

CONSUMER LOAN APPLICATION...FOR

INDIVIDUAL JOINT SECURED
 CO-SIGNER UNSECURED

TO: Name/Address of Lender EAST BOSTON SAVINGS BANK 10 MERIDIAN STREET EAST BOSTON, MA 02128		FOR OFFICE USE ONLY					
		DATE RECEIVED					
Dealer		Salesperson		RECEIVED <input type="checkbox"/> In person <input type="checkbox"/> By phone <input type="checkbox"/> By fax			
Amount of Loan \$		Term	Purpose				
Name (Last) First Initial		Social Security Number		Date of Birth			
Address		Driver's License No.		Phone			
City State Zip		County	How long there	# of dependents			
Previous Address (if less than 5 years at present address)							
Employer		Employer's Address		Phone			
Position		How long	<input type="checkbox"/> Gross pay <input type="checkbox"/> Net pay	<input type="checkbox"/> Per week <input type="checkbox"/> Per month	Average overtime pay		
Previous Employer				How long there			
Immigration Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident of the U.S. <input type="checkbox"/> Other:		Deposit Account(s) (indicate checking or savings)					
Name of Mortgage Holder or Landlord			Monthly mortgage payment or rent payment				
Purchase price of home: \$	Present Value \$	Balance Owing \$	Account number with mortgage holder				
Name of nearest relative not living with you				Relationship			
Relative's Address		City	State	Zip			
Personal Reference Name:		Address:		Phone:			
Name (Last) First Initial		Social Security Number		Date of Birth			
Address		Driver's License No.		Phone			
City State Zip		How long there	# of dependents	Relationship to applicant (if any)			
Employer		Employer's Address		Phone			
Position		How long	<input type="checkbox"/> Gross pay <input type="checkbox"/> Net pay	<input type="checkbox"/> Per week <input type="checkbox"/> Per month	Average overtime pay		
Previous Employer				How long there			
Immigration Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident of the U.S. <input type="checkbox"/> Other:		Deposit Account(s) (indicate checking or savings)					
Marital Status: Do not complete if this application is for individual unsecured credit <i>unless</i> responding party resides in a community property state or is relying on property located in such a state for repayment of the credit requested.							
Applicant <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced and widowed) Co-Applicant <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced and widowed)							
Additional Information	*You are not required to disclose income from alimony, child support, or separate maintenance payments. However, if you are relying on income from alimony, child support, or separate maintenance payments as a basis for repayment of this obligation, please complete the information below.				Information about <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant		
	Alimony per month \$	Child support per month \$	Separate Maintenance per month \$				
*Other Income	Applicant	* Amount \$	* Source				
	Co-Applicant	* Amount \$	* Source				
The following are all of the loans or debts you presently owe, including alimony, child support or separate maintenance payments which you are obligated to make: (Attach additional sheets if necessary)							
Name	Name of Bank, Company or Individual Address	Account Number	Original Amount	Current Balance	Monthly payment	Collateral	
Are you interested in Credit Life/Disability Insurance that is offered by Lender if this loan is approved? <input type="checkbox"/> Yes <input type="checkbox"/> No							
By initialing, I acknowledge this is page 1 of 2 of the Consumer Loan Application.							
		____		____		____	
		Initials		Initials		Initials	

APPLICANT OR CO-SIGNER INFORMATION

CO-APPLICANT INFORMATION

(if joint application, read singular pronouns in the plural.) You warrant the truth of the information contained in this application and you realize it will be relied upon by Lender in deciding whether or not to grant the credit which it is applied for. You warrant that the financial obligations you have disclosed in relation to this application are totally complete and that you have no other outstanding financial obligations of any kind, including any guarantor or co-signer liability. If you have left any spaces in this application blank, Lender may assume the information required is answered by you in the negative. You hereby authorize Lender and its employees and agents to investigate and verify any information provided to Lender by you. You agree and recognize that it is your sole and exclusive responsibility to determine any and all aspects of federal tax considerations related to consumer loan interest deductibility and acknowledge that Lender has not provided any tax advice whatsoever to you. You authorize Lender to make any credit, employment or investigative inquiry that Lender determines is appropriate for the extension of credit or the collection of amounts you owe. Lender can furnish information concerning your loan to consumer reporting agencies and others who may properly receive that information. If this application is approved and Lender is required to report the amount of interest paid on the loan to the Internal Revenue Service, the Applicant understands that Lender will do so using the Applicant's Social Security Number shown above (tax identification number). The Applicant understands that if the Applicant's Social Security Number is incorrect that the Applicant may be subject to Internal Revenue Service penalties. You understand this application will be kept by Lender whether or not your credit request is approved.

