

CREDIT REQUESTED		COLLATERAL OFFERED	
Amount Requested: \$	# of Payments	<input type="checkbox"/> Deposit Account - CD <input type="checkbox"/> Residence	<input type="checkbox"/> Vehicle <input type="checkbox"/> Unsecured <input type="checkbox"/> Other-Specify _____
Product	Rate	Term <input type="checkbox"/> HELOC 10/20	<input type="checkbox"/> Other _____ months
Description of Collateral Offered-if auto include mileage:		Auto Debit for Preferred Rate: <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, HB DDA# _____ Required for Overdraft Protection (Preferred Rate not available for CD Secured or Overdraft Protection)	
Purpose of Credit Request: (Please provide details)			
Loan Type: <input type="checkbox"/> HELOC (If HELOC <input type="checkbox"/> P&I payment or <input type="checkbox"/> Interest Only) <input type="checkbox"/> Unsecured <input type="checkbox"/> Overdraft Protection <input type="checkbox"/> Signature Line of Credit <input type="checkbox"/> Other: _____			
HELOC Booklet & Early Disclosure Given Date: _____			
Source/How did you hear about us?			
APPLICANT		CO-APPLICANT	
If the applicant is married, he or she may apply for individual credit			
Name		Name	
Date of Birth:	SSN:	Date of Birth:	SSN:
Home Street Address:	Yrs./Mo:	Home Street Address:	Yrs./Mos.
City, State, Zip	County	City State, Zip	County
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
E-Mail Address		E-Mail Address	
# of Dependents:	Ages:	# of Dependents:	Ages:
Previous Address (if current is less than 2 yrs.) Yrs. /Mos.		Previous Address (if current is less than 2 yrs.) Yrs./Mos.	
City, State, Zip		City, State, Zip	

EMPLOYMENT INFORMATION- APPLICANT		CO-APPLICANT	
Employer <input type="checkbox"/> Self-Employed		Employer <input type="checkbox"/> Self-Employed	
Employer Street Address		Employer Street Address	
City, State, Zip		City, State, Zip	
Business Phone:	Gross Annual Income:	Business Phone:	Gross Annual Income:
Position/Title	# of Yrs:	Position/Title	# of Yrs:
Previous Employer (if less than 2 years) <input type="checkbox"/> Self-Employed		Previous Employer (if less than 2 years) <input type="checkbox"/> Self-Employed	
Prev. Employer Street Address		Prev. Employer Street Address	
City, State, Zip		City, State, Zip	
Business Phone	Gross Annual Income:	Business Phone	Gross Annual Income:
Postion/Title	From: To:	Postion/Title	From: To:

ABOUT EXISTING LOANS AND ACCOUNTS					
<input type="checkbox"/> Rent Home <input type="checkbox"/> Own Home in the following names:					
Monthly Payment/Rent \$	Purchase Price \$	Date Purchased	Present Value \$	Original Loan Amount \$	Current Loan Balance \$
Name and Address of Mortgage Holder or Landlord					
Other Real Estate Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No- (if own more than 1 other property, please attach separate paper with the