

Consumer Credit Application rev.6/2014



254 Cabot Street, Beverly, MA 01915
978-922-0857 www.beverlybank.com

Office Location: _____

Member FDIC Member SIF



IMPORTANT: READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION.

Check one to indicate the type of account you are requesting. **(Note: married applicants may apply for separate accounts.)**

- If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections A and D. If the requested credit is to be secured, also complete the first part of Section C and Section E.
- If you are applying for joint credit with another person, complete all Sections, except Section E, providing information in Section B about the joint applicant. If the requested credit is to be secured, then complete Section E.

We intend to apply for joint credit. _____ **Applicant** _____ **Co-Applicant**

- If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections except Section E to the extent possible, providing information in Section B about the person on whose alimony, support, or maintenance payments or income or assets you are relying. If the requested credit is to be secured, then complete Section E.

TERMS REQUESTED

Loan Amount Requested	Payable in Monthly Payments	Interest Rate	Proceeds of Credit To Be Used For
\$			

Type of Loan Personal Loan Auto Loan* Equity Line* Equity Loan* Collateral Loan Overdraft Line Other (describe)

*For these loan requests you must complete the appropriate section on the back of this application.

SECTION A - INFORMATION REGARDING APPLICANT

Full Name (First, Middle Initial, Last)		Date of Birth	Social Security Number	
Present Address (City, State, Zip)			Years There	Own/Rent/Live with Parents
Previous Address (City, State, Zip)			Years There	Home Phone Alternate Phone
Nearest Relative Not Living With You	Address of Nearest Relative Not Living With You		Relationship	Phone Number
Present Employer		Position or Title	Present Employer's Address (City, State, Zip)	
Yrs. Employed	Wages, Salary, Commissions: Gross Per Month \$	How Often Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other		Business Phone
Previous Employer		Position or Title	Previous Employer's Address (City, State, Zip)	Years There

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

Alimony, child support, or separate maintenance income received under: court order written agreement oral understanding

Other income \$ _____ Source(s) of other income _____

Have you ever received credit from us? <input type="checkbox"/> Yes <input type="checkbox"/> No		When?	Office:
Checking Account Number	Institution Name	Branch Address (Street, City State, Zip)	Current Balance \$
Savings Account Number	Institution Name	Branch Address (Street, City State, Zip)	Current Balance \$

SECTION B - INFORMATION REGARDING JOINT APPLICANT OR OTHER PARTY

Full Name (First, Middle Initial, Last)		Relationship to Applicant (if any):	Date of Birth	Social Security Number	
Present Address (City, State, Zip)			Years There	Own/Rent/Live with Parents	
Previous Address (City, State, Zip)			Years There	Home Phone	Alternate Phone
Nearest Relative Not Living With You	Address of Nearest Relative Not Living With You		Relationship	Phone Number	
Present Employer		Position or Title	Present Employer's Address (City, State, Zip)		
Yrs. Employed	Wages, Salary, Commissions: Gross Per Month \$	How Often Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other		Business Phone	
Previous Employer		Position or Title	Previous Employer's Address (City, State, Zip)	Years There	

ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.

Alimony, child support, or separate maintenance income received under: court order written agreement oral understanding

Other income \$ _____ Source(s) of other income _____

Have you ever received credit from us? <input type="checkbox"/> Yes <input type="checkbox"/> No		When?	Office:
Checking Account Number	Institution Name	Branch Address (Street, City State, Zip)	Current Balance \$
Savings Account Number	Institution Name	Branch Address (Street, City State, Zip)	Current Balance \$

SECTION C – MARITAL STATUS (Do not complete if this is an application for individual unsecured credit)

Applicant: Married Unmarried (includes single, divorced & widowed) Separated
 Other Party: Married Unmarried (includes single, divorced & widowed) Separated

SECTION D – DEBT INFORMATION (If Section B has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or Other Party. Please mark Applicant-related information with an "A." If Section B was not completed, only give information about the Applicant in this Section.) Individual Applicant and Joint Applicant or Other Party must show all debts. If none, enter paid credit references. Failure to disclose all debts may disqualify this application. Attach a separate sheet if additional space is required. Indicate with (*) those debts to be paid off with this loan.

Creditor	Type of Debt or Account #	Names in which the accounts appear	Original Amount	Present Balance	Monthly Payment
Auto Loans			\$	\$	\$
Credit or Charge Cards			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Housing Expense Landlord or Mortgage	<input type="checkbox"/> Mortgage <input type="checkbox"/> Rent		\$	\$	\$
			\$	\$	\$
Other			\$	\$	\$
Other			\$	\$	\$
Total Debts			\$	\$	\$

Are you obligated to pay alimony, child support or separate maintenance? Yes No \$ _____ per month

If you or 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 on 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	Explanation (Include to whom)
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	Explanation (Include the amount)
Have you declared bankruptcy in the last ten years?	Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Joint Applicant /Other Party <input type="checkbox"/> Yes <input type="checkbox"/> No	Explanation (Include where and the year)

SECTION E – SECURED CREDIT (Complete only if credit is to be secured.)

AUTO LOAN REQUESTS (Must be completed for all Auto Loan Requests)

New or Used	Year	Make	Model	Vehicle Identification Number	Mileage
Name of Seller:			Purchase Price:	\$	
Address of Seller:			Down Payment:	\$	
			Cash Down Payment:	\$	
			Trade-In (net):	\$	
Insurance Agent or Broker:			Description of Trade:		
Address of Agent			Total Down Payment:	\$	
			Amount Financed:	\$	

EQUITY TRANSACTIONS* (MUST BE COMPLETED FOR ALL EQUITY LINES AND LOANS.) Please complete the Government Monitoring Information form in your application package for all home equity transactions (loans and lines of credit) that are for purchase or home equity loans that are for home improvement.

Location of Property (Street Address)	City	State	Zip Code
Type (Single, 2-4 Family)	Title in Name(s) of:		
Date Purchased:	Purchase Price: \$		
Assessed Value: \$	Owner's Valuation: \$		
Recorded Book:	Recorded Page:		
Insurance Agent or Broker	Address of Broker		

*The responsibility of the attorney for the mortgagee is to protect the interest of the mortgagee. The mortgagor may, at his own expense, engage an attorney of his own choice to represent his own interests in the transaction.

AUTOMATIC PAYMENT

Check here for Automatic Payment I authorize the bank to transfer the minimum payment due each month on my installment loan from the Beverly Bank account listed below:

Checking Account Number _____ Savings Account Number _____

Signature of Applicant or Joint Applicant or Other Party _____ Date _____

APPLICANT(S) SIGNATURE(S)

I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below, I authorize you to check my credit and employment history, to have a consumer credit report prepared on me for the purpose of evaluating this application and to answer questions others may ask you about my credit record with you. I understand that I must update this credit information at your request and if my financial condition changes.

Signature of Applicant	Date	Signature of Joint Applicant or Other Party (Where applicable)	Date
------------------------	------	--	------

TO BE COMPLETED BY INTERVIEWER

This Application taken by: _____ Date _____ Face-to-Face Interview Mail Telephone

CREDIT APPLICANTS NOTICE

Massachusetts Law and Fair Housing Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, ancestry, sex, sexual orientation, gender identity, genetic information, marital status, children, familial status, handicap, age (provided that the applicant has the capacity to enter into a binding contract); or because all or part of the applicant's income derives from any public assistance program.

Under the Federal Equal Credit Opportunity Act, it is illegal to discriminate in any credit transaction:

- On the basis of race, color, national origin, religion, sex, marital status, or age.**
- Because income is from public assistance, or**
- Because a right was exercised under the Consumer Credit Protection Act.**

The Federal agency that administers compliance with Federal law concerning this creditor is:

**Federal Deposit Insurance Corporation
Consumer Response Center,
1100 Walnut Street, Box #11
Kansas City, MO 64106**

The State agency that administers compliance with the State law is:

**The Massachusetts Commission Against Discrimination
One Ashburton Place, Room 601
Boston, Massachusetts 02108**