

CREDIT APPLICATION • HOME EQUITY LINE OF CREDIT

IMPORTANT: Please read these directions before completing this Application, and check (✓) the appropriate box below.

- If you are applying for an individual account in your own name, and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete Sections A, C, D, and E, omitting B and the second part of C.
 - If you are applying for a joint account or an account that you and another person will use, complete all Sections, providing information in Section B and C about the joint applicant or user.
- WE INTEND TO APPLY FOR JOINT CREDIT: _____

If you are applying for an individual account, but 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 the credit requested, complete all Sections to the extent possible, providing information in B about the person on whose alimony, support, or maintenance payments or income or assets you are relying.

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act 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, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

AMOUNT OF CREDIT REQUESTED \$	TYPE REQUESTED (Example: 5 year draw / 5 year repayment)	PROCEEDS OF CREDIT TO BE USED FOR
----------------------------------	--	-----------------------------------

SECTION A - INFORMATION REGARDING APPLICANT

FULL NAME (Last, First Middle)	BIRTH DATE	HOME PHONE	CELL PHONE	BUSINESS PHONE Ext.
--------------------------------	------------	------------	------------	------------------------

Are you a member of the armed forces who is serving on active duty or on active Guard or Reserve duty? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you a dependent of a member of the armed forces who is serving on active duty or on active Guard or Reserve duty? <input type="checkbox"/> No <input type="checkbox"/> Yes
---	--

ARE YOU A U.S. PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO (Complete all that apply)	DRIVERS LICENSE NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION	SOCIAL SECURITY NO. or TAX I.D NO.
	STATE ID CARD NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION	MILITARY ID
	PASSPORT NO. & COUNTRY OF ISSUANCE:	INDIVIDUAL TAXPAYER ID NO.	NO TAXPAYER ID NO., BUT HAVE FILED APPLICATION FOR ONE. WHEN FILED:	GOVERNMENT ISSUED DOCUMENT NO. AND COUNTRY OF ISSUANCE:	OTHER (TRIBAL ID, ETC.)

PHYSICAL RESIDENTIAL OR BUSINESS STREET ADDRESS AND MAILING ADDRESS (Street, PO Box, City, State, & Zip) or; IF MILITARY, APO OR FPO ADDRESS or; IF N/A, NEXT OF KIN OR FRIEND	HOW LONG AT PRESENT ADDRESS?
--	------------------------------

PREVIOUS ADDRESS (Street, City, State, & Zip)	HOW LONG AT PREVIOUS ADDRESS?	EMAIL ADDRESS
---	-------------------------------	---------------

PRESENT EMPLOYER (Company Name & Address)	OCCUPATION	POSITION OR TITLE	HOW LONG WITH PRESENT EMPLOYER?	NAME OF SUPERVISOR
---	------------	-------------------	---------------------------------	--------------------

PREVIOUS EMPLOYER (Company Name & Address)	HOW LONG WITH PREVIOUS EMPLOYER?
--	----------------------------------

YOUR PRESENT GROSS \$ PER	NET SALARY OR COMMISSION \$ PER	NO. DEPENDENTS	AGES OF DEPENDENTS
---------------------------	---------------------------------	----------------	--------------------

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
 Alimony, child support, or separate maintenance received under: Court Order Written Agreement Oral Understanding

OTHER INCOME \$ PER	SOURCES OF OTHER INCOME	Have you ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?
---------------------	-------------------------	---

Is any income listed in this Section likely to be reduced before the credit requested is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)	Checking Acct. No. Where? Savings Acct. No. Where?
---	---

NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP	TELEPHONE NO. (Include Area Code)
--	--------------	-----------------------------------

SECTION B - INFORMATION REGARDING JOINT APPLICANT OR OTHER PARTY (Use separate sheets if necessary.)

