CONSUMER LOAN APPLICATION - EXTENDED GOV'T MONITORING

| Credit Requested Is: | Home | Equity Loan | | Collateral S | ecure | d Loan Perso | onal Unsecured Loa | an | | Acco | unt Requ | uested: | | Indiv | idual | Joint |
|--|--|---|--------------------------------------|--|--|---|--|---|---|--|--|-----------------------------------|-----------------------------------|--|---|--|
| Amount Requested | Description of Collateral Offered We intend to apply for joint credit Initial | | | | | | edit | | | | | | | | | |
| Purpose of Credit Request | | | | | | | | | | A | Applicant | | | | | Co-Applicant |
| If the Applicant is married, he or c) you are relying on prope | or she m | nay apply for indivi- | dual cr | edit. For N | /larita | I Status, check one if | a) you are applying trequested | ng for | a secured cre | dit; b) <u>y</u> | you resid | e in a co | ommuni | ity prope | erty stat | e; |
| or c) you are relying on proper | ity iii a o | Applicar | , | as a basis | | PPLICANT II | | ON | | Co- | Appli | cant | | | *************************************** | |
| Applicant Role: | Пво | | o-Sign | er | 1 | rantor | Applicant Role: | Oracio (Oracio | | Borrow | | Ħ | Signer | | Guarar | ntor |
| Applicant Name (include Jr. o | | | o-oigii | CI | Jour | iantoi | Co-Applicant Na | me (in | | | | | Digiter | | Guarai | itoi |
| Social Security Number | | Home Phone (inc | I. area | code) | DOB | (mm-dd-yyyy) | Social Security N | Numbe | er | Hoi | me Phone | e (incl. a | area cod | le) [| DOB (m | nm-dd-yyyy) |
| Email Address | | | | L | | | Email Address | | | | | | | | | |
| Married | arriad (in | aluda | Depe | endents (no | ot liste | ed by Co-Applicant) | Married | _ | Inmorried | (includ | • | ı | Dependo | ents (no | t listed b | by Applicant) |
| Separated Singl | arried (in e, divorc | ed, widowed) | no. | . а | ges | | Separated | | Unmarried single, divo | rced, v | e widowed) |) | no. | ag | jes | |
| Citizenship: U.S. Cit | izen | Permanent Res | sident / | Alien | N | on-Resident Alien | Citizenship: | | U.S. Citizen | | Permaner | nt Resid | ent Alie | n [| Non-l | Resident Alien |
| Present Address (street, city, | state, ZII | P) sinc | e | | | | Present Address | (stree | et, city, state, | ZIP) | | since | | | | |
| Mailing Address, if different fr | om Pres | ent Address | | | | | Mailing Address, | | | | Address | | | | | |
| Former Address (street, city, | stato 715 | P) fror | | residing at | to | ent address for less th | Former Address | | | | | from | | | to | |
| Former Address (Street, City, | State, Zir | -) 1101 | 11 | | ıo | | Former Address | (Siree | i, city, state, i | ZIF) | | 110111 | | | 10 | |
| | | Applicar | 1t | EMPI | ٥١(| MENT / INC | OME INFO | RM | ATION | Co- | Appli | cant | | | | |
| Name & Address of Employer | *************************************** | | 1 | Employed | | Yrs. on this iob | Name & Address | | | | | | Self E | mployed | 1 | Yrs. on this job |
| name a nadiose of Employer | | - | _ 00 | p.oyou | | | | o o | | | | | _ 00 | р.оуос | - | |
| | | | | | | Full time | | | | | | | | | | Full time |
| Position/Title & Type of Business Business P | | | | Phone | hone (incl. area code) Position/Title & Type of Business | | | | | | | | Busines | s Phone | e (incl. area code) | |
| Gross Monthly Income | \$ | - | _ | | | | Gross Monthly Ir | ncome | 9 \$ | 3 | | | | | | |
| Name & Address of Employer | | L | Self I | Employed | | Dates | Name & Address | s of Er | mployer | | | L | Self E | mployed | t | Dates |
| | | | | | | from to | | | | | | | | | | from to |
| Position/Title & Type of Business | S | | | Business | Phone | e (incl. area code) | Position/Title & | Туре | of Business | | | | | Busines | s Phone | e (incl. area code) |
| Name & Address of Employer | | | Self I | Employed | | Dates | Name & Address | s of Fr | mplover | | | | Self F | mployed | 4 | Dates |
| riamo a riaaroso er Employer | | | | p.o,ou | | | Traine a ridarese | o | | | | | _ 00 | р.о, ос | _ | |
| | | | | | | from | | | | | | | | | | from |
| | | | | | | to | | | | | | | | | | to |
| Position/Title & Type of Busines | S | | | Business | Phone | e (incl. area code) | Position/Title & | Туре | of Business | | | | | Busines | s Phone | e (incl. area code) |
| NOTICE: Alimony, Child Suppor | t or Sepa | arate Maintenance | Income | e need not | be rev | ealed if you do not v | vish to have it con | sidere | ed as a basis fo | or repa | ying this | obligati | on. | | | |
| Other Income | | | | | \$ | | Other Income | | | | | | | | \$ | |
| Other Income | | | | | \$ | | Other Income | | | | | | | | \$ | |
| | | | | | | | | | | | | | | | | |
| Other Income | | | | *************************************** | \$ | IOUGING IN | Other Income | <u> </u> | *************************************** | | | | | *********** | \$ | |
| | | | | | | HOUSING IN | |)N | L | | | | | | • | |
| Own Rent since | | | | | | Monthly Housing/F | kent | | Present Valu | ie | | | | Date Pt | urchased | 1 |
| | | | | | C.I | SH ASSET | NEORMAT | ION | | | | | | | | |
| Financial Institution Name | | | | | | | | | Saving Acco | unt Ba | lance | | | Checkir \$ | ng Acco | ount Balance |
| I/We hereby apply for the loan of complete, and that I/we did not with other parties and to make a as to Lender's experiences or tra. These representations and author to provide to any such insurer or | omit any any inves ansaction orizations | y important inform stigation of my/our as with my/our acc extend not only to | ation. credit count. o Lend | I/We agree , either dire I/We unde er, but also | e that ectly or rstand to a | any property securing through any agence that Lender will retain that Lender will retain the loan | ng the loan or cred by employed by Lea ain this application and to any invest | dit will nder for and a tor to | his loan applic I not be used or that purpos any other cred whom Lender | for any se. Ler dit infor may s | illegal on the inder may imation Left all or | r restric disclose ender re | cted purp e to any eceives, | ents, that pose. Low other in even if | ender is ntereste no loan | authorized to veri d parties information or credit is grante |
| | | | | | | | | | | | | | | | | |
| X | | | | | | Date | X Co-Applicat | | | | | | | | | |
| Applicant | | | | | | uate | Co-Applicat | nt | | | | | | | Date | Ŧ |

