

REAL ESTATE LOAN APPLICATION

LENDER NOTICE	LENDER NAME AND ADDRESS
<p>This application form should not be used if the proceeds of this request will be used to purchase or refinance a dwelling to be occupied by the applicant as a principal residence. Please read the directions below before completing this application, and check the appropriate box below.</p>	

- ☐ If you are applying for individual credit 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 only Sections A, B, D, E, and F, omitting C and the second part of D.
- ☐ If you are applying for joint credit with another person, complete all Sections. We intend to apply for joint credit:      Applicant      Co-Applicant
- ☐ If you are applying for individual credit, but are relying on income 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 C about the person on whose alimony, support, or maintenance payments or income or assets you are relying.

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 for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

AMOUNT	NO. OF MONTHS	PROCEEDS TO BE USED FOR	TYPE OF PROPERTY
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SECTION A - PROPERTY INFORMATION AND PURPOSE OF LOAN

SUBJECT PROPERTY ADDRESS (street, city, state & zip)	NO. OF UNITS
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LEGAL DESCRIPTION OF PROPERTY (Attach description if necessary)	YEAR BUILT
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GENERAL DESCRIPTION OF SUBJECT PROPERTY (Type of Property, square footage, acreage, etc.)

PURPOSE OF LOAN:	PROPERTY IS HELD FOR: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> BUSINESS <input type="checkbox"/> AGRICULTURE <input type="checkbox"/> OTHER
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Complete this line if construction loan. YEAR LOT ACQUIRED	ORIGINAL COST	AMOUNT EXISTING LIENS	(a) PRESENT VALUE OF LOT	(b) COST OF IMPROVEMENTS
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Complete this line if this is a refinance loan. YEAR ACQUIRED	ORIGINAL COST	AMOUNT EXISTING LIENS	PURPOSE OF REFINANCE	DESCRIBE IMPROVEMENTS <input type="checkbox"/> MADE <input type="checkbox"/> TO BE MADE  Cost:
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TITLE WILL BE HELD IN WHAT NAME(S)	MANNER IN WHICH TITLE WILL BE HELD
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SOURCE OF DOWN PAYMENT, SETTLEMENT CHARGES AND/OR SUBORDINATE FINANCING (explain)	ESTATE WILL BE HELD IN: <input type="checkbox"/> FEE SIMPLE <input type="checkbox"/> LEASEHOLD (show expiration date)
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SECTION B - INFORMATION REGARDING APPLICANT (Use separate sheet if necessary.)

FULL NAME (Last, First, Middle)	CELL PHONE	HOME PHONE	BIRTH DATE	DL NUMBER	SOCIAL SECURITY NUMBER
PRESENT STREET ADDRESS	CITY/STATE		ZIP		How long at this address?
PREVIOUS STREET ADDRESS	CITY/STATE		ZIP		How long at this previous address?
PRESENT EMPLOYER NAME AND ADDRESS	E-MAIL ADDRESS				
POSITION/TITLE	YEARS EMPLOYED	NAME OF SUPERVISOR		BUSINESS PHONE	EXT
PREVIOUS EMPLOYER-NAME AND ADDRESS					

PRESENT NET SALARY/COMMISSION PER	NO. OF DEPENDANTS	LIST DEPENDANTS BY AGE
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 UNDER: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding		
OTHER INCOME PER	SOURCE(S) OF OTHER INCOME	
IS ANY INCOME IN THIS SECTION LIKELY TO BE REDUCED BEFORE THE CREDIT REQUESTED IS PAID OFF?		ARE YOU A U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> NO <input type="checkbox"/> YES (explain)		

HAVE YOU EVER HAD A LOAN FROM US? <input type="checkbox"/> NO <input type="checkbox"/> YES - WHEN?	Checking Account No.      Institution Name: Savings Account No.      Institution Name:		
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU	ADDRESS	RELATIONSHIP	TELEPHONE NO. (area code)

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

FULL NAME ( Last, First, Middle)	RELATIONSHIP TO APPLICANT (if any)	BIRTH DATE	DL NUMBER	SOCIAL SECURITY NO.
PRESENT STREET ADDRESS	CITY/STATE		ZIP	How long at this address?
PRESENT EMPLOYER NAME AND ADDRESS	E-MAIL ADDRESS			
POSITION/TITLE	YEARS EMPLOYED	NAME OF SUPERVISOR		BUSINESS PHONE    EXT
PREVIOUS EMPLOYER-NAME AND ADDRESS				

PRESENT NET SALARY/COMMISSION PER	NO. OF DEPENDANTS	LIST DEPENDANTS BY AGE
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