CONSUMER LOAN APPLICATION

CREDIT REQI	JESTED												
Account Reques		Amt. Requested	# o	f Payments	Preferre	d Pmt. Amt.	Prefe	rred Pmt.	Day	Market Survey			
Individual	Joint									•			
We intend to app	oly for joint credit.	Specific Purpose	Specific Purpose of Loan										
		Collateral Offered					<u>u-201417000</u>						
	-Applicant												
COMPLETION	NINSTRUCTION	IS FOR APPLICA	ANT										
										icant is applying as a or she may apply for			
APPLICANT I	NFORMATION:	☐ Borro	wer 🔲	Cosigner	☐ Guaran	tor 🔲 Gran	itor	Other:					
Applicant's Full N	Jame (First M.I. Last)		Soc	cial Security	Number	Former Names	s and A	Niases					
Home Phone	Date of Birth	Driver's License N	umber	Ages of D	ependents	Years of	Years of Education			Years in Current Profession			
ADDRESS INFO	RMATION			1									
Home Address (8	Street, City, State, Zip Coo	de) (If rural, show Road and	Box No)					Since Own Rent					
Mailing Address	(Street or P.O. Box, City	, State, Zip Code)											
Previous Home A	ddress (Street, City, S	state, Zip Code)							From	То			
EMPLOYMENT	NFORMATION												
Applicant's Empl	oyer (If Self-Employed, N	Name and Nature of Busines	ss)	Busir	ness Address	S (Street, City, St	ate, Zip C	Code)					
Type of Business	Su	pervisor	Phone N	Number	Title / Position	itle / Position Si		Since		ary per Hourly			
Second Employe	(If Self-Employed, Name	and Nature of Business)		Busir	ness Address	S (Street, City, St	ate, Zip (Code)					
Type of Business	Su	pervisor	Phone N	Number	Title / Position	on	Sin	се	Sal	ary pei Hourly			
PERSONAL REF	ERENCES												
Name		Address (Stree	et or P.O. Bo	ox, City, State, 2	Zip Code)			Phone N	lumber	Relationship			
MADITAL OF A	ue									L			
MARITAL STAT Applicant:		eparated Unma	arried (inc	cludina sina	le, divorced	and widowed	d)						
		NS FOR CO-APP											
the Applicant is assets of anoth possible, provid relying. (c) If the	applying for indivi- ner person as the ling information ab ne Applicant resides	dual credit, but rely basis for repaymen out the person on v	ring on in it of the whose all operty sta	come from credit requ limony, sup ate or is rely	alimony, chested, comport, or maining on properties.	olete the Co- ntenance pay erty located in	Applica Applica ments such	rate main ant Inform or incom	tenance nation s ie or as	as a Borrower. (b) It e or on the income of section, to the exten- ssets the Applicant is s for repayment of the			
CO-APPLICA	NT INFORMAT	ION: 🔲 Borro	ower	Cosigner	Guaran	itor 🔲 Grai	ntor	Other:					
	ull Name (First M.I. Li			cial Security		Former Name		***************************************	•				
Home Phone	Date of Birth	Driver's License N	lumber	Ages of [Dependents Years of			of Education Ye		Years in Current Profession			

