



**CONSUMER LOAN APPLICATION**

CREDIT REQUESTED		COLLATERAL OFFERED		
Amount Requested	# of Payments	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Deposit Account/Investments	
		<input type="checkbox"/> Titled / Vehicle	<input type="checkbox"/> Other	<input type="checkbox"/> Unsecured
Description of Collateral Offered				
Purpose of Credit Request				
Loan Type (i.e. Installment, Credit Line)		Credit <input type="checkbox"/> Unsecured Loan	<input type="checkbox"/> Auto Loan	
		Requested is: <input type="checkbox"/> Secured Loan <input type="checkbox"/> Other _____		
APPLICANT		CO-APPLICANT		
<b>If the Applicant is married, he or she may apply for individual credit.</b>				
Applicant's Role: <input type="checkbox"/> Borrower <input type="checkbox"/> Guarantor <input type="checkbox"/> Co-Signer		Applicant's Role: <input type="checkbox"/> Borrower <input type="checkbox"/> Guarantor <input type="checkbox"/> Co-Signer		
Name		Name		
Date of Birth	SSN	Date of Birth	SSN	
Driver's Lic. #	Exp. Date	Driver's Lic. #	Exp. Date	
Home Street Address	Yrs/Mos.	Home Street Address	Yrs/Mos.	
City, State, Zip	County	City, State, Zip	County	
Home Phone	Cell Phone	Home Phone	Cell Phone	
E-Mail Address		E-Mail Address		
# of Dependents	Ages of Dependents	# of Dependents	Ages of Dependents	
Previous Address (if current less than 2 years)	Yrs/Mos.	Previous Address (if current less than 2 years)	Yrs/Mos.	
City, State, Zip		City, State, Zip		
EMPLOYMENT INFORMATION - APPLICANT		CO-APPLICANT		
Business Name/Employer <input type="checkbox"/> Self Employed		Business Name/Employer <input type="checkbox"/> Self Employed		
Business/Employer Street Address		Business/Employer Street Address		
City, State, Zip		City, State, Zip		
Business Phone	Monthly Income	Business Phone	Monthly Income	
Position/Title	From	To	Position/Title	
Previous Business Name/Employer		Previous Business Name/Employer		
Business/Employer Street Address		Business/Employer Street Address		
City, State, Zip		City, State, Zip		
Business Phone	Monthly Income	Business Phone	Monthly Income	
Position/Title	From	To	Position/Title	

**ABOUT YOUR EXISTING LOANS AND ACCOUNTS**
 Rent Home       Own Home in the following names:

Total Monthly Payment/Rent	Purchase Price	Date Purch.	Present Value	Original Loan Amount	Current Loan Balance
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Name and Address of Mortgage Holder or Landlord

Name of My Financial Institution

Checking Account #

Savings Account #

**OTHER INCOME (IF ANY) Indicate Monthly Values (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).**

Interest / Dividends \$	Rental Income \$	Other Income \$	Describe "Other Income" Source
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**ASSETS****LOANS OR OTHER OBLIGATIONS**

Category	Value	Category	Amt. Owed	Monthly Payment
Cash/Deposits	\$			
Stocks or Bonds	\$			
Automobiles	\$	Auto Loans	\$	\$
Real Estate	\$	Real Estate Loans	\$	\$
Life Insurance (Face Value : \$)	\$	Life Insurance Loans	\$	\$
Retirement Funds	\$	Credit Card Debt	\$	\$
Other Assets	\$	Other Obligations	\$	\$
<b>Total Assets</b>	\$	<b>Total Liabilities</b>	\$	\$
		<b>Net Worth</b>	\$	

**QUESTIONS**

Applicant	Co-Applicant		Explanation: (Please use an additional sheet if necessary.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any outstanding judgments against you?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been declared bankrupt?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a party to a lawsuit?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you obligated on any loan resulting in judgment, foreclosure or title transfer?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you delinquent in default on any Federal debt, financial obligation, bond, or loan guarantee?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you obligated to pay alimony, child support or separate maintenance?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is any part of the down payment borrowed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a co-maker or an endorser on a loan?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had merchandise repossessed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been denied credit with us?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. citizen?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you a resident alien?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you a non-resident alien?	

