



**SCHUYLER SAVINGS BANK**

20 Davis Avenue, Kearny, New Jersey 07032 – 201-991-6078

**BUSINESS LOAN APPLICATION PACKAGE**

**REQUESTED DOCUMENTATION**

Providing this information will facilitate the processing of your application.  
Please provide any additional information helpful in evaluating your loan request.

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**GENERAL INFORMATION:**

- Completed Business Loan Application
- Schedule of Real Estate Owned (for each principal/owner, if applicable)
- Entity Documents:
  - Corporations: -
    - (1) Filed Articles of Incorporation
    - (2) Bylaws
  - LLC -
    - (1) Certificate of Formation
    - (2) Operating Agreement
  - Limited Partnership -
    - (1) Limited Partnership Agreement
    - (2) Certificate of Registration (if applicable)
  - General Partnership -
    - (1) General Partnership Agreement
  - Sole Proprietorship-
    - (1) Personal Tax Returns and Personal Financial Statement
  - D/B/A -
    - (1) Trade Name Certificate
- Signed Business Federal Income Tax Returns for most recent two year period
- Current Business Interim Financial Statement
- Copy of Business Insurance Certificates
- Signed Individual Financial Statement for each principal/owner
- Signed Personal Federal Income Tax Returns for each Principal/Owner for the most recent two year period (include all schedules, K-1s and W-2s for the last year)
- Copies of last three months deposit/investment statements for each principal/owner
- Business Information Sheet
- Customer Identification Program Information Sheet

**SPECIALIZED INFORMATION:**

**Real Estate Collateral:**

- Executed Sales Contract (if applicable)
- Commercial/Multifamily Loan Information Sheet
- Rent Roll Form; Copies of Leases
- Historical Income & Expense Form
- Environmental Checklist
- Government Monitoring Information (if applicable)
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_



# SCHUYLER SAVINGS BANK

## BUSINESS LOAN APPLICATION

<input type="checkbox"/> New Loan Request	<input type="checkbox"/> Refinance of Other Credit Facility	<input type="checkbox"/> Renewal of Existing Credit Facility	
<input type="checkbox"/> Line of Credit	<input type="checkbox"/> Single Payment	<input type="checkbox"/> Term Loan	<input type="checkbox"/> Other (Specify): _____
Amount Requested (Including additional funds for a renewal request): \$ _____			
Term and Amortization requested:			
Purpose of Loan: <input type="checkbox"/> Real Estate Purchase <input type="checkbox"/> Real Estate Refinance <input type="checkbox"/> Other (List Purpose): _____			

### BORROWER INFORMATION

Legal Name:		NAICS #	Tax ID #:
Street Address:	City:	State:	ZIP:
Mailing Address:	Telephone:	Fax:	
Nature of Business:			
Date Established:	Ownership (Month/Year):	Number of Employees:	
Annual Gross Sales/Revenues for Last Fiscal Year: \$ _____			
Type of Organization: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Other: _____			

### PRINCIPAL/GUARANTOR INFORMATION

Name #1:		Title:	
Home Address:	City:	State:	ZIP:
Driver's License Number (Including State Issued):	Expiration Date:	Tax ID (SSN):	
Place and Date of Birth:	Home Phone:	Cell Phone:	
Name of Employer:		Work Phone:	
Address of Employer:			

Name #2:		Title:	
Home Address:	City:	State:	ZIP:
Driver's License Number (Including State Issued):	Expiration Date:	Tax ID (SSN):	
Place and Date of Birth:	Home Phone:	Cell Phone:	
Name of Employer:		Work Phone:	
Address of Employer:			

Name #3:		Title:	
Home Address:		City:	State: ZIP:
Driver's License Number (Including State Issued):		Expiration Date:	Tax ID (SSN):
Place and Date of Birth:	Home Phone:		Cell Phone:
Name of Employer:		Work Phone:	
Address of Employer:			

### FINANCIAL INQUIRIES

Has the business declared bankruptcy within the last 10 years? Yes No	If yes, what chapter?	Date of Filing:
Has any principal/owner declared bankruptcy within last 10 years? Yes No	If yes, name and chapter:	Date of Filing:
Any delinquent taxes owed by business or principal/owner? Yes No	If yes, explain:	
Any pending litigation or unsatisfied judgments for business or principal/owner? Yes No	If yes, explain:	
Does any one customer represent more than 50% of annual sales/revenues? Yes No	If yes, customer name and percentage:	
Is business for sale or under agreement that would change ownership? Yes No	If yes, explain:	
Has business incurred a loss in any of the last three years? Yes No	If yes, amount of loss and explanation:	