SS INFO	RMATION								
ddress (s	Since		Own Rent						
Address	(Street or P.	O. Box, City	, State, Zip Code)					L Rent	
Home A	ddress (S	treet, City, S	tate, Zip Code)				From	То	
YMENT	NEORMAT	TION							
			od Nama and Nama at Rossian	Тъ					
	mpioyer (ii	Gell-Elliploy	ed, Name and Nature of Business)	Business Addr	ess (Street, City, State, Zip	Code)			
Business		Sup	pervisor Phone Numb	per Title / Pos	sition Si	Since		у	
Employee								per Annually	
Employer	(If Self-Emp	loyed, Name	and Nature of Business)	Business Addr	ess (Street, City, State, Zip	Code)			
Business		Sup	pervisor Phone Numb	er Title / Pos	sition Si	ince Salar		у	
								per Annually	
NAL REFE	RENCES								
			Address (Street or P.O. Box, City	, State, Zip Code)		Phone	Number	Relationship	
							20/20		
LSTATE	JS								
licant:	Marrie	ed 🛮 Se	eparated	g single, divorce	d, and widowed)				
TIONS					•	***************************************			
	Co.Ann	licant (2)	T						
			Are there any outstanding is	idamente ensire	Explanation (Please	use an atta	ched sheet if n	ecessary.)	
			you?	500 - CONTRACTOR OF - CONTRACTOR - CONTRACTO	St				
■No	□Yes	No	Have you had property foreclos title or deed in lieu thereof in the	ed upon or give	en				
■No	Yes	□No	Are you party to a lawsuit?	- idea : jedio:					
No	Yes	■No	Are you obligated on any indoment foreclosure or title tra	oan resulting i	in				
No	□Yes	No			al				
			debt, financial obligation,	bond, or loa	in				
No	Yes	No	Are you obligated to pay alimo	t,					
■No	□Yes	□No							
□No									
No			white the state of						
■No	Yes	No	Have you ever been denied	credit with thi	ie				
	Yes	□No	Have you ever been denied lender?	credit with thi	is				
□ No □ No □ No	Yes Yes Yes Yes	No No			s				
	Address (SAddress Address Addr	Address (Street, City, S Address (Street or P Home Address (S YMENT INFORMA* icant's Employer (II Business Employer (II Self-Emp Business NAL REFERENCES Icant: Marrie TIONS Int (1) Co-App No Yes	Address (Street or P.O. Box, City Home Address (Street, City, S YMENT INFORMATION icant's Employer (If Self-Employed, Name Business Sup Business Sup Business Sup Business Sup Business Sup In Status In Status In Co-Applicant (2) In No Yes No In No Yes	Address (Street, City, State, Zp Code) (If rural, show Road and Box No) Address (Street or P.O. Box, City, State, Zip Code) Home Address (Street, City, State, Zip Code) YMENT INFORMATION icant's Employer (If Self-Employed, Name and Nature of Business) Business Supervisor Phone Numb Employer (If Self-Employed, Name and Nature of Business) Business Supervisor Phone Numb Address (Street or P.O. Box, City) Address (Street or P.O. Box, City) In Co-Applicant (2) No Yes No Have you ever been declared ba you? No Yes No Have you ever been declared ba title or deed in lieu thereof in the No Yes No Are you obligated on any indigment, foreclosure or title transition or separate maintenance? No Yes No Are you obligated to pay alimo or separate maintenance? No Yes No Are you a co-maker or an endor No Yes No Are you a co-maker or an endor No Yes No Are you ever had merchandise	Address (Street or P.O. Box, City, State, Zip Code) Home Address (Street, City, State, Zip Code) Home Address (Street, City, State, Zip Code) Home Address (Street, City, State, Zip Code) WMENT INFORMATION icant's Employer (if Self-Employed, Name and Nature of Business) Business Address (Street or P.O. Box, City, State, Zip Code) Business Supervisor Phone Number Title / Po: Employer (if Self-Employed, Name and Nature of Business) Business Address (Street or P.O. Box, City, State, Zip Code) Address (Street or P.O. Box, City, State, Zip Code) Address (Street or P.O. Box, City, State, Zip Code) Address (Street or P.O. Box, City, State, Zip Code) Address (Street or P.O. Box, City, State, Zip Code) Address (Street or P.O. Box, City, State, Zip Code) Address (Street or P.O. Box, City, State, Zip Code) Address (Street or P.O. Box, City, State, Zip Code) Address (Street or P.O. Box, City, State, Zip Code) Address (Street or P.O. Box, City, State, Zip Code) Address (Street or P.O. Box, City, State, Zip Code) Address (Street or P.O. Box, City, State, Zip Code) Address (Street or P.O. Box, City, State, Zip Code) Address (Street or P.O. Box, City, State, Zip Code) Address (Street or P.O. Box, City, State, Zip Code) Are there any outstanding judgments again: you? No Pes No Have you ever been declared bankrupt? Are you aphy to a lawsuit? Are you aphy to a lawsuit? Are you delinquent/in default on any Feder debt, financial obligation, bond, or loa guarantee? No Pes No Are you obligated to pay alimony, child suppor or separate maintenance? No Pes No Are you obligated to pay alimony, child suppor or separate maintenance? No Pes No Are you obligated to pay alimony, child suppor or separate maintenance?	Address (Street, City, State, Zp Code) (If rural, show Read and Box No) Address (Street or P.O. Box, City, State, Zp Code) Home Address (Street, City, State, Zp Code) YMENT INFORMATION icant's Employer (if Self-Employed, Name and Nature of Business) Business Supervisor Phone Number Title / Position Si Employer (if Self-Employed, Name and Nature of Business) Business Address (Street, City, State, Zp Employer (if Self-Employed, Name and Nature of Business) Business Address (Street, City, State, Zp Employer (if Self-Employed, Name and Nature of Business) Business Address (Street, City, State, Zp Business Address	Address (Street, City, State, Zp Code) (If naral, show Read and Box No) Address (Street or P.O. 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Box, City, State, Zp Code) Home Address (Street, City, State, Zp Code) From YMENT INFORMATION Ican't's Employer (if Self-Employed, Name and Nature of Business) Business Supervisor Phone Number Title / Position Since Salar Employer (if Self-Employed, Name and Nature of Business) Business Address (Street, City, State, Zp Code) Business Supervisor Phone Number Title / Position Since Salar Address (Street or P.O. Box, City, State, Zp Code) Phone Number Address (Street or P.O. Box, City, State, Zp Code) Phone Number Address (Street or P.O. Box, City, State, Zp Code) Phone Number Address (Street or P.O. Box, City, State, Zp Code) Phone Number Interview (Including single, divorced, and widowed) Explanation (Pease use an attached sheet if in the last of the state of the last of the state of the last of the state of the last of the last of the state of the last of the last of the state of the last of t	