ASSETS AND LIABILITIES ADDENDUM TO CONSUMER LOAN APPLICATION

Applicant: Application Number:

| Checking and Savings Accounts Nome & Address of Corepany Nome & Address of Corepany Pagment Ballocon Acct. No. \$ Acct | As | ssets | Liabilities | | | | | | |
|---|--|--------------------------|--|----------------|---------|--|--|--|--|
| Name & Address of Institution | Checking and Savings Accounts | | Name and Address of Creditor | | | | | | |
| Acct. No. \$ Acct. No. \$ Acct. No. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | Cash or Market Value | | Payment | Balance | | | | |
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| Acct. No. | | | | | | | | | |
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| | - | | 1 | | | | | | |
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| \$ Acct. No. \$ \$ Alimony/Child Support/Separate Maintenance Owed to \$ | | | | | \$ | | | | |
| Allmony/Cniid Support/Separate Maintenance Owed to \$ | | | Allmony/Child Support/Separate maintenance Owed to | Þ | | | | | |
| \$ Job Related Expense \$ | | | Joh Delated Evenese | • | | | | | |
| S Job Related Expense S | | | Job Related Expense | \$ | | | | | |
| LIQUID ASSETS \$ TOTAL MONTHLY PAYMENTS \$ | | | TOTAL MONTHLY PAYMENTS | ¢ | | | | | |
| TOTAL ASSETS \$ TOTAL LIABILITIES \$ | | | | | | | | | |
| NET WORTH \$ | | | | Ψ | | | | | |

[&]quot;*" indicates obligations satisfied at or before loan closing.

GOVERNMENT MONITORING / INTERVIEWER INFORMATION ADDENDUM TO CONSUMER LOAN APPLICATION

Applicant: Application Number:

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, race, and sex) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race". The law provides that we may not discriminate on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, race, and sex on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

| Applicant: | Co-Applicant: |
|---|---|
| Ethnicity: Check one or more Hispanic or Latino Mexican Puerto Rican Cuban Other Hispanic or Latino - Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on: | Ethnicity: Check one or more Hispanic or Latino Mexican Puerto Rican Cuban Other Hispanic or Latino - Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on: |
| □ Not Hispanic or Latino □ I do not wish to provide this information | ☐ Not Hispanic or Latino☐ I do not wish to provide this information |
| Race: Check one or more American Indian or Alaskan Native - Print name of enrolled or principal tribe: | Race: Check one or more ☐ American Indian or Alaskan Native - Print name of enrolled or principal tribe: |
| Asian Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian - Print race, for example, Hmong, Laottan, Thai, Pakistani, Cambodian, and so on: | Asian Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian - Print race, for example, Hmong, Laottan, Thai, Pakistani, Cambodian, and so on: |
| □ Black or African American □ Native Hawaiian or Other Pacific Islander □ Native Hawaiian □ Guamanian or Chamorro □ Samoan □ Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on: | ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on: |
| ☐ White ☐ I do not wish to provide this information | ☐ White ☐ I do not wish to provide this information |
| Sex: ☐ Female ☐ Male ☐ I do not wish to provide this information | Sex: Female Male I do not wish to provide this information |
| To Be Completed by Financial Institution (for an application taken in person | on): |
| Was the ethnicity of the applicant collected on the basis of visual observation or surname? ☐ Yes ☐ No | Was the ethnicity of the co-applicant collected on the basis of visual observation or surname? ☐ Yes ☐ No |
| Was the race of the applicant collected on the basis of visual observation or surname? ☐ Yes ☐ No | Was the race of the co-applicant collected on the basis of visual observation or surname? Yes No |
| Was the sex of the Applicant collected on the basis of visual observation or surname? ☐ Yes ☐ No | Was the sex of the co-Applicant collected on the basis of visual observation or surname? ☐ Yes ☐ No |

| TO BE COMPLETED BY INTERVIEWER | | | | | | | | |
|---|--------------------------------------|-------------------------------|------|--|--|--|--|--|
| Applicant information was provided: | Co-Applicant information was provide | led: | | | | | | |
| In a face-to-face interview | In a face-to-face interview | | | | | | | |
| In a telephone interview | In a telephone interview | | | | | | | |
| By the applicant and submitted by fax or mail | By the applicant and submitted b | y fax or mail | | | | | | |
| By the applicant and submitted via e-mail or the internet | By the applicant and submitted v | ed via e-mail or the internet | | | | | | |
| INTERVIEWER INFORMATION | | | | | | | | |
| Originator Name | | Phone Number | Ext. | | | | | |
| Originator NMLSR Identifier | Originator License State and Number | | | | | | | |
| Company Name | | | | | | | | |
| Company NMLSR Identifier | Company License State and Number | | | | | | | |
| Company Address (street, city, state, ZIP) | | | | | | | | |
| | | | | | | | | |

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