Application Checklist for:

"Get the Lead Out Program"

Thank you for choosing Webster Five. To help expedite your loan application process:

All applicants must apply through an approved Local Rehabilitation Agency

□ Print, complete, and sign the loan application.

Please mail or bring the completed loan application and the following to one of our convenient branch locations:

- □ A copy of your current years Real Estate Tax Assessment showing the property valuation.
- □ Copies of your last 30 days of pay stubs and the previous years W-2 Form for each applicant
- □ Self-employed individuals must provide copies of the last two years Federal Tax Returns with all applicable supporting schedules.
- □ A copy of your current first mortgage statement (if not with Webster Five).
- □ A copy of your Deed to the property showing the legal land description.
- □ Copy of de-leader's license, or Lead Safe renovator's license, or CLPPP Certificate for Homeowner's.
- □ Copy of current bid.
- □ Copy of Contractor's liability insurance.
- ☐ If the property is a multi family, must provide the last 2 years Federal Tax Returns. Or: Copies of leases if property was not owned during previous tax year.

Restrictions:

Income Limits (Non-owner occupied) Loan Amount Limits – By unit (*Refer to masshousing.com*)

Webster Five Cents Savings Bank

| Re | equested Loan Amount:\$ | Home Equity Loan | | | | | | | | | | |
|---|--|---|----------------------------------|-------------------------------|--|---------------------------|----------------------------|--------------------------------------|--------------|--|--|--|
| Pu | ested Loan Amount:\$/Term | | | | | | Innlia | ~ 4i ~ | 14 | | | |
| If a | any of the boxes below are checken the checken in the back of the control on the back of the control of the back of the control of the back of the control o | ed, please con he application | nplete the In | formation for | Government | A | іррис | allo | rı | | | |
| _ | • | ck if any part of loan proceeds are to be used for home improvement. | | | | | | | | | | |
| | Check if any part of loan proceeds by the subject property. | are to be used | d for refinanci | ng an existing | loan secured | | | | | | | |
| | Check if any part of the loan proce | eds are for the | down payme | ent of a purcha | se of another prop | perty. | | | | | | |
| | I am applying for individual credit ir | am applying for individual credit in my own name and I am relying on on my own income and assets. | | | | | | | | | | |
| П | We are applying for joint credit. Si | anatures: | | | | | | | | | | |
| Applicant | | | | | | | | | | | | |
| | | Co- | Applicant | | | | | | | | | |
| ∠ | Property Street Address | | | City | County State 2 | | | | No. Units | | | |
| SUBJECT PROPERTY | Owned By: Name(s) of Title Hold | der(s) | | | Annual Real Estate Taxes Amount of Insurance Carried | | | | | | | |
| PRC | Date Purchased | | | | Assessed Value | | Insurance Age | ont | | | | |
| ECT | Date i di ciidoca | | Owner's Valuation | | | | _ | | | | | |
| SUBJ | Mortgage Held By: Bank | Owner's Valuation | | | | n Insurance Agent's Phone | | | | | | |
| 0, | | | | | | | | | | | | |
| | AP | PLICANT | CO-APPLICANT | | | | | | | | | |
| | N | | | | Write "same" for any item which is the same for Applicant and Co-Applicant Name How many people do you support / / | | | | | | | |
| NOL | Name | | | | Name | | | | | | | |
| ZMA. | How many people do S.S. # | , | Date o | of Birth | people do | S.S. # | , | Date of Birth Own Rent Years There | | | | |
| NFOI | you support / Street Address | | □ Ow | n 🛮 Rent | | | | | | | | |
| AL I | City, State, Zip Code | | | Years There | City, State, Zip Code Years Th | | | | | | | |
| PERSONAL INFORMATION | Mailing Address (If different from | a baya) | | | | | | | | | | |
| PER | Mailing Address (if different from | i above) | | | Mailing Address (If different from above) | | | | | | | |
| | Home Phone | | | | Home Phone | | | | | | | |
| | Previous Address | Years There | Previous Address | | | | | | | | | |
| | | | | | | | | | | | | |
| _ | Employed By | | | Position | Employed By Position | | | | | | | |
| ATIOI | | | | | | | | | | | | |
| ORM, | Employer's Address | | | Years There | e Employer's Address Years The | | | | | | | |
| N I | Telephone No. | | | | Telephone No. | | | | | | | |
| MEN | Previous Employer | | Years There Previous Employer Ye | | ears There | | | | | | | |
| Employed By Employer's Address Telephone No. Previous Employer Name & address of nearest relative not | | | | | | | | | | | | |
| EMF | Name & address of nearest relative not | | | | Name & address of nearest all actions to the control of the contro | | | | | | | |
| | living with you | | | | living with you | | | | | | | |
| | CDOSS MONTHLY INCOME | | | | | MONTHLY | OUSING EXPE | Nec | | | | |
| | GROSS MONTHLY INCOME ITEM | Applicant | Co-Applica | nt TOTAL | | MOUNT | | | | | | |
| | Base Empl. Income | \$ | \$ | \$ | First Mortgage (| [P&I] | | \$ | | | | |
| | | | | | Rent/Board ☐ Weekly ☐ Monthly | | | | | | | |
| TION | Other (Before | | | | Paid To: | | | | | | | |
| Z M A | completing, see notice under Describe Other | | | | Address: | | | | | | | |
| FOF | Income Below) | | | | Other | her | | | | | | |
| N L | | | | | Other | | | | | | | |
| CREDIT INFORMATION | TOTAL | \$ \$ | | | TOTAL \$ | | | | | | | |
| ပ် | | | DESCRIE | DESCRIBE OTHER INCOME Monthly | | Monthly Amount | F | RECIPIENT | | | | |
| | | | | | | \$ | ☐ Applica | ant 🗆 (| Co-Applicant | | | |
| | You need not disclose income from alimony, child support or | | | | | \$ | ☐ Applica | ant 🗆 (| Co-Applicant | | | |
| | separate maintenance if you do not choose to have it considered as a basis for repaying this loan. | | | | | \$ | ☐ Applicant ☐ Co-Applicant | | | | | |

