

HOME EQUITY CONSUMER LOAN APPLICATION

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask 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.

TO: Name/Address of Lender <div style="text-align: center;"> Northfield Savings Bank 33 South Main Street Northfield VT 05663 </div>	What type of account are you applying for? <i>(Please check appropriate box):</i> <input type="checkbox"/> INDIVIDUAL (Own income or assets) <input type="checkbox"/> COSIGNER <input type="checkbox"/> INDIVIDUAL (Own income or assets plus income or assets from other sources) <input type="checkbox"/> JOINT <i>(please initial)</i> _____ Are you interested in Credit Life/Disability Insurance that is offered by Lender if this loan is approved? <i>(Please check appropriate box)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
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LOAN TERMS

Loan Amount	Interest Rate	Loan Type <input type="checkbox"/> HELOC <input type="checkbox"/> Closed End <input type="checkbox"/> Fixed Rate <input type="checkbox"/> Variable Rate (type): _____ <input type="checkbox"/> Other _____		
Term	Payment	Purpose		

COLLATERAL INFORMATION

Property Address	Year Built	Purchase Date	Present Value
Title Holder	Title Holder Address		
Insurance Carrier	Insurance Carrier Address		
Current Mortgage Holder	Current Mortgage Holder Address		Current Mortgage Holder Phone
Monthly Mortgage Payment	Home Purchase Price	Balance Owing	Mortgage Loan Account Number
Additional Collateral Description			

APPLICANT/COSIGNER INFORMATION

Name (Last)	(First)	(MI)	(Suffix)	Taxpayer ID Number (SSN/TIN)	Date of Birth
Street Address			Driver's License/ID Number	State	Home Phone Number
City	State	ZIP Code	County	How Long There	No. of Dependents Age of Dependents
Previous Address <i>(if less than 2 years at current address)</i>					
Employer	Employer Address			Employer Phone Number	
Position	How Long	<input type="checkbox"/> Gross <input type="checkbox"/> Net	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$	
Previous Employer	Previous Employer Address		Position	How Long	
Nearest Relative Not Living with You			Relationship		
Relative's Address		City	State	ZIP Code	Relative's Phone Number
Immigration Status	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Perm. Resident of U.S.	<input type="checkbox"/> Other:		
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)		
Alimony, Child Support, Separate Maintenance Payments: 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.					
Payment Received Pursuant to: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
Alimony per Month \$		Child Support per Month \$		Separate Maintenance Payment per Month \$	

CO-APPLICANT INFORMATION

Name (Last)	(First)	(MI)	(Suffix)	Taxpayer ID Number (SSN/TIN)	Date of Birth
Street Address			Driver's License/ID Number	State	Home Phone Number
City	State	ZIP Code	County	How Long There	No. of Dependents Age of Dependents
Previous Address <i>(if less than 2 years at current address)</i>					
Employer	Employer Address			Employer Phone Number	
Position	How Long	<input type="checkbox"/> Gross <input type="checkbox"/> Net	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$	
Previous Employer	Previous Employer Address		Position	How Long	
Nearest Relative Not Living with You			Relationship		
Relative's Address		City	State	ZIP Code	Relative's Phone Number
Immigration Status	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Perm. Resident of U.S.	<input type="checkbox"/> Other:		
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)		
Alimony, Child Support, Separate Maintenance Payments: 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.					
Payment Received Pursuant to: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
Alimony per Month \$		Child Support per Month \$		Separate Maintenance Payment per Month \$	

ADDITIONAL INFORMATION

Other Income: Applicant	• Amount \$	• Source
Other Income: Co-Applicant	• Amount \$	• Source
If you, a joint applicant, or other party answers "yes" to any of the following questions, please explain in the space provided.		
Are you a guarantor or co-maker of any leases, contracts, or debts?	Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Joint Applicant/Other Party: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any suits or judgments pending against you?	Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Joint Applicant/Other Party: <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been declared bankrupt in the last 10 years?	Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Joint Applicant/Other Party: <input type="checkbox"/> Yes <input type="checkbox"/> No CSi

REQUEST FOR INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Applicant's Name _____
 Address _____

Co-Applicant's Name _____
 Address _____

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. You may select one or more designations for "Race."

The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations the lender is required to note ethnicity, race, and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

APPLICANT:

I do not wish to furnish this information _____
Initials

Ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino

Race:

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

Sex:

- Female
 Male

CO-APPLICANT:

I do not wish to furnish this information _____
Initials

Ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino

Race:

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

Sex:

- Female
 Male

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TO BE COMPLETED BY NSB INTERVIEWER

This application was taken by: _____ Date Received _____

= Face to Face Interview (If an applicant/co-applicant does not select Ethnicity, Race, or Sex, you must do so and note "visual observation")

= By Mail = By Telephone = eNSB (If you select one of these, do NOT visually observe—do not make selections)