### COLLATERAL TO SECURE THE LOAN

Type of Collateral (Example: Equip., Real Estate)	Estimated Value	Source of Value (Example: Purchase Orders, Appraisals)	Existing Liens? \$ Amount (list position for RE)
	\$		
	\$		
	\$		

Is the above listed collateral pledged or owned by someone other than the business or principals/owners? Yes No If yes, explain:

### EQUAL CREDIT OPPORTUNITY NOTICE

<p>Were your gross revenues \$1,000,000 or less in your previous fiscal year?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered 'yes' and the Bank denies you application for credit, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Schuyler Savings Bank, 20 Davis Avenue, Kearny, NJ 07032, within 60 days from the date you are notified of the Bank's decision. The Bank will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.</p>	<p>NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract), because all or a part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act, the federal agency that administers compliance with this law concerning this creditor is:</p> <p style="text-align: right;">FDIC Consumer Response Center  2345 Grand Boulevard, Suite 100  Kansas City, MO 64108  (816)-234-9060</p>
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### APPRAISAL DISCLOSURE

#### RIGHT TO COPY OF APPRAISAL REPORT

We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost. You have the right to receive a copy of the appraisal report to be obtained in connection with the loan for which you are applying, under the ECOA Valuations Rule, promptly upon completion.

**CONSENT TO OBTAIN CONSUMER CREDIT REPORT**

("Applicant") consent to **Schuyler Savings Bank** ("Bank") obtaining one or more consumer credit reports on me from time to time in connection with the above application for credit and any subsequent financial products or services the Bank may offer Applicant including any renewals, extensions, modifications or workouts. Bank may also investigate my background, income, credit or credit worthiness, assets or other matters as it deems reasonably necessary or appropriate.

Printed Name:	Printed Name:	Printed Name:
Signature:	Signature:	Signature:
Date:	Date:	Date:

**NOTICE – Joint Credit:** We intend to apply for joint credit. (initials) \_\_\_\_\_

**BY SIGNING BELOW, WE ("APPLICANT") CERTIFY THAT ALL INFORMATION PROVIDED ON AND WITH THIS FORM OR HEREAFTER FURNISHED BY US OR ON OUR BEHALF IS TRUE, CORRECT AND COMPLETE AND THAT WE ARE AUTHORIZED TO EXECUTE THIS FORM ON BEHALF OF THE APPLICANT.** Applicant(s) are aware that any knowing or willful false statements for purposes of influencing the actions of Schuyler Savings Bank ("Bank") can be a violation of federal law 18 U.S.C. sec. 1014 and may result in a fine or imprisonment or both. You are authorized to make all inquiries you deem necessary to verify the accuracy of this statement either directly or through any agency employed by the Bank for that purpose. Applicant authorizes Bank to obtain credit reports, and agrees to provide any additional information that Bank may require to process this application. Applicant also authorizes Bank to obtain copies of its tax returns and information from the Internal Revenue Service and other taxing authorities, and agrees to execute whatever forms Bank requests to obtain such information.

**Required Signatures:** Sole Proprietorship - Owner (If married, you may apply for a separate account). Partnership - All general partners. Limited Liability Company - All member(s) or manager(s). Corporation - The persons named in the corporate resolution.

_____ Authorized Signature	_____ Printed Name	_____ Title	_____ Date
_____ Authorized Signature	_____ Printed Name	_____ Title	_____ Date
_____ Authorized Signature	_____ Printed Name	_____ Title	_____ Date
_____ Authorized Signature	_____ Printed Name	_____ Title	_____ Date



**SCHUYLER SAVINGS BANK**

**SCHEDULE OF REAL ESTATE OWNED**

BORROWER: \_\_\_\_\_

Property Address	Property Type	Status	% of Ownership	Market Value	Mortgage Liens	Name of Mortgage Lender	Loan Number	CASH FLOW				Ownership Entity	
								Monthly Rents	Monthly Mtg. Pmt.	Taxes, Ins. Maintenance	Net Rental Income		
					1 <sup>st</sup>								
					2 <sup>nd</sup>								
					1 <sup>st</sup>								
					2 <sup>nd</sup>								
					1 <sup>st</sup>								
					2 <sup>nd</sup>								
					1 <sup>st</sup>								
					2 <sup>nd</sup>								
					1 <sup>st</sup>								
					2 <sup>nd</sup>								
					1 <sup>st</sup>								
					2 <sup>nd</sup>								
<b>TOTALS</b>								\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	

This schedule is to be attached to and made a part of my loan application. Signed: \_\_\_\_\_ Date: \_\_\_\_\_



**SCHUYLER SAVINGS BANK**

**INDIVIDUAL FINANCIAL STATEMENT**

**Name(s):** \_\_\_\_\_

**Address (City, State and ZIP):** \_\_\_\_\_

**Check as Applicable:**

Applicant intends to apply for this loan:

Individually, without a co-signer or guaranty of a relative or other person(s) or entity.

