INSURANCE MAXIMUM	GROUP POLICY NUMBER	MAXIMUM MONTHLY DISABILITY BENEFIT
32520-G-500	\$50,000	32521-G-500	\$750
MAXIMUM LOAN REPAYMENT PERIOD	MAX. AGGREGATE DISABILITY BENEFIT	WAITING PERIOD	RETROACTIVE BENEFIT
120 Months	NA	30 Days	No

You are applying for the credit insurance marked above and authorizing the Creditor to add the charges for insurance to your loan each month as the y become due. You have the right to stop this authorization. Your signature below means that you agree that:

- You are eligible for disability insurance as to each advance only if you are under age 66 and you are working for wages or profit 30 hours a week or more on the date you sign for the advance. If you are not, that particular advance will not be insured until you return to work. You are insured only for advances actually received by you. You are not insured for any unused credit which may be available to you.
- Each month the insurance charge is calculated by multiplying the insured outstanding principal balance of your loan on the billing date by the rate shown in the Schedule. We can change the rate later on. But if we do, we will let you know in advance. The new rate will apply only to charges for insurance made after the date of the rate change.
- Only the primary borrower is eligible for disability insurance.
- You are not eligible for insurance after you have reached your 66th birthday for life, 66th for disability, and insurance will stop when you reach age 70 for life or age 66 for disability. (If you are between the ages of 66 and 70, you may be eligible for life insurance only.)
- THIS INSURANCE MAY NOT COVER AN ADVANCE OR CHARGE UNDER YOUR CREDIT LINE IF YOUR DEATH OR DISABILITY RESULTS FROM A CONDITION FOR WHICH YOU HAVE SEEN A DOCTOR OR A CHIROPRACTOR IN THE SIX MONTHS BEFORE THE ADVANCE OR CHARGE. (Refer to "WHAT WE WON'T PAY" in your certificate for details.)
- This insurance is voluntary and not a condition for approval of the loan.

THESE QUESTIONS MUST BE ANSWERED:

You should understand that untruthful answers to these questions may cancel your insurance protection.

- During the last two years, have you or your co-borrower been advised of or treated for cancer, heart disease, stroke, disease of liver or lungs, drug addiction or alcoholism?
 Primary Borrower: Yes No Co-Borrower: Yes No
- During the last two years, have you or your co-borrower ever been diagnosed as having or been treated for AIDS, ARC or any disorder of your immune system?
 Primary Borrower: Yes No Co-Borrower: Yes No

If you or your co-borrower answer "Yes" to either of the above questions, you understand that you are not eligible for insurance and will not be insured.

COVERAGE REQUESTED (MONTHLY PREMIUM PER \$100.00 OF OUTSTANDING BALANCE.)

Yes No Single Life 6.5c* Yes No Joint Life 9.6c* Yes No Credit Disability 20.9c*

APPLICANT'S SIGNATURE <input checked="" type="checkbox"/>	DATE
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JOINT LIFE APPLICANT'S SIGNATURE IF APPLICABLE <input checked="" type="checkbox"/>	DATE
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14HC-62-4762-4

TO PROTECT YOUR LOAN THROUGH VOLUNTARY GROUP CREDIT INSURANCE. REVIEW AND COMPLETE THE APPLICATION ABOVE.

01-6906 P. 36451

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Membership Enrollment/Signature Card

Current membership fee for HCCU is \$1.00 per account being opened.
Checks only, please do not send cash!

Account Number

Branch 19 _

How do you qualify for membership?