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App 0			Loan Purpose		Creditor Name and	Address	Accol	ınt Num	ber High	est Baland	ce Date	Paid
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□App □C	CoApp	Other										
SCHEDIU	I E OE	OTHER	INCOME									
	ALCOHOLD STREET			nee <u>d n</u> ot be reve	aled if <u>you</u> do not wish to hav	e it considered as a	basis for r	epa <u>ving</u> th	nis obligation.			
Alimony, child su PARTIES	pport, sep	arate mainter	nance received under	Court Ord	er Written Agreement es C=Commissions I=In	Oral Under	standing	Ot	ther	X=Other		
App CoA Joint		Descrip	0565	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	oo ooniimooono i mi	order & Direction	0-010	Amou		Freque	ency	
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SCHEDU	LE OF	EXPEN	SES									
	EXPE	NSE TYPES:	D=Dues-Homeowne	r Association H	=Hazard Insurance P=Priva Dependent Care E=Estimat	te Mortgage Insurar	nce R=F	Rent T=	Taxes (Prope	rty) U=Uti	lities	
PARTIES	-	Τ	M=Medical O=Oti	her C-Child/L	Dependent Care E=Estimat	ed Living Expenses	r=rede	rai & State	e laxes I=II	nsurance Pa	yments	
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			S (NON-REAL E	ESTATE)								
PARTIES		OUNT TYPES	C=Checking T=Ti	me Certificate of	Deposit I=IRA/SEP M=M	oney Market Assoc	nt C=C	avisas (O=Other			
App CoA Joint		Descrip			I Institution	Oney Market Accou	JIII 3-3		ccount No	umber C	urrent Balance	Subject to Debt
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STOCKS /	BONDS											
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LIFE INSUR	ANCE			I						L		
App CoA Joint		ption	Agent / Compa	ny Name	Policy Num	ber Face	e Value	Net Cas Value	sh Be	eneficiary		Subject to Debt
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Арр	CoA	Joint	Business Name					Stat	Financial Statement Date			Date Received		alue		Subject to Debt		
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RI	ETIR	EME	I NT FUN	DS														
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			- 7/			Value	to Debt	App	COA	Joint	туре	Desc	Description V			Value	Subject to Debt	
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S	CHE	DU	LE OF	REAL ESTA	TE OWNED					<u> </u>								
PA	ARTI	ES			D=Duplex T=Triplex					_			Summary/Oth	ier				
Арр	CoA	Joint	Type:		Property Disposition:	Sol	d 📮	ending			Renta		N/A		72007			
			Descr	iption	Property Address				Date	e Ac	quired	1	Cost		rincipal Yes	Residend	ce	
			Curre	nt Market Value	Total Mortgages & Lie	Gross F	Rental In	come	Taxe	es, I	ns., Mai	int. I	Net Rental		res	INO		
			Creditor 1 Name and Address Unpaid Bal. Pmt. Amt. Per Lien Position								Positio	ion First Lien						
										100.000	□Junior Lien							
			Creditor 2 Name and Address Unpaid Bal. Pmt. Amt. Per						Lien Position ☐ First Lien ☐ Junior Lien									
Арр	CoA	Joint	Type:		Property Disposition:	Solo	d P	ending	g Sale	e	Renta	al	N/A			Juni	or Lien	
		lП	Descr	iption	Property Address						quired		Cost	Principal Residence				
		Ш	Curre	nt Market Value	Total Mortgages & Lie	or Cross I	Pontal In		Tave		Mai	:-4 !	Nat Dantal	☐Yes ☐No				
			Curre	iii warket value	erotal Mortgages & Lie	STOSS I	Rental In	come	Taxe	es, II	ns., iviai	int.	Net Rental	Income				
			Credit	tor 1 Name and	Address			Unpa	id Ba	ıl.	Pmt. A	mt. F	Per	Lien	Positio	n First	Lien	
			Credit	tor 2 Name and	Address		-	Unpa	id Ba	,,	Pmt. A	mt E	Por	Lion	Positio	☐Juni n ☐First		
				ior a maine and	- Audi 655	:		Olipa	iu ba	".	rint. A	ин. г	GI	Lien	rositio	and the second	or Lien	
Арр	CoA	Joint	-		Property Disposition:	Sol	d 🔲 P	endin	g Sal	е	Renta	al 🛮	N/A					
Ш	L	\bigsqcup	Descr	ription	Property Address				Date	e Ac	quired	1	Cost		rincipal Yes	Residend No	ce	
	Current Market ValueTotal Mortgages & Lien Gross Rental Income Taxes, Ins., Maint. Net Rental Income																	
			Credi	tor 1 Name and	Address		T	Unpa	id Ba	al.	Pmt. A	mt. F	Per	Lien	Positio	n 🔲 First		
			Credi	tor 2 Name and	Address			Unpa	id Ba	al.	Pmt. A	mt. F	Per	Lien	Positio	n 🛮 First		
- c	RFI	ו דוכ	IFF A	ND DISABII	ITY INSURANCE											□Juni	or Lien	
					duntary insurance:		Cradit		_	٠	dit Dies		П.					