**APPLICANT SIGNATURES**
 x \_\_\_\_\_  
**Applicant**

 x \_\_\_\_\_  
**Co-Applicant**

I/We hereby apply for the loan or credit described in this application. I/We certify that I/we have made no misrepresentations in this loan application or in any related documents, that all information is true and complete, and that I/We did not omit any important information. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. Lender is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by Lender for that purpose. Lender may disclose to any other interested parties information as to Lender's experiences or transactions with my/our account. I/We understand that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted. These representations and authorizations extend not only to Lender, but also to any insurer of the loan and to any investor to whom Lender may sell all or any part of the loan. I/We further authorize Lender to provide to any such insurer or investor any information and documentation that they may request with respect to my/our application, credit or loan.

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, Federal law 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 you for your name, address, date of birth, and other information that will allow us to identify you. We will ask to see your driver's license or other identifying documents.

We intend to apply for joint credit \_\_\_\_\_ (initial) \_\_\_\_\_ (initial)  
**Applicant** **Co-Applicant**

X \_\_\_\_\_ Date X \_\_\_\_\_ Date  
**Applicant** **Co-Applicant**

**TO BE COMPLETED BY INTERVIEWER**

Application Taken By: <input type="checkbox"/> Face to Face Interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet			
Interviewer	Interviewer's Phone	Interviewer's Employer Name/Address: Newburyport Five Cents Savings Bank, P.O. Box 350, 63 State Street, Newburyport MA 01950	
App #	Branch	Product	Market Survey
Mortgage Loan Originator Unique Identifier, if applicable:		Mortgage Loan Origination Company Identifier, if applicable:	

**THIS SIDE FOR BANK USE ONLY**

**DISBURSAL**

# _____	TOTAL PMTS. _____	<u>CHECKLIST:</u>	<u>DATE REC'D</u>	<u>INITIAL</u>
DATE _____	F.C. _____	<b>TITLE:</b>		
1 <sup>ST</sup> DUE _____	AMT. FIN. _____	TICKLER _____		
SCHED. _____	PROCEEDS _____	RMV REQUEST _____		
MATURE _____		TITLE REC'D _____		
RATE _____		LOSS PAY REQUEST _____		
APR. _____		LOSS PAY REC'D _____		
SEC. _____		<b>UCC'S:</b>		
		DATE SENT _____		
		DATE REC'D _____		

<u>CHECK PAY TO</u>	<u>#</u>	<u>AMT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
PAYOFF A/C# _____	_____	_____

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BRANCH	TAKEN BY	ACCEPTED	REJECTED	CREDIT REJECTION LETTER SENT:	DATE:
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- REASON (S)    1  CREDIT APPLICATION     NOT COMPLETED     LACK OF CREDIT REF.     CREDIT REFERENCES TOO NEW TO CHECK
- 2  INCOME:     INSUFFICIENT     UNABLE TO CONFIRM     INFORMATION REFUSED
- 3  RESIDENCE:     TOO SHORT A PERIOD     TEMPORARY
- 4  EMPLOYMENT:     UNEMPLOYED     TEMPORARY     IRREGULAR     UNABLE TO VERIFY     LENGTH OF EMPLOYMENT
- 5  INFORMATION FURNISHED BY: \_\_\_\_\_
- 6  OTHER: \_\_\_\_\_

<b>SECURITY</b>			
SELLER	ADDRESS		SELLING PRICE \$
MAKE/MODEL	YEAR	VIN #	DOWN PAYMENT OR TRADE \$
INS. AFENT'S NAME	AGENT'S ADDRESS		TO FINANCE \$

## **Massachusetts Anti-Discrimination Notice**

The federal *Equal Credit Opportunity Act* prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, gender identity, sexual orientation, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the *Consumer Credit Protection Act*. The state agency that administers compliance with the Commonwealth's anti-discrimination laws is the Massachusetts Commission Against Discrimination (MCAD), located at One Ashburton Place, Sixth Floor, Room 601, Boston, MA 02108.