FULL NAME (Last, First, Middle)	RELATIONSHIP TO APPLICANT (If Any)	BIRTH DATE	HOME PHONE	CELL PHONE	BUSINESS PHONE Ext.
---------------------------------	------------------------------------	------------	------------	------------	------------------------

Are you a member of the armed forces who is serving on active duty or on active Guard or Reserve duty? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you a dependent of a member of the armed forces who is serving on active duty or on active Guard or Reserve duty? <input type="checkbox"/> No <input type="checkbox"/> Yes
---	--

ARE YOU A U.S. PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO (Complete all that apply)	DRIVERS LICENSE NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION	SOCIAL SECURITY NO. or TAX I.D NO.
	STATE ID CARD NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION	MILITARY ID
	PASSPORT NO. & COUNTRY OF ISSUANCE:	INDIVIDUAL TAXPAYER ID NO.	NO TAXPAYER ID NO., BUT HAVE FILED APPLICATION FOR ONE. WHEN FILED:	GOVERNMENT ISSUED DOCUMENT NO. AND COUNTRY OF ISSUANCE:	OTHER (TRIBAL ID, ETC.)

PHYSICAL RESIDENTIAL OR BUSINESS STREET ADDRESS AND MAILING ADDRESS (Street, PO Box, City, State, & Zip) or; IF MILITARY, APO OR FPO ADDRESS or; IF N/A, NEXT OF KIN OR FRIEND	HOW LONG AT PRESENT ADDRESS?
--	------------------------------

PRESENT EMPLOYER (Company Name & Address)	OCCUPATION	POSITION OR TITLE	HOW LONG WITH PRESENT EMPLOYER?	NAME OF SUPERVISOR
---	------------	-------------------	---------------------------------	--------------------

PREVIOUS EMPLOYER (Company Name & Address)	HOW LONG WITH PREVIOUS EMPLOYER?
--	----------------------------------

YOUR PRESENT GROSS SALARY OR COMMISSION \$ PER	YOUR PRESENT NET SALARY OR COMMISSION \$ PER	NO. DEPENDENTS	AGES OF DEPENDENTS
--	--	----------------	--------------------

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
 Alimony, child support, or separate maintenance received under: Court Order Written Agreement Oral Understanding

OTHER INCOME \$ PER	SOURCES OF OTHER INCOME	Has Joint Applicant or Other Party ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?
---------------------	-------------------------	---

Is any income listed in this Section likely to be reduced before the credit requested is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)	Checking Account No. Where? Savings Account No. Where?
---	---

NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP	TELEPHONE NO. (Include Area Code)
--	--------------	-----------------------------------

SECTION C - MARITAL STATUS (Complete first line only if this is an Application for an individual account.)

APPLICANT	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (Including single, divorced, or widowed)
OTHER PARTY	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (Including single, divorced, or widowed)

SECTION D - ASSET & DEBT INFORMATION

If Section B has been completed, this Section should be completed, giving information about both the Applicant and Joint Applicant or Other Person. Please mark

Applicant-related information with an "A". If Section B was not completed, only give information about the Applicant in this Section.

ASSETS OWNED (Use separate sheet if necessary.)

DESCRIPTION OF ASSETS	VALUE	SUBJECT TO DEBT? Yes / No	NAMES OF OWNERS
CASH	\$		
AUTOMOBILES (Make, Model, Year)			
1.			
2.			
3.			
CASH VALUE OF LIFE INSURANCE (Issuer, Face Value)			
REAL ESTATE (Location, Date Acquired)			
MARKETABLE SECURITIES (Issuer, Type, No. of Shares)			
OTHER (List)			
TOTAL ASSETS	\$		

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages, etc. Use separate sheet if necessary)

CREDITOR	TYPE OF DEBT OR ACCOUNT NUMBER	NAME IN WHICH ACCOUNT IS CARRIED	ORIGINAL DEBT (Omit Rent)	PRESENT BALANCE (Omit Rent)	MONTHLY PAYMENTS	PAST DUE? Yes / No
LANDLORD OR MORTGAGE HOLDER - OTHER REAL ESTATE	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		\$	\$	\$	
TOTAL DEBTS			\$	\$	\$	
CREDIT REFERENCES (Paid off Accounts)						DATE PAID OFF
			\$			

Are you the co-maker, endorser, or guarantor on any loan or contract? No Yes - For Whom? To Whom?

Are there any unsatisfied judgments against you? No Yes - Amount \$ If "Yes", To Whom Owed?