Co-Applicant desires the following voluntary insurance:

☐ Credit Life☐ Credit Life☐

☐ Credit Disability ☐ Credit Disability

☐ Involuntary Unemployment ☐ Involuntary Unemployment

property securing the loan make any investigation of r other interested parties info application and any other extend not only to Lender,	or credit will not be used for a credit will not be used for a my/our credit, either directly a credit information as to Lender's experioredit information Lender recursive but also to any insurer of the provide to any such insurer.	and complete, and that I/we did any illegal or restricted purpose r through any agency employer ences or transactions with my/ seives, even if no loan or cred te loan and to any investor to	not omit any important Lender is authorized to be Lender for that purpour account. I/We under the service of t	information. If we agree that any to verify with other parties and to pose. Lender may disclose to any erstand that Lender will retain this epresentations and authorizations all or any part of the loan. If we they may request with respect to				
APPLICANT:								
v		and the same of the						
Applicant		Date X Co-Applicant						
		Co-Applicant		Date				
INFORMATION FOR GO	OVERNMENT MONITOR	ING PURPOSES						
render may not discriminate on the basiserson, under federal regulations the lenserson, under federal regulations the lenserson under federa	ou are not required to furnish this information, or on whether you der is required to note ethnicity, race, and ish this information output claska Native erican other Pacific Islander	mation, but are encouraged to do so. You choose to furnish it. However, if you	u may select one or more desigences not to furnish the inform surname. If you do not wish to CO-APPLICANT: I do not wish to Ethnicity: Hispanic or Lat Not Hispanic or Race: American India Asian Black or African	r Latino n or Alaska Native				
TO BE COMPLETED BY	INTERVIEWER							
Face to Face Interview Mail	Intervi	ewer						
Telephone	Interviewer's P	Phone Number						
Internet			Name and Addre	ess of Interviewer's Employer				
FOR LENDER'S USE OF	NLY							
Officer No. / Name	Approved By	Concurrence By (If Needed)	Committee Date	Decision Date				
Department	Application Date	Application No.	Commitment No.	Loan No.				
Originator Name		Loan Origination Company's Name						
Mortgage Loan Originator Un	ique Identifier, if applicable:	Mortgage Loan Origination Company Identifier, if applicable:						

APPLICANT SIGNATURE(S)

Decision and Comments: Approved Denied Incomplete Counteroffer Conditional Approval Withdrawal Other: