

Please complete and mail this application along with the items requested on back. If you have any questions, please call us at 401-457-1127.

Please tell us about your borrowing needs: Desired amount \$ _____ Purpose: Repair/replace failed septic systems

APPLICANT		CO-APPLICANT	
Applicant's Full Name		Co-Applicant's Name	
Social Security Number [][]-[][]-[][][][]	Date of Birth [][]/[][]/[][][][]	Social Security Number [][]-[][]-[][][][]	Date of Birth [][]/[][]/[][][][]
Home Address		Home Address	
City State Zip		City State Zip	
Phone Number With Area Code [][][]-[][][]-[][][][]		Phone Number With Area Code [][][]-[][][]-[][][][]	
Employer	Position	Employer	Position
Employer Phone Number [][][]-[][][]-[][][][]		Employer Phone Number [][][]-[][][]-[][][][]	
Years There _____ Monthly Gross Income \$ _____		Years There _____ Monthly Gross Income \$ _____	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes single, divorced, widowed)		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes single, divorced, widowed)	

ABOUT YOUR PROPERTY

What is the address of the property you will be using as security for this loan?

Is this your primary residence? Yes No

Home Type Single Family: Style _____
 2-4 Family Other _____

Year Purchased _____ Original Purchase Price \$ _____

Your Estimate of Property Value \$ _____ Year Built _____

Annual Real Estate Tax Bill \$ _____ Assessed Value \$ _____

Annual Property Insurance Premium \$ _____

Monthly Mortgage Principal and Interest Payment \$ _____

List all owner's full names _____

CURRENT DEBTS

Please tell where and to whom you currently owe money. Be sure to include all mortgages, other installment loans and credit cards.

Creditor	Balance	Monthly Payment
1st Mortgage	\$ _____	\$ _____
2nd Mortgage/Equity Line	\$ _____	\$ _____
Auto Loan(s)	\$ _____	\$ _____
Other Debt Including Credit Card(s)	\$ _____	\$ _____
Alimony/Child Support/Separate Maintenance	\$ _____	\$ _____

OTHER SOURCE(S) OF INCOME YOU WANT US TO CONSIDER

If you are receiving pension or rental income include 2 years signed tax returns. Alimony, Child Support, or Separate Maintenance need not be revealed if you do not choose to have it considered for repaying this loan. Alimony, Child Support, or Separate Maintenance received under: Court Order Separation Agreement (include a copy of the agreement)

APPLICANT	CO-APPLICANT
Source _____ Amount \$ _____	Source _____ Amount \$ _____
Source _____ Amount \$ _____	Source _____ Amount \$ _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan or grant in person. **If you do not wish to furnish the information, please check the box below.**

APPLICANT	CO-APPLICANT
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

Certification: Everything that I/we have stated in this application is true and complete to the best of my/our knowledge. You are authorized to check my/our credit and employment history and to answer questions about your credit experience with me/us.

Applicant Signature _____ Date _____ Co-Applicant Signature _____ Date _____