Have you been declared bankrupt in the last 14 years? No Yes - Where? Year?

OTHER OBLIGATIONS (For example, liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary.)

SECTION E - SECURED CREDIT Briefly describe the property to be given as security:

PROPERTY ADDRESS	YEAR BUILT	PURCHASE DATE	MARKET VALUE	BALANCE OWED
TITLE IN THE NAME(S) OF:	ADDRESS OF TITLE HOLDER(S)			
MORTGAGE HOLDER	ADDRESS	PHONE	ACCOUNT NUMBER	
INSURANCE CARRIER	ADDRESS	PHONE		

CREDIT DISCLOSURES: An insurance product or annuity may be offered to you. If you purchase an insurance product or an annuity: (1) The insurance product or annuity is not a deposit or other obligation of, or guaranteed by, this institution or our affiliate(s); (2) With exception of Federal Flood Insurance or Federal Crop Insurance, the insurance product or annuity is not insured by the Federal Deposit Insurance Corporation or any other agency of the United States, this institution, or our affiliate(s); and (3) In the case of an insurance product or annuity that involves an investment risk, there is investment risk associated with the insurance product, including the possible loss of value. If an insurance product or annuity is offered we cannot condition an extension of credit on either of the following: (1) Your purchase of an insurance product or annuity from us or any of our affiliates; or, (2) Your agreement not to obtain, or a prohibition on you from obtaining, an insurance product or annuity from an unaffiliated entity.

We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost.

SIGNATURES

Everything that I have stated in this Application is correct to the best of my knowledge. I understand that you will retain this Application whether or not it is approved. You are authorized to check my credit and employment history and answer questions about your credit experience with me. Unless I have purchased the insurance product(s) by mail or if the Credit Disclosures are provided electronically, by signing below, APPLICANT'S SIGNATURE

I acknowledge that I have received the Credit Disclosures orally at the time I have applied for credit and fully understand the disclosures noted above. I am also being provided with a copy of these disclosures and I acknowledge receipt by my signature. I acknowledge receipt of the Home Equity Brochure and the lender's Home Equity disclosure statement on today's date. OTHER SIGNATURE (Where Applicable)

X

X

TO BE COMPLETED BY LOAN ORIGINATOR

This application was taken by: <input type="checkbox"/> Mail <input type="checkbox"/> FAX <input type="checkbox"/> Telephone <input type="checkbox"/> Email/Internet <input type="checkbox"/> Face-to-face interview	Loan Originator's Name (print or type)	Loan Originator's Signature	Loan Originator Identifier	Date Received
	Loan Origination Company's Name Community National Bank & Trust	Loan Origination Company's Address and Phone Number		Loan Origination Company Identifier

CUSTOMER COPY - PLEASE RETAIN THIS PORTION FOR YOUR RECORDS



**COMMUNITY
NATIONAL
BANK & TRUST**

www.mybankcnb.com

FEDERAL CONSUMER CREDIT DISCLOSURES

CREDIT DISCLOSURES: An insurance product or annuity may be offered to you. If you purchase an insurance product or an annuity: (1) The insurance product or annuity is not a deposit or other obligation of, or guaranteed by, this institution or our affiliate(s); (2) With exception of Federal Flood Insurance or Federal Crop Insurance, the insurance product or annuity is not insured by the Federal Deposit Insurance Corporation or any other agency of the United States, this institution, or our affiliate(s); and (3) In the case of an insurance product or annuity that involves an investment risk, there is investment risk associated with the insurance product, including the possible loss of value. If an insurance product or annuity is offered we cannot condition an extension of credit on either of the following: (1) Your purchase of an insurance product or annuity from us or any of our affiliates; or, (2) Your agreement not to obtain, or a prohibition on you from obtaining, an insurance product or annuity from an unaffiliated entity.

We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost.

INSTRUCTIONS

After completing this application please deliver to one of our banking centers that is most convenient for you. If you need assistance in completing this application please feel free to call a banking center of your choice listed under locations.

We sincerely appreciate the opportunity to serve you.

CUSTOMER COPY - PLEASE RETAIN THIS PORTION FOR YOUR RECORDS