

Applicant Signature

Community Septic System Loan Program

Invest. Buil	ld. Believe.													mail	ed	faxed	
Please complete a	and mail this application ald	ong with the items	requested on	page 2.	If you	ı have any	ques	tions,	please	call us	at 4	01-457	-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											
Social Security No		Coolai Security Nulliber															
Home Address			_/		Hom	ne Address				<u>ш</u>				/			
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: Married Separated Unmarried (includes single, divorced, widowed)						Marital Status: Married Separated Unmarried (includes single, divorced, widowed)											
ABOUT YOUR PROPERTY					CURRENT DEBTS												
What is the address of the property you will be using as security for this loan?					Please tell where and to whom you currently owe money. Be sure to include all mortgages, other installment loans and credit cards.												
Is this your primary residence? Yes No						Creditor						Baland	ce	M	onthly P	ayment	
Home Type Single Family: Style						1st Mortgage \$ \$											
2-4 Family Other						Willigaye						\$		\$			
Year Purchased Original Purchase Price \$						2nd Mortgage/Equity Line							. \$\$_				
Your Estimate of Property Value \$ Year Built Annual Real Estate Tax Bill \$ Assessed Value \$						Auto Loan(s)						. \$		\$.			
Annual Property Insurance Premium \$						1						\$\$					
Monthly Mortgage Principal and Interest Payment \$						Other Debt Including Credit Card(s)											
List all owner's full names						Alimony/Child Support/Separate Maintenance						\$\$					
OTHER SOUR	CE(S) OF INCOME YOU	WANT US TO C	ONSIDER														
If you are receiving it considered for a	Child Support, or Separate Maintenance need not be revealed if you do not choose to have eived under: Court Order Separation Agreement (include a copy of the agreement)																
APPLICANT	Source	Am	ount \$		CO-	APPLICANT	· S	ource _					A	mount \$			
	Source	Am	ount \$				S	ource _					A	mount \$			
INFORMATION	N FOR GOVERNMENT M	IONITORING PU	IRPOSES														
do so. The law provide For race, you may check	on is requested by the federal governme des that a lender or servicer may no k more than one designation. If you do nou do not wish to furnish the inform	ot discriminate either o not furnish ethnicity, race,	on the basis of this or sex, the lender o	s informati	on, or o	on whether yo	u cho	ose to fu	ırnish it. I	f you furi	nish the	information	n, please pro	ovide both	ethnicity a	nd race.	
APPLICANT	I do not wish to furnish this i	CO-	APPLICANT	APPLICANT													
Ethnicity:	Hispanic or Latino Not Hispanic or Latino					nicity:		Hispanic or Latino Not Hispanic or Latino									
Race:	American Indian or Alaska Native Asian White Black or African American Native Hawaiian or Other Pacific Islander					e:		American Indian or Alaska Native Asian White Black or African American Native Hawaiian or Other Pacific Islar								ander	
Sex:	Female Male	Sex	:	Female Male													
	rything that I/we have stated in thi credit experience with me/us.	s application is true ar	nd complete to th	e best of r	ny/our	knowledge. \	ou ar	e autho	rized to c	heck m	y/our o	redit and	employme	ent history	and to a	answer	



Co-Applicant Signature