Live in: Sacramento County

Placer County

Worship in: Sacramento County

Work in: Sacramento County

Placer County

Placer County

Attend School in: Sacramento County

Placer County

1. Primary Account-Holder Member Information

PRIMARY MEMBER NAME:	SOCIAL SECURITY NUMBER:	BIRTHDATE:		
STREET ADDRESS (Must be a residential address):	CITY:	STATE:	ZIP:	
ALTERNATE/MAILING ADDRESS:				
CA DRIVER LICENSE#:	MOTHER'S MAIDEN NAME:			
EMAIL ADDRESS:	HOME PHONE:	WORK PHONE:		

2. Joint 1 Account-Holder Member Information

JOINT 1 NAME:	SOCIAL SECURITY NUMBER:	BIRTHDATE:		
STREET ADDRESS (Must be a residential address):	CITY/STATE:	ZIP:		
CA ID OR DRIVER LICENSE#:	HOME PHONE:	WORK PHONE:		

3. Joint 2 Account-Holder Member Information

JOINT 2 NAME:	SOCIAL SECURITY NUMBER:	BIRTHDATE:		
STREET ADDRESS (Must be a residential address):	CITY:	STATE:	ZIP:	
CA ID OR DRIVER LICENSE#:	HOME PHONE:	WORK PHONE:		

4. Check desired products:

Checking Savings Money Market Certificate Audio Response ehccu - online account access ehccupay - online bill payment Check Card ATM Card Checks



5. P.O.D. Beneficiary

BENEFICIARY NAME	SOCIAL SECURITY NUMBER	BIRTHDATE	
ADDRESS	CITY	STATE	ZIP
BENEFICIARY NAME	SOCIAL SECURITY NUMBER	BIRTHDATE	
ADDRESS	CITY	STATE	ZIP
BENEFICIARY NAME	SOCIAL SECURITY NUMBER	BIRTHDATE	
ADDRESS	CITY	STATE	ZIP

6. Taxpayer Identification Number and Certification

Taxpayer Identification Number: _____

By signing below, I certify under penalties of perjury that:

(1) The Taxpayer Identification Number above is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

(2) I am NOT, unless noted below, subject to backup withholding because:

(a) I am exempt from backup withholding, or

(b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or

(c) The IRS has notified me that I am no longer subject to backup withholding, and

(3) I am a U. S. person (including a U. S. resident alien)

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Check this box and cross out the TIN certification above if none of the account holders are citizens or residents of the United States. Backup withholding will apply unless each account holder provides an IRS Form W-8 or a TIN.

7. Signatures

In this Membership Enrollment/Signature Card, "I" and "My" mean each and every person who signs below. I understand and agree that this Membership Enrollment/Signature Card shall govern all accounts, services and access devices ("Accounts") opened under the account number set forth on this Membership Enrollment/Signature Card. I hereby apply for membership in Heritage Community Credit Union, certify that I am within the Credit Union's field of membership, agree to conform to the Credit Union's bylaws or any amendment thereof, and agree to be bound by the terms and conditions of the Credit Union's "About Your Credit Union Accounts" disclosure and Schedule of Fees and Charges, which are incorporated by this reference and receipt of which is acknowledged. I authorize you to gather, from time to time, whatever credit, checking account, and employment information you consider appropriate. I understand that this will assist you, for example, in determining my initial and ongoing eligibility for my Accounts and/or in connection with making future credit opportunities available to me. I authorize you to give information concerning your credit experiences with me to others. I hereby grant Heritage Community Credit Union the right to offset against any account of any account holder to cover any amount owing to the Credit Union for any reason.

Unless you have applied for and received an overdraft line of credit, we do not have to pay your overdrafts. However, if you do not have an overdraft line of credit, or do not want us to overdraw your account under any circumstances even as a courtesy to clear an item that you have written, you must tell us not to do so. You understand that it may be a crime to write a check you know will not be paid. If your account receives a monthly direct deposit of a California or United States government benefit check, such as Social Security or VA Disability, and you do not want us to use funds in that account to pay an overdraft, you must tell us. If you do not tell us, you consent to allowing us to apply those funds to repay your overdrafts. Our Fee Schedule states the fee charged for paying your overdrafts.

PRIMARY SIGNATURE _____

JOINT 1 SIGNATURE _____

JOINT 2 SIGNATURE _____

FOR CREDIT UNION USE ONLY
 This application for membership is approved by: _____
 HCCU Staff Signature _____ Date _____