

51 Main Street
Northampton, MA 0106
Tel: 413-584-0415

**RESIDENTIAL
MORTGAGE**

**EASY APPLICATION
FOR CONDITIONAL LOAN APPROVAL**

Thank you for choosing **Smith Charities**. Our goal is to make the loan process as smooth and efficient as possible. To help us meet this goal, please be as thorough and accurate as you can when completing this form. The information gathered here will enable us to begin processing your loan and in many cases it will allow us to approve your loan. Please return the completed form as soon as possible so we may begin working on your loan approval.

PROPERTY INFORMATION

** Refinance () Purpose: Lower rate () Home Improvement ()
 Sales Price \$ _____ Down Payment \$ _____ Loan Amount \$ _____ Conv. FHA
 VA Other
 Property Address: _____ City: _____ Zip: _____
 County: _____ Do you plan to: Occupy home Rent Home Use as 2nd home

PERSONAL INFORMATION

We need information on your job(s) and residence(s) for the last 2 years. If you need more room please use a separate sheet of paper.

BORROWER

CO-BORROWER

Name: _____
 Phone: _____ Cellular: _____
 E-mail Address: _____
 Social Security Number: _____
 Date of Birth: _____ Yrs in School: _____
 Marital Status: Married Unmarried Separated
 Number of Dependants: _____ Ages: _____
 Current Address: _____
 City, State, Zip: _____
 Yrs at Address: _____ Own Rent Rent: \$ _____
 * Previous Address: _____
 City, State, Zip: _____
 Yrs at Address: _____ Own Rent Rent: \$ _____
 Employer: _____
 Address: _____
 City, State, Zip: _____
 Position (Title): _____
 Phone: _____ Ext: _____ Fax: _____
 Yrs. at Current Job: _____ Yrs. in Current Field: _____
 Monthly Income: \$ _____ Self Employed?: Yes No
 * Previous Employer: _____
 Address: _____
 City, State, Zip: _____
 Position (Title): _____
 Phone: _____ Ext: _____ Fax: _____
 Monthly Income: \$ _____ Self Employed?: Yes No
 Hire Date: _____ Ending Date: _____

Name: _____
 Phone: _____ Cellular: _____
 E-mail Address: _____
 Social Security Number: _____
 Date of Birth: _____ Yrs in School: _____
 Marital Status: Married Unmarried Separated
 Number of Dependants: _____ Ages: _____
 Current Address: _____
 City, State, Zip: _____
 Yrs at Address: _____ Own Rent Rent: \$ _____
 * Previous Address: _____
 City, State, Zip: _____
 Yrs at Address: _____ Own Rent Rent: \$ _____
 Employer: _____
 Address: _____
 City, State, Zip: _____
 Position (Title): _____
 Phone: _____ Ext: _____ Fax: _____
 Yrs. at Current Job: _____ Yrs. in Current Field: _____
 Monthly Income: \$ _____ Self Employed?: Yes No
 * Previous Employer: _____
 Address: _____
 City, State, Zip: _____
 Position (Title): _____
 Phone: _____ Ext: _____ Fax: _____
 Monthly Income: \$ _____ Self Employed?: Yes No
 Hire Date: _____ Ending Date: _____

*This is to be completed only if you have been at your current residence and/or job less than two years.
 **Complete if choosing refinance

ASSETS

We will need to verify the funds that you will be using to close your transaction (down payment, costs, etc.). Please indicate the source(s) of those funds and provide us with the information needed to verify them.

Source of Funds: Checking or Savings Accounts Other: _____
 Sale of Real Estate Sale of Stock or Money Market Gift Sale of Asset(s)

Name and address of Bank, S&L, or Credit Union	
Acct #	\$
Name and address of Bank, S&L, or Credit Union	
Acct #	\$

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Acct #	\$
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Acct #	\$

Stocks, Bonds, Mutual Funds (Names, Shares, Share Value):

Autos (please list year, make, and value):

Value of Personal Property: \$ _____

SCHEDULE OF REAL ESTATE OWNED

If you do not currently own any real estate, skip this section. We have provided room to list two properties. If you need more room please attach separate sheet of paper.

Address: _____

Value: \$ _____ Check boxes that apply SFR Multi Unit Vacant Land Second Home
 Condo Townhome Primary Residence Rental (Mo. Rent: \$ _____)

Annual Prop Tax: \$ _____ Homeowners Ins.: \$ _____ HOA Dues: \$ _____ Are taxes & ins included in pmt? _____

1st Mortgage Lender: _____ Payment: \$ _____ Balance: \$ _____

Account Number: _____ Type of Loan: Conventional FHA VA Other: _____

2nd Mortgage Lender: _____ Payment: \$ _____ Balance: \$ _____

Account Number: _____ Type of Loan: Conventional Other: _____

Address: _____

Value: \$ _____ Check boxes that apply SFR Multi Unit Vacant Land Second Home
 Condo Townhome Primary Residence Rental (Mo. Rent: \$ _____)

Annual Prop Tax: \$ _____ Homeowners Ins.: \$ _____ HOA Dues: \$ _____ Are taxes & ins included in pmt? _____

1st Mortgage Lender: _____ Payment: \$ _____ Balance: \$ _____

Account Number: _____ Type of Loan: Conventional FHA VA Other: _____

2nd Mortgage Lender: _____ Payment: \$ _____ Balance: \$ _____

Account Number: _____ Type of Loan: Conventional Other: _____

LIABILITIES

Please complete the following section only if you are currently paying on any of the following: Car Loans or Leases, Credit Cards, Student Loans, Child Support or Alimony, or other credit obligations. Please use a separate piece of paper if more room is needed.

Name of Creditor: _____
 Account Number: _____
 Balance: \$ _____ Minimum Pmt:: \$ _____

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 Account Number: _____
 Balance: \$ _____ Minimum Pmt:: \$ _____

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 Account Number: _____
 Balance: \$ _____ Minimum Pmt:: \$ _____

DECLARATIONS

	<u>Borrower</u>		<u>Co-Borrower</u>	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
Do you have any outstanding judgements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a bankruptcy in the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had property foreclosed in the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you party to a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you obligated to alimony, child support, or separate maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you presently delinquent on any debt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is any part of the down payment borrowed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a co-maker or endorser on any note?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a resident alien?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a U.S. citizen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you intend to occupy the property as your primary residence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACKNOWLEDGEMENT AND AGREEMENT

Authorization is hereby granted to **Smith Charities (SC)** to obtain a standard factual data credit report through a credit-reporting agency chosen by SC. We completed a loan application containing various information on the purpose of the loan, employment and income information, and assets and liabilities. We certify that all of the information is true and complete. We made no misrepresentations in the loan application or other documents, nor did we omit any pertinent information. We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States Code, Section 1014.

We certify that all copies provided by me/us are true and exact duplicates of the originals.
 We hereby authorize the release of any personal financial information requested by SC with respect to my mortgage application as specified below.

- Rental Payment History
- Mortgage Loan balances and Payment History
- Checking and Savings or other Asset Deposit Verification
- Consumer Credit balances and Payment History
- Employment and Income Verification

A photocopy of this authorization may be deemed an equivalent of the original.

Borrower Signature _____ Date _____ Co-Borrower Signature _____ Date _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

BORROWER <input type="checkbox"/> I do not wish to furnish this information.		CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information.	
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male