Jointly, with the co-signature or guaranty of one or more persons or entities (including any existing guarantors).

We intend to apply for joint credit: \_\_\_\_\_ Applicant \_\_\_\_\_ Co-Applicant

**Name of Other Person(s) and Entity(ies):** \_\_\_\_\_

**SCHEDULE A – CASH**

Financial Institution Name:	Type of Account:	Balance:
<b>Total:</b>		<b>\$</b>

**SCHEDULE B – STOCKS AND BONDS**

Description:	Number of Shares:	Registrant Name:	Source of Valuation:	Date:	Price per Share:	Total Value:
<b>Total:</b>						<b>\$</b>

**SCHEDULE C – INSURANCE**

Name Insured:	Company:	Beneficiary:	Face Amount:	Cash Value:	Loans on Policy Equity:
<b>Total:</b>				<b>\$</b>	<b>\$</b>

**SCHEDULE D – ACCOUNTS AND NOTES RECEIVABLE**

Owner(s):	Due From:	Collateral:	Maturity Date:	Monthly Pmt:	Balance Due:
Total:					\$

**SCHEDULE E – REAL ESTATE**

Address:	Owner(s):	Date Acquired:	Cost:	Lien Holder:	Present Value:	Monthly Pmts:	Balance Due:
Total:							\$

**SCHEDULE F – OTHER ASSETS AND PERSONAL PROPERTY**

Description:	Value:
Total:	\$

**SCHEDULE G – NOTES AND LOANS PAYABLE TO BANKS AND OTHERS**

Payable To:	Collateral:	Person(s) Liable:	Maturity Date:	Monthly Payment:	Balance:
Total:					\$

**SCHEDULE H – CREDIT CARDS, ACCOUNTS AND BILLS PAYABLE**

Payable To:	Person(s) Liable:	Monthly Payment:	Balance:
Total:			\$

**SCHEDULE I – OTHER LIABILITIES**

Payable To:	Person(s) Liable:	Collateral:	Monthly Payment:	Balance:
<b>Total:</b>				<b>\$</b>

**SUMMARY OF SCHEDULES A – I (List totals from the above sections here.)**

Assets:	Amount	Liabilities:	Amount
Schedule A - Cash		Schedule G - Notes/Loans Payable	
Schedule B - Stocks/Bonds		Schedule C - Insurance Loans	
Schedule C - Insurance		Schedule H - Credit Cards, Accounts/Bills Payable	
Schedule D - Account/Notes Receivable		Schedule E - Real Estate Notes/Contracts Payable	
Schedule E - Real Estate		Schedule I - Other Liabilities	
Schedule F - Other Assets			
Income Tax Refund		Income Tax Due	
<b>Total Assets:</b>	<b>\$</b>	<b>Total Liabilities:</b>	<b>\$</b>

Total Assets:	_____
Minus Total Liabilities:	_____
Net Worth:	<b>\$</b> _____

**INCOME AND EXPENSE OVERVIEW**

Annual Income for Year:	Annual Expenses for Year:	Contingent Liabilities:
Salary or Wages:	Property Tax & Assessments:	As Endorser on Notes and Contracts:
Dividends or Interest:	Federal and State Income Tax:	As Guarantor on Notes and Contracts:
Rentals (Gross Income):	Real Estate Loan Payments:	For Taxes:
Business (Net Income):	Payments on Contracts and Notes:	Other (Describe):
Other Income* (Describe):	Estimated Living Expenses:	
	Other:	
<b>Total Income:</b>	<b>Total Expenses:</b>	<b>Total Liabilities:</b>
<b>\$</b>	<b>\$</b>	<b>\$</b>

\*Alimony, child support or separate maintenance payment income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

I (we) hereby affirm that the foregoing information contained in this financial statement is presented for the purpose of obtaining credit as of the date indicated and is true, complete, and correct. I (we) understand Schuyler Savings Bank (herein referred to as the "Bank") is relying on this statement of my financial condition in making loan(s) to me. Bank is authorized to make all inquiries it deems necessary to verify the accuracy of this statement either directly or through any agency employed by Bank for that purpose. I (we) authorize Bank to obtain credit reports and agree to provide any additional information that the Bank may require to process this application. I (we) agree to inform the Bank immediately of any matter which will cause any significant change in my financial condition. I (we) understand that Bank will retain this financial statement whether or not credit is granted.

