
COVER SHEET

UPDATING MORTGAGE INFORMATION

Add your name to the account so you can manage it and receive communications but not take on financial liability.

PLEASE COMPLETE AND INCLUDE WITH YOUR DOCUMENTS

Date:

<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Requestor name:

Relationship to customer(s):

Property address:

Mailing address for SII:

Country of citizenship:

Email address:¹

Loan number:

Phone number:

<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mobile phone number:

<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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HOW TO SEND

Fax:

1-671-477-5522

Mail:

Community First Guam Federal Credit Union
231 Route 4,
Hagatna, Guam 96910

¹ When you give us your email address, we have your permission to contact you at that address about all your Community First Guam Federal Credit Union accounts. Your consent allows us to use email for informational and account service correspondence, but not for telemarketing or sales emails. It may include contact from companies working on our behalf to service your accounts. You may contact us anytime to change these preferences.

APPLICANT IDENTIFICATION VERIFICATION FORM

This form must be completed and notarized to proceed with any name change request.

Part I — Identification Information (all applicants)

Loan number: _____

Applicant 1	Applicant 2
Name:	Name:
Social Security Number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Social Security Number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of birth: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>For U.S. citizens and permanent resident aliens, please check one:</p> <p><input type="checkbox"/> Driver's license <input type="checkbox"/> State ID</p> <p><input type="checkbox"/> Military/Government ID <input type="checkbox"/> Passport</p> <p>Please ensure the document used for identification verification by the notary is checked here.</p>	<p>For U.S. citizens and permanent resident aliens, please check one:</p> <p><input type="checkbox"/> Driver's license <input type="checkbox"/> State ID</p> <p><input type="checkbox"/> Military/Government ID <input type="checkbox"/> Passport</p> <p>Please ensure the document used for identification verification by the notary is checked here.</p>
For nonpermanent resident and nonresident aliens:	For nonpermanent resident and nonresident aliens:
Passport number:	Passport number:
Passport issue date:	Passport issue date:
Passport expiration date:	Passport expiration date:
Passport county/state issue authority:	Passport county/state issue authority:

Applicant 3	Applicant 4
Name:	Name:
Social Security Number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Social Security Number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of birth: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>For U.S. citizens and permanent resident aliens, please check one:</p> <p><input type="checkbox"/> Driver's license <input type="checkbox"/> State ID</p> <p><input type="checkbox"/> Military/Government ID <input type="checkbox"/> Passport</p> <p>Please ensure the document used for identification verification by the notary is checked here.</p>	<p>For U.S. citizens and permanent resident aliens, please check one:</p> <p><input type="checkbox"/> Driver's license <input type="checkbox"/> State ID</p> <p><input type="checkbox"/> Military/Government ID <input type="checkbox"/> Passport</p> <p>Please ensure the document used for identification verification by the notary is checked here.</p>
For nonpermanent resident and nonresident aliens:	For nonpermanent resident and nonresident aliens:
Passport number:	Passport number:
Passport issue date:	Passport issue date:
Passport expiration date:	Passport expiration date:
Passport county/state issue authority:	Passport county/state issue authority:

Part II — Certification of Resident Alien Status (additional identification for permanent resident aliens — from the Resident Alien Card)

Applicant 1		Applicant 2	
Name:		Name:	
Resident alien card number:		Resident alien card number:	
Issue date:	Exp date:	Issue date:	Exp date:

Applicant 3		Applicant 4	
Name:		Name:	
Resident alien card number:		Resident alien card number:	
Issue date:	Exp date:	Issue date:	Exp date:

Part III — Certification of Immigration Status (additional identification for nonpermanent resident and nonresident aliens)

Applicant 1		Applicant 2	
Name:		Name:	
Visa classification on passport: <input type="checkbox"/> Yes <input type="checkbox"/> No		Visa classification on passport: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Visa classification number:		Visa classification number:	
Valid-through date:		Valid-through date:	
I-94 admitted-until date:		I-94 admitted-until date:	

Applicant 3		Applicant 4	
Name:		Name:	
Visa classification on passport: <input type="checkbox"/> Yes <input type="checkbox"/> No		Visa classification on passport: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Visa classification number:		Visa classification number:	
Valid-through date:		Valid-through date:	
I-94 admitted-until date:		I-94 admitted-until date:	

If a change to the mailing address is being requested, please provide the new information below:

Street address: _____

City: _____ State: _____ ZIP code: _____

Applicant 1 signature: _____ Date: _____

Applicant 2 signature: _____ Date: _____

Applicant 3 signature: _____ Date: _____

Applicant 4 signature: _____ Date: _____

I hereby acknowledge that I have reviewed the identification documents (driver's license, passport, state and/or other government-issued picture ID) for the applicant and co-applicant(s), if applicable, and the information provided on this Application Identification Verification matches the identification documents provided.

Notarized by: _____ Notary seal: _____

Title: _____

Date: _____