

Home Equity Loan Application

First Name:	Last Na	me:	
Submitted on:			
Privacy Policy: Our privacy policy protects th	e privacy of your personally-identifying informat	ion that you provide us online.	
Applicants must reside in the	State of Massachusessets in Bristol, Norfolk or	Plymouth Counties.	
Identification Procedures Reclaw requires all financial instit What this means for you: Whallow us to identify you. We naccurity Notice: You should ONLY fill out this	tutions to obtain, verify, and record information to en you open an account, we will ask for your na nay also ask to see your driver's license or othe	latest security enhancements. If you don't have the latest	
2. Complete application on-lir	and gather the information you'll need. ne and click "Submit Application" or fax it to 781 , QUIT your browser and restart it again after us		
This loan application is for personal loans only and is NOT intended for commercial use. A valid social security number is required to apply. Please review and gather the information you will need before completing this form. Upon receipt of the application, we will send you the proper disclosures .			
	Product Selection	1	
Product Selection	Better Home Equity		
Troduct Octobion	Control Equity Reserve		
Home Equity Loan Request			
	Amount Requested:	Purpose:	
	O Individual Applicant		
Type of Application:	O Joint Applicant		
	Applicant		
First Name	Middle Initial	Last Name	

Date of Birth	Social Security No.		No. of Dependents
Driver's License	e No.	Driver's License State	Your E-mail Address
Home Phone)	Best Time To Call	Work Phone
Are there any unsatisfied Judgments against you?	O Yes		
Have you been declared bankrupt in the last 7 years?	○ Yes ○ No		
Are you a US citizen?			
		Residence	
Your Primary Residence:	Own with Mortgage Own Clear Rent		
	Other		
Present Address	Address Line 1 Address Line 2		
	City	State	ZIP Code
Years At Present Address Your Monthly Rent or Mortgage Payment		y Rent or Mortgage Payment	
Years At Previous Address			Your Previous Address
		Home Information	
Collateral Property Address (If different from above) Date Purchased			
Current Mortgage Holder			Mortgage Holder Phone

Purchase	Price	Market Value	Mortgage Balance
		Employment	
	○ Employed	Employment	
	○ Employed ○ Self-Employed		
	O sem Empleyed		
	Unemployed		
	Retired		
	Student		
Your Present Employer			Phone
	Address Line 1		
Address Information	Address Line 2		
	City	State	ZIP Code
Gross	Monthly Salary	Your Position	Years There
You do not have to list alimony, child support or separate maintenance income unless you want us to consider it for the purposes of granting and repayment of this credit request.			
Ott	ner Monthly Income		Source of Other Income
Previous Employer (if less than 3 years at current employer) Years at Previous Employer			Years at Previous Employer
	Address Line 1		
Address Information	Address Line 2		
	City	State	ZIP Code
		Additional Information	
	Your Checking Accoun	t Number	Institution Name

Your Savings Account Number			Institution Name		
Name of Creditor		Approx. Balance	Monthly Payment	ment Collateral, if any	
Total Amount of Other					
Monthly Payments not listed above: Assets	b	Value	Title	Held Name	
		Co.Ar	pplicant		
First Name	е		e Initial	Last Name	
Date of Birth		Social Security	No.	No. of Dependents	
Driver's Licens	e No.	Driver's Lic	cense State	Your E-mail Address	
Home Phone	e		me To Call	Work Phone	
Are there any unsatisfied Judgements against you?	O Yes				
Have you been declared bankrupt in the last 7 years?	O Yes				
Are you a US Citizen?	O Yes				
		Co-Applicar	nt Residence		

Your Primary Residence:	Own with Mortgage Own Clear Rent Other	•	
Present Address	Address Line 1 Address Line 2 City	State	ZIP Code
Years At Present Address		Your M	nonthly Rent or Mortgage Payment
Years At Previous Address			Your Previous Address
Co-Applicant Home Information Collateral Property Address (If different from above) Date Purchased			
Current Mortgage Holder			Mortgage Holder Phone
Purchase Price		Market Value	Mortgage Balance
Co-Applicant Employment			
	EmployedSelf-EmployedUnemployedRetiredStudent		
	Your Present Er	mployer	Phone

	Address Line 1				
Address Information	Address Line 2				
	City	State	ZIP Code		
Gross M	Monthly Salary	Your Position	Years There		
You do not have to list alim granting and repayment of		aintenance income unless you v	want us to consider it for the purpose	es of	
Other Monthly Income		So	Source of Other Income		
Previous E	imployer (if less than 3 years at c	urrent employer)	Years at Previous Employer	<u> </u>	
	Address Line 1				
Address Information	Address Line 2				
	City	State	ZIP Code		
	Co-Appli	cant Additional Information			
	Your Checking Account Numbe	•	Institution Name		
Your Savings Account Number.			Institution Name		
Name of Creditor	Approx. Balance	Monthly Paym	ent Collateral, if any	<u> </u>	
Total Amount of Other					
Monthly Payments not liste above:	d				

Assets	Value	Title Held Name
Applicant(s) Statement		
	•	hton Co-Operative Bank lending to me and/or others upon my te and complete to the best of my knowledge.
employment and salary histo		s application, to rely on the foregoing, to check and verify my credit, cerning my credit worthiness and to exchange information about my
Co-Operative Bank at any tin Operative Bank. Should my r	ne. I acknowledge that this application is request for credit and subsequent loan b	ces listed above to release and/or verify information to Stoughton subject to approval of credit and acceptance by Stoughton Co- e approved, I agree to give Stoughton Co-Operative Bank written or any other pertinent information contained herein.
	I/We AGREE with the above state	ment
Income Documentation Paystubs and 2 Years W-2s	Please submit this information as an ad	ditional attachment.
Mortgage Bill	Please submit this information as an ad	ditional attachment.

Please submit this information as an additional attachment.

Evidence of Insurance