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Co-Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SCHUYLER SAVINGS BANK**  
**Business Information Sheet**

Name & Address of Business: \_\_\_\_\_  
\_\_\_\_\_

Names of Officers/Directors: \_\_\_\_\_  
\_\_\_\_\_

Describe all major business activities and approximate percentage of total revenue:  
\_\_\_\_\_ %  
\_\_\_\_\_ %

Date business established \_\_\_\_\_ Years under present ownership \_\_\_\_\_

If new business (less than 2 years) or new ownership, what was the source of funds used for starting or acquiring the business?  
\_\_\_\_\_

How many locations does this business have? \_\_\_\_\_  
Who did the business bank with previously? \_\_\_\_\_  
Why is the business establishing a relationship with SSB? \_\_\_\_\_  
Is this business a foreign corporation or entity? Yes No  
Do you or will you process any internet gambling transactions? Yes No

Does the business sell money orders, sell traveler's checks, conduct foreign exchange operations or provide money transfer services. Yes No

Does the business cash checks other than in payment for its own goods or services plus an additional amount not to exceed \$1,000? Yes No

*(If the answer to either of the two preceding questions is yes, additional information will be requested.)*

What are total annual gross revenues? \_\_\_\_\_  
What is the approximate % of cash and non-cash (credit and debit cards and cash) receipts?  
Cash \_\_\_\_\_ % Credit/Debit card \_\_\_\_\_ % Check \_\_\_\_\_ % other \_\_\_\_\_ %  
Expected Cash Volume? \$ \_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

Does the business typically send or receive wires? Yes No  
If yes, please provide approximate amounts, purpose and if any foreign countries are involved:  
\_\_\_\_\_

Are the principals of this business involved in similar or related businesses? Yes No  
If so, identify the businesses and their locations  
\_\_\_\_\_

Does the business intend to exchange currency with the Bank? Yes No  
Does the business maintain an ATM on site? Yes No. If yes, is it self funded? Yes No  
Does the business sell lottery tickets? Yes No?

Completed By: \_\_\_\_\_ Relationship to Business: \_\_\_\_\_  
Date Completed: \_\_\_\_\_



## Customer Identification Program Request for Primary Identification Business Loan Applicant/Principal

**PLEASE READ THIS NOTICE**

To help the government fight the funding of terrorism and money laundering activities as outlined in the USA Patriot Act, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. When you open an account, we will ask you for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**Acceptable Forms of Primary Identification (with photo, issued at least 90 days prior to application):**

- Permanent Driver's License (State of Issuance)
- State Non-Driver's Identification Card (State of Issuance)
- County Identification Card (County of Issuance)
- Passport (Country of Issuance)
- Resident Alien Card (USA)
- Armed Forces Identification (Branch of Service)

**Please submit legible copies of identification along with this form.**

To be completed by borrower(s) or lender

Name (1): _____	Tax ID #: _____
Address: _____	
Form of ID: _____	Date of Birth: _____
Issuer: _____	ID#: _____
Issue Date: _____	Expiration Date: _____

Name (2): _____	Tax ID #: _____
Address: _____	
Form of ID: _____	Date of Birth: _____
Issuer: _____	ID#: _____
Issue Date: _____	Expiration Date: _____

Name (3): \_\_\_\_\_ Tax ID #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Form of ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Issuer: \_\_\_\_\_ ID#: \_\_\_\_\_  
Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name (4): \_\_\_\_\_ Tax ID #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Form of ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Issuer: \_\_\_\_\_ ID#: \_\_\_\_\_  
Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name (5): \_\_\_\_\_ Tax ID #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Form of ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Issuer: \_\_\_\_\_ ID#: \_\_\_\_\_  
Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name (6): \_\_\_\_\_ Tax ID #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Form of ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Issuer: \_\_\_\_\_ ID#: \_\_\_\_\_  
Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**\*\*\*\*\*Bank Use Only\*\*\*\*\***

Verified By: \_\_\_\_\_  
Credit Report Received: \_\_\_\_\_ OFAC Clear  Yes  No



**SCHUYLER SAVINGS BANK**

20 Davis Avenue, Kearny, New Jersey 07032 – 201-991-6078

**Commercial/Multifamily Loan Information Sheet**

**Applicant Information**

Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Property Address**

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mortgage Amount: \$ \_\_\_\_\_

