



180 Haven Street, Reading, MA 01867 • 781-942-5000 • NMLS# 457258

CONSUMER LOAN APPLICATION

CREDIT REQUESTED A copy of your most recent paystub or, if self employed, Federal Tax Return must accompany this application.

We intend to apply for joint credit.		Amount Requested	Term	Specific Purpose of Loan
Applicant's Initials	Co-Applicant's Initials			
Auto Loan — Make:	Model:	Year:	VIN:	Milage:
			Purchase Price:	Collateral Offered

COMPLETION INSTRUCTIONS FOR APPLICANT

Complete the Applicant Information section for the first Applicant. Mark the appropriate box to indicate whether the Applicant is applying as a Cosigner, Grantor (of collateral). If the Applicant is married, he or she may apply for individual credit.

APPLICANT INFORMATION: Check if filing as: Cosigner Grantor For whom:

Full Name: (First, Middle Initial, Last)		Social Security Number	Date of Birth	Home Phone Number
Home Address: (Street, City, State, Zip Code.)			<input type="checkbox"/> Own <input type="checkbox"/> Rent	Since
Complete Previous Address: (Street, City, State, Zip Code) (if less than 2 years at current address)			From	To
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have You ever <input type="checkbox"/> Filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Been Declared Bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have You Ever Had Merchandise Repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer: (If Self-Employed, Name and Nature of Business)		Since	Occupation	
Business Address		Business Phone	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly Salary	
Former Employer — Complete Name and Address			\$	
		From	To	
Ages of Dependents	Closest Relative Not Living With You: (Other Than Any Other Applicant) (Complete Name, Address and Telephone)			Relationship

CO-APPLICANT INFORMATION: Check if filing as: Cosigner Grantor For whom:

Full Name: (First, Middle Initial, Last)		Social Security Number	Date of Birth	Home Phone Number
Home Address: (Street, City, State, Zip Code.)			<input type="checkbox"/> Own <input type="checkbox"/> Rent	Since
Complete Previous Address: (Street, City, State, Zip Code) (if less than 2 years at current address)			From	To
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have You ever <input type="checkbox"/> Filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Been Declared Bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have You Ever Had Merchandise Repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer: (If Self-Employed, Name and Nature of Business)		Since	Occupation	
Business Address		Business Phone	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly Salary	
Former Employer — Complete Name and Address			\$	
		From	To	
Ages of Dependents	Closest Relative Not Living With You: (Other Than Any Other Applicant) (Complete Name, Address and Telephone)			Relationship

OTHER INCOME

APPLICANT		CO-APPLICANT	
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, separate maintenance received under: <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding — List source and amount		Alimony, child support, separate maintenance received under: <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding — List source and amount	
SOURCE	MONTHLY AMOUNT \$	SOURCE	MONTHLY AMOUNT \$

Is any income listed in this Section likely to be reduced in the next two years? YES (Explain in detail on a separate sheet) NO

(Continued on other side)

ASSETS

TYPE	DESCRIPTION – Name of Bank / Credit Union	VALUE
Checking Accounts		
Savings Accounts		
Stocks and Bonds		
Real Estate		

LIABILITIES

TYPE	DESCRIPTION – Name of Bank / Credit Union/Landlord/Company	Credit Balance	Pmt./Month	Pmts. Left
Mortgage				
Rent				
Equity Line of Credit				
Credit Cards				

APPLICANT **CO-APPLICANT**

Are you a co-maker, endorser or guarantor on any loan or contract other than listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes” for whom? _____ To whom? _____	Are you a co-maker, endorser or guarantor on any loan or contract other than listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes” for whom? _____ To whom? _____
Are there any unsatisfied judgments against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any unsatisfied judgments against you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Amount \$ _____ If “yes” to whom owed? _____	Amount \$ _____ If “yes” to whom owed? _____

APPLICANT SIGNATURE(S)

The undersigned applicant(s) apply for the loan specified in this application and certify that the information submitted herein is true and complete. The undersigned authorize you to obtain information as you may require concerning the statements made in this application including credit reports and employment history and to provide information to others about Lender’s credit experience with the undersigned. The Lender may retain this application whether or not it is approved.

Applicant Date Co-Applicant Date

FOR LENDER’S USE ONLY

Officer Name	Approved By
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Decision and Comments: Approved Denied Incomplete Counteroffer Conditional Approval Withdrawal Other: _____