

Dental Loan Application



**Savings
Bank of
Walpole**
since 1875

Perry
FAMILY DENTAL CARE

IMPORTANT: Read directions before completing application.

Check (✓) the appropriate boxes below and complete application sections.

☐ **INDIVIDUAL CREDIT** - relying solely on my income or assets

☐ **JOINT CREDIT** - We intend to apply for joint credit. (initials) _____

☐ **INDIVIDUAL CREDIT** - relying on my income as well as income from other sources

☐ **LOAN AMOUNT REQUESTED \$** _____

PERSONAL INFORMATION APPLICANT 1

First Name MI Last Name Date of Birth No. of Dependents

Physical Address Street City State Zip Social Security No.

Mailing Address if Different Yrs. Telephone No.

☐ OWN Name and Address of Landlord/Mortgage Holder Monthly Pymt. Mortgage Balance
☐ RENT

Employer Yrs. Occupation Monthly Income

Address Telephone No.

Previous Address (Home) Yrs. Previous Employer and Address Yrs.

APPLICANT 2

First Name MI Last Name Date of Birth No. of Dependents

Physical Address Street City State Zip Social Security No.

Mailing Address if Different Yrs. Telephone No.

☐ OWN Name and Address of Landlord/Mortgage Holder Monthly Pymt. Mortgage Balance
☐ RENT

Employer Yrs. Occupation Monthly Income

Address Telephone No.

Previous Address (Home) Yrs. Previous Employer and Address Yrs.

IMPORTANT INSTRUCTIONS

Each applicant need not reveal information concerning such applicant's spouse if any, unless such applicant wants the Bank to consider such information in its credit decision. Alimony, child support or separate maintenance income need not be revealed if you don't wish to have it considered as a basis for repaying this obligation. Each applicant should state on a separate sheet any explanations of the information given and any additional information such applicant believes will be helpful to the Bank in arriving at a credit decision.

Other Income \$ ☐ Weekly ☐ Monthly ☐ Yearly

Names of Nearest Relative Not Living With Me Relation

Address of Above Relative Phone of Relative

Checking Acct. No. With (Bank) Address

Savings Acct. No. With (Bank) Address

Other Income \$ ☐ Weekly ☐ Monthly ☐ Yearly

Names of Nearest Relative Not Living With Me Relation

Address of Above Relative Phone of Relative

Checking Acct. No. With (Bank) Address

Savings Acct. No. With (Bank) Address

CREDIT REFERENCES (Banks, Credit Unions, Finance Companies, Stores, etc., as well as a complete list of all debts. (Use separate sheet if necessary.)

Name and Address	Account No.	Balance	Payment	Name and Address	Account No.	Balance	Payment

(a) I certify that everything I have stated in this application and on any attachment is correct. Lender may keep this application whether or not it is approved. (b) By signing this agreement, I authorize Lender to check my credit and employment history and to answer questions others might ask about my credit record with Lender. I understand that I must update credit information at Lender's request if my financial condition changes. (c) I agree to the terms and conditions of the agreement attached to this application.

Fair Credit Reporting Act and Credit Report Authorization I/We hereby authorize and acknowledge that Savings Bank of Walpole, Merrimack County Savings Bank, and Meredith Village Savings Bank affiliated through New Hampshire Mutual Bancorp, may verify or re-verify any information contained in this request for credit or obtain other information or data related to this request, for legitimate business purposes through other sources, including but not limited to a consumer reporting agency. The information that is obtained by Savings Bank of Walpole is only to be used for the purpose of obtaining a credit decision and any necessary post-closing quality control reviews for this request for credit. I/We also hereby expressly consent and authorize Savings Bank of Walpole to share information, including credit reports and other information bearing on my/our credit worthiness, with New Hampshire Mutual Bancorp, Meredith Village Savings Bank and Merrimack County Savings Bank in pursuit of the approval of my/our loan application. I/We further authorize and acknowledged that New Hampshire Mutual Bancorp may also be acting as agent on behalf of its affiliate banks in obtaining credit reports for all applicants in my loan request and may appear on my credit report as an inquiry.

IF APPROVED

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. By executing this form, you acknowledge that you are required to provide valid and acceptable photo documentation to enable us to verify your identity, comply with the provisions of the Bank Secrecy Act as amended by the USA Patriot Act, and complete the processing of your loan application and that you agree to provide the identifying documents requested. By signing below, you are certifying that you have read and understand all the above information.

IMPORTANT CREDIT APPLICATION DISCLOSURE You are applying for credit from us. In connection with your application for credit, the Bank may be soliciting, offering to sell, or may sell you an insurance product or annuity. Federal law requires Lenders to inform you of the following:

- Savings Bank of Walpole, as a condition of granting you credit, cannot require that you purchase an insurance product from the Bank or its affiliates.
- Savings Bank of Walpole, as a condition of granting you credit, cannot require your agreement not to obtain or prohibit you from obtaining an insurance product or annuity from an unaffiliated entity.

Signature Applicant 1

Signature Applicant 2