**Property Description**

Type of Property: \_\_\_\_\_

Type of Construction: \_\_\_\_\_

No. of Stories: \_\_\_\_\_ Age of Building: \_\_\_\_\_

Square Footage: \_\_\_\_\_ Lot Size: \_\_\_\_\_

**Financial Details**

Purchase Price/Estimated Value: \$ \_\_\_\_\_ Present Owner: \_\_\_\_\_

Monthly Rental Income: \$ \_\_\_\_\_ Other Income from Property: \$ \_\_\_\_\_

Lease or Month to Month? \_\_\_\_\_ If Lease, Gross or Net: \_\_\_\_\_

**Estimated or Actual Monthly Expenses**

Real Estate Taxes \$ \_\_\_\_\_ Hazard Insurance \$ \_\_\_\_\_

Heat/Fuel \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_

Maintenance Fees \$ \_\_\_\_\_ Management Fees \$ \_\_\_\_\_

Replacement Reserves \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

**Other Information**

Please list any additional information helpful in evaluating your loan request.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**SCHUYLER SAVINGS BANK**

**Historical Income & Expense**

Borrower: \_\_\_\_\_

Property Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Number of Commercial Units: \_\_\_\_\_ Net Rentable Square Feet: \_\_\_\_\_

Number of Residential Units: \_\_\_\_\_ Current Occupancy Rate: \_\_\_\_\_

<b>INCOME</b>	<b>20__</b>	<b>20__</b>	<b>20__ YTD</b>
Commercial Rental Income			
Residential Rental Income			
<b>TOTAL INCOME</b>			
<b>EXPENSES</b>			
Management Fees			
Admin/Office Fees			
Advertising			
Water & Sewer			
Real Estate Taxes			
Utilities			
Insurance			
Repairs			
Payroll			
Supplies			
Garbage Removal			
Contract Services			
Professional Fees			
Snow Removal			
Landscaping			
Other (specify)			
Other			
Other			
Other			
<b>TOTAL EXPENSES</b>			
<b>NET OPERATING INCOME</b>			



**SCHUYLER SAVINGS BANK**

**COMMERCIAL PROPERTY  
ENVIRONMENTAL CHECKLIST**

This form is to be completed with respect to the mortgaged property either being purchased, refinanced, or will secure the subject loan or personal guaranty.

Borrower: \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_

1. Yes  No  Has the site been previously used for commercial or industrial purposes?
2. Yes  No  Are there areas where green plants refuse to grow?
3. Yes  No  Are there or have there been underground storage tanks on the site?
4. Yes  No  Is there a landfill on the property?
5. Yes  No  Has the property ever been used for waste disposal treatment or storage?
6. Yes  No  Are there any distinctive chemical odors at the site?
7. Yes  No  Are there any signs of stains or seepage on the site?
8. Yes  No  Is there any existing chemical contamination of the property, inside or outside building?
9. Yes  No  If there are any underground storage tanks on the property, are they or have they been used for storage of petroleum products?
10. Yes  No  Is the facility in compliance with all applicable environmental laws and regulations?
11. Yes  No  Is the Industrial Sites Recovery Act (ISRA) applicable to this site?
12. Yes  No  Are there any specially controlled substances (e.g., asbestos, PCBs) which may be on site?
13. Yes  No  Is the site or the operations under any enforcement activity?
14. Yes  No  Is asbestos used to insulate any of the pipes or heating apparatus in the building?

Submitted by: \_\_\_\_\_ Dated: \_\_\_\_\_

# SCHUYLER SAVINGS BANK

## GOVERNMENT MONITORING INFORMATION

The following information is requested by the federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information but are encouraged to do so. The law provides that a lender may discriminate neither on the basis of this information, nor on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not to furnish ethnicity, race and sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

### APPLICANT

I do not wish to furnish this information

*Ethnicity*

- Hispanic or Latino  
 Not Hispanic or Latino

*Race*

- American Indian or Alaskan Native  
 Native Hawaiian or Other Pacific Islander  
 Black or African American  
 Asian  
 White

*Sex*

- Female  
 Male

### CO-APPLICANT

I do not wish to furnish this information

*Ethnicity*

- Hispanic or Latino  
 Not Hispanic or Latino

*Race*

- American Indian or Alaskan Native  
 Native Hawaiian or Other Pacific Islander  
 Black or African American  
 Asian  
 White

*Sex*

- Female  
 Male

APPLICATION NUMBER: \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_  
 Applicant

\_\_\_\_\_  
 Applicant

To be completed by Interviewer:	Interviewer's Name (print or type) _____ Interviewer's Signature      Date _____ Interviewer's Phone Number (include area code)	<b>Government Monitoring Information was:</b> <input type="checkbox"/> Provided by Applicant <input type="checkbox"/> Based upon visual observation or surname
This application was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet		