

PERSONAL LOAN APPLICATION



Millbury National Bank
 18 Main Street | PO Box 318 | Millbury, MA 01527
 Ph. 508-865-9521 | www.mnbonline.com

- To Apply:**
 1. Complete and sign application
 2. Submit copies of current pay stubs or tax returns

Loan Request (Check One)

If you are applying for joint credit with another person, complete all sections, providing information in section B about the joint applicant.

- INDIVIDUAL JOINT

Amount of Loan:	_____
Type of Loan:	_____
Purpose of Loan:	_____
Description:	_____
Loan Terms:	_____

SECTION A - PERSONAL INFORMATION APPLICANT

NAME (Please print full name)		HOME PHONE	CELL PHONE
PRESENT STREET		HOW LONG AT THIS ADDRESS?	DO YOU (INCLUDE PMT AMOUNT) <input type="checkbox"/> OWN \$ <input type="checkbox"/> RENT \$
CITY, STATE, AND ZIP		EMAIL ADDRESS	
IMMEDIATE PREVIOUS ADDRESS (if less than 3 years)		HOW LONG AT THIS ADDRESS?	
CITY, STATE, AND ZIP		NUMBER OF DEPENDENTS, BY AGE	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	PRESENT EMPLOYER	
NAME AND ADDRESS OF THE CLOSEST FRIEND OR RELATIVE NOT LIVING WITH YOU			RELATIONSHIP

INCOME AND EMPLOYMENT APPLICANT

PRESENT EMPLOYER	POSITION OR TITLE	SALARIES AND WAGES	GROSS MONTHLY INCOME
EMPLOYER ADDRESS		PRESENT EMPLOYER INCOME	
YEARS ON JOB	BUSINESS PHONE	OTHER INCOME - Include source of income	
PREVIOUS EMPLOYER (if less than 3 years)			
POSITION OR TITLE	YEARS ON JOB	TOTAL MONTHLY INCOME	

SECTION B - PERSONAL INFORMATION CO-APPLICANT

NAME (Please print full name)		HOME PHONE	CELL PHONE
PRESENT STREET		HOW LONG AT THIS ADDRESS?	DO YOU (INCLUDE PMT AMOUNT) <input type="checkbox"/> OWN \$ <input type="checkbox"/> RENT \$
CITY, STATE, AND ZIP		EMAIL ADDRESS	
IMMEDIATE PREVIOUS ADDRESS (if less than 3 years)		HOW LONG AT THIS ADDRESS?	
CITY, STATE, AND ZIP		NUMBER OF DEPENDENTS, BY AGE	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	PRESENT EMPLOYER	
NAME AND ADDRESS OF THE CLOSEST FRIEND OR RELATIVE NOT LIVING WITH YOU			RELATIONSHIP

INCOME AND EMPLOYMENT CO-APPLICANT

PRESENT EMPLOYER	POSITION OR TITLE	SALARIES AND WAGES	GROSS MONTHLY INCOME
EMPLOYER ADDRESS		PRESENT EMPLOYER INCOME	
YEARS ON JOB	BUSINESS PHONE	OTHER INCOME - Include source of income	
PREVIOUS EMPLOYER (if less than 3 years)			
POSITION OR TITLE	YEARS ON JOB	TOTAL MONTHLY INCOME	

SECTION C - ASSET INFORMATION

<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	AUTOS (MAKE, MODEL, YEAR)	VALUE	AUTOS (MAKE, MODEL, YEAR)	VALUE	TOTAL VALUE
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	REAL ESTATE		DWELLING TYPE	DATE OCCUPIED	VALUE
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	OTHER ASSETS (DESCRIBE)				ESTIMATED VALUE
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	OTHER ASSETS (DESCRIBE)				ESTIMATED VALUE
MY PRINCIPAL FINANCIAL INSTITUTION IS:		SERVICES PRESENTLY USED:			TOTAL ASSETS
		<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Safe Deposit <input type="checkbox"/> Cert. of Deposit <input type="checkbox"/> Loans <input type="checkbox"/> Other			

SECTION D - LIABILITIES

List below all indebtedness to banks, credit unions, stores, finance companies, individuals and other creditors including obligations to pay alimony, child support, and separate maintenance. Please note any accounts you wish to pay off with this loan, if any. Use reverse side for additional space.

CHECK ONE OR BOTH	CREDITOR	TYPE OF DEBT	ORIGINAL AMOUNT	CURRENT OWED	COLLATERAL	MONTHLY PMT
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant						
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant						
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant						
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant						
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant						
AUTO INSURANCE AGENT:			TOTAL LIABILITIES		TOTAL MONTHLY PAYMENT	

SECTION E - DISCLOSURES & SIGNATURES

Are you obligated to make Alimony, support, or maintenance payments?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME, ADDRESS & PAYMENT
Are you co-maker, endorser, or guarantor on any loan or contract?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME, ADDRESS & PAYMENT
Are there any unsatisfied judgements against you?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, TO WHOM OWED AND THE AMOUNT
Have you been declared bankrupt in the last ten years?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHERE

SIGNATURES

THE ABOVE INFORMATION IS TRUE AND COMPLETE. I (MEANING EACH OF THE UNDERSIGNED) AUTHORIZE THE BANK TO OBTAIN ANY CREDIT INFORMATION ABOUT ME, WHICH THE BANK CONSIDERS NECESSARY TO EVALUATE THIS APPLICATION AND I AUTHORIZE THE BANK TO DISCLOSE ANY CREDIT INFORMATION WHICH RELATES TO THIS APPLICATION OR TO ANY CREDIT EXTENDED BY THE BANK AS A RESULT OF THIS APPLICATION.

APPLICANT'S SIGNATURE	TODAY'S DATE	CO-APPLICANT'S SIGNATURE	TODAY'S DATE
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