Date	Signature of Applicant or Co-Signer	Signature of Co-Applicant
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*** BELOW LENDER USE ONLY ***

Collateral Type <input type="checkbox"/> New	<input type="checkbox"/> Used	<input type="checkbox"/> Automobile	<input type="checkbox"/> Recreational Vehicle
<input type="checkbox"/> Boat	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Life Insurance Policy
<input type="checkbox"/> Stock	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Co-Signer	<input type="checkbox"/> Other

Collateral Description
The description should include make, year, length, loan value, selling price, existing liens, serial numbers, name(s) of title holder(s), legal description, license or registration numbers, etc., as may be applicable.

COLLATERAL INSURANCE REQUIRED: Hazard Property Hull Endorsement
Insurance Company: _____ Agent: _____

TYPE OF LOAN	TERM	ACCOUNT NUMBER
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Interest:	<input type="checkbox"/> Pre-computed	<input type="checkbox"/> Fixed Simple	<input type="checkbox"/> Variable Simple
If variable:	<input type="checkbox"/> Floor Rate _____ % <input type="checkbox"/> Index _____	<input type="checkbox"/> Ceiling Rate _____ %	<input type="checkbox"/> Interest Adjustments _____
Payments:	<input type="checkbox"/> Monthly First payment due _____	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Other, describe _____
Billing:	<input type="checkbox"/> Coupon Book	<input type="checkbox"/> Billing Statement	<input type="checkbox"/> Charge Acct. No. _____
Insurance:	<input type="checkbox"/> Single Credit Life	<input type="checkbox"/> Joint Credit Life	<input type="checkbox"/> DDA <input type="checkbox"/> SAV <input type="checkbox"/> Disability

LOAN PROCEEDS DISBURSEMENT	<input type="checkbox"/> Pay existing loan # _____	Amount
	<input type="checkbox"/> Pay existing loan # _____	Amount

Check Number	Amount	Payable to

MORTGAGE LOAN APPLICATION (check box if applicable)
 (1) The responsibility of the attorney for the mortgagee is to protect the interest of the mortgagee.
 (2) The mortgagor may, at his own expense, engage an attorney of his own selection to represent his own interests in the transaction.
 Approximate expiration date of note: _____ Rate of interest charged: _____
 As of the expiration date of said note, the mortgagee may demand payment of said note, may rewrite the note by agreement at a greater or lesser rate of interest, or may, by agreement, allow payments to be made on said note at the same, or a lesser or greater rate of interest.
 Loan Approval (Indicate conditions of Loan, if any)

Date	By	Amount

Principal Reason(s) for Adverse Action Concerning Credit

<input type="checkbox"/> Credit Application Incomplete <input type="checkbox"/> Unable to Verify Credit References <input type="checkbox"/> Temporary or Irregular Employment <input type="checkbox"/> Unable to Verify Employment <input type="checkbox"/> Length of Employment Too Short <input type="checkbox"/> Insufficient Income <input type="checkbox"/> Excessive Obligations <input type="checkbox"/> Unable to Verify Income <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Inadequate Collateral <input type="checkbox"/> Too Short a Period of Residence <input type="checkbox"/> Temporary Residence <input type="checkbox"/> Unable to Verify Residence <input type="checkbox"/> No Credit File <input type="checkbox"/> Open Delinquent Credit Obligations <input type="checkbox"/> Closed Delinquent Credit Obligations <input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Garnishment, Attachment, Foreclosure, Repossession or Suit <input type="checkbox"/> Insufficient Credit References: If you have established credit under another name, you may still qualify for credit by calling this office and providing us with additional information. <input type="checkbox"/> We do not grant credit to any applicant on the terms and conditions you request.
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Date	By	<input type="checkbox"/> Credit Report Used