



The
NEWBURYPORT
FIVE CENTS SAVINGS
BANK

63 State Street, Newburyport, 462-3136

Branches in Newbury, Salisbury and Storey Avenue in Newburyport

- ☐ INDIVIDUAL
* ☐ JOINT WITH

DATE _____

AMOUNT APPLIED FOR \$ _____

PAYABLE IN _____ MONTHLY INSTALLMENTS

BEGINNING _____ 20 _____

TYPE OF LOAN REQUESTED: ☐ PERSONAL _____ (purpose)
☐ AUTO ☐ HOME IMPROVEMENT ☐ BOAT ☐ OTHER

***IF THIS IS TO BE A JOINT APPLICATION FOR CREDIT, EACH APPLICANT MUST COMPLETE AND SIGN A SEPARATE APPLICATION.**

NAME (please print) LAST	FIRST	INITIAL	DATE OF BIRTH	S.S. NUMBER	NO. DEPENDENTS
HOME ADDRESS			CITY	STATE	ZIP
RESIDENCE PHONE	HOW LONG AT ADDRESS	PREVIOUS ADDRESS			NO. OF YEARS
NEAREST RELATIVE NOT LIVING WITH ME				ADDRESS	

BANK ACCOUNTS WITH

CHECKING ☐
SAVINGS ☐

EMPLOYED BY	POSITION			MONTHLY TAKE-HOME PAY	\$	
ADDRESS (NUMBER)	(STREET)	(CITY)	(STATE)	YEARS THERE		
BUSINESS PHONE	PREVIOUS EMPLOYER			YEARS THERE		
ADDRESS (NUMBER)	(STREET)	(CITY)	(STATE)			
NOTE: 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				TOTAL OTHER MONTHLY INCOME	\$	
OTHER INCOME SOURCES:						
TOTAL MONTHLY INCOME →					\$	
HAVE YOU FILED BANKRUPTCY IN THE LAST 7 YEARS YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES PLEASE EXPLAIN						
LIVING FACILITIES <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> LIVE WITH RELATIVES	MORTGAGE ORIGINAL AMOUNT \$		MORTGAGE BALANCE \$	MONTHLY RENT OR MORTGAGE PAYMENTS	\$	
HOME PURCHASE PRICE	MORTGAGE HELD BY: BANK		TITLE IN NAME OF:	MORTGAGE NO.		
LANDLORD NAME AND ADDRESS						
AUTOMOBILE OWNED: YEAR AND MAKE		FINANCED BY	BALANCE OWED \$	MONTHLY AUTOMOBILE PAYMENTS	\$	
CREDIT REFERENCES <i>Show all other installment debts, including Credit Unions, National Credit cards, and Finance Companies. If none, enter paid loan credit references. Exclude bills paid in full each month.</i> TO INSURE YOUR PROTECTION UNDER FEDERAL LAW: If additional space is needed, attach statement of such information.						
TO WHOM OWED	IND	JT	ADDRESS	ACCOUNT#	UNPAID BALANCE	MONTHLY PAYMENT
1.					\$	\$
2.					\$	\$
3.					\$	\$
4.					\$	\$
5.					\$	\$
FAILURE TO LIST ALL OUTSTANDING DEBTS MAY DISQUALIFY THIS APPLICATION					TOTAL MONTHLY PAYMENT →	\$

I hereby certify that all of the above statements are true and complete and are made for the purpose of obtaining credit from the above named Bank for the amount and purpose stated. I further authorize the Bank to obtain information concerning statements herein from any credit bureau or other institution listed as a reference above or listed as a grantor of credit to the undersigned at any credit bureau. I understand that if the bank approves my request that I shall be furnished a copy of all agreements signed with the Bank stating all Terms and Conditions.

The Bank shall have a lien on and option to set off and apply all deposits, credits and other property of the Debtor(s) and Endorser(s) now or hereafter in its possession or control against this and any other indebtedness of any of them, though unmatured, and without notice, as permitted by law.

MY TOTAL OUTSTANDING INDEBTEDNESS AT THIS PRESENT TIME DOES NOT EXCEED

SIGNATURE OF APPLICANT

INITIAL

\$ _____

FILL OUT COMPLETELY