| | This Statement and any applicable supporting schedules may be completed jointly by any Co-Applicants if their assets and liabilities are sufficiently joined to that the Statement can be meaningfully and fairly presented on a combined basis. Otherwise separate Statements and Schedules are required ASSETS LIABILITIES AND PLEDGED ASSETS | | | | | | | | | | | | |
|-----------------------|--|---|---|---|---|--|--|---|--|--|--|---|--|
| | Indicates b | y (*) | ASSETS those liabilities or pl | edge | ed assets which | will be sat | isfied upor | | | | | | roperty. |
| r | Description | | | | Cash or | | Creditor's Name | | | | | Mo. Pmt | Unpaid Balance |
| F | Market Cash on Hand | | | Value | Value Installment | | (include "revol | ving" c | .) | | | | |
| | Checking a names of I | ınd S nstiti | Savings Accts. (show utions/Acct. Nos.) | | | | | | | | | | |
| LIABILITES | Stocks and | Bor | nds (no./description) | | | | | | | | | | |
| AND | Life Insurar | | Net Cash Value | | | Automol | oile Loans | | | | | | |
| | | SUBTOTAL LIQUID ASSETS | | | | _ | | | | | | | |
| ASSEIS | Real Estate Owned (enter Market Value from Sch. of Real Estate owned) | | | | | Real Estate Loans | | | | | | | |
| 5 | Vested Interest in Retirement Fund | | | | Trodi Esi | Total Editio Editio | | | | | | | |
| | Net Worth | of Bu | usiness Owned (ATTA | СН | | _ | | | | | | | |
| STATEMENT | | FINANCIAL STATEMENT) Automobiles (make & year) | | | | Other Debts Including Stock Pledges | | | | | | | |
| | Furniture and Personal Property | | | | | Alimony, Child Support and Separate Maintenance | | | | | | | |
| r | Other Asse | Other Assets (Itemize) | | | Payment Owed to | | | | | | | | |
| | | | | | | | | | | | | | |
| - | TOTAL ACC | TOTALASSETS A | | ^ | TOTAL MONTHLY PAYMENTS NET WORTH (A minus B) | | | | | | \$ TOTAL | D | |
| | TOTALASSETS A \$ | | | \$ | INET WC | (XIIIII00 D) | | | | | LIABILITIES | B \$ | |
| _ | | | COUEDING | - 05 | DEAL FOTATE | OM/NED // | l£ = - - :4 = | | | | t- Calca | ded a \ | |
| F | Address of Property (Indicate S if Sold, PS if Pending Sale | | | | | | esent | Amount of | f | Gross | | Taxes, Ins. | Net |
| | | | sold, PS if Pending S If being held for incom | | Type of Property | Mark | et Value | Mortgages & Liens | | Rental Income | Mortgage Payments | and Misc. | Income |
| \mid | | | | | | \$ | | \$ | \$ | | \$ | \$ | \$ |
| + | | | | | TOTALS | \$ | | \$ | \$ | | \$ | \$ | \$ |
| _ | | | | | | * | | 1 | * | l | Ť | + | * |
| The opp disched or to | e following info portunity, fair h criminate neithe eck more than o surname. If you | ormati ousin er on one do u do i er is s | d and complete onling in the page of the basis of this informative signation. If you do not funct wish to furnish the infestional interest and on the page of the | ly if eder isclos on, no urnish ormat state I | al Government for ure laws. You are nor on whether you con ethnicity, race, or so ion, please check the law for the particula | ee boxes certain type not required thoose to fur ex, under Fe ne box below r type of loa | on the to s of loans r to furnish th nish it. If yo deral regular v. (Lender m in applied fo | op of page or elated to a dwel his information, to bu furnish the infections, this lender rust review the al r.) | ne of the ling in court are commation is require bove ma | this application to monit encouraged to the please provinged to note the aterial to assument wish to furnitation to the total encourage of the please of the | for the lender's o do so. The lade both ethnici information or that the disconnish this inform | s compliance with one provides that a compliance. For raction the basis of visual losures satisfy all relation. | lender may ce, you may observation |
| | ace: | , – 1 – | | | Asian 🔲 E | Black or | Ethni Race | · _ | _ ' | nic or Latino can Indian or | Not H Asian | ispanic or Latino Black | or |
| | | | Alaska Native Native Hawaiian or Other Pacific Islander | | White | African Ame | | _ | Alas Native | ska Native e Hawaiian or | ☐ White | | an American |
| S | ex: | | Other Pacific Islander Female | | Male | | Sex: | | Othe Fema | er Pacific Island ale | der Male | | |
| re r | no other deb | ts o | undersigned applies wed other than those vill be retained by th | e list | ted above. Verif | ication ma | ay be obta | esent that all s ained from an | statem y sour | ents made ce named i | in the applic | ation. The origi | nal or a cop |
| | Applicant's Signature | | | | | Date | | Co- | Applic | ant's Signat | ure | | Date |
| Г | | | FOR BANK US | E ON | ILY | | | | | | | | |
| | DEGE! | | | | | | | | | | | | |

_____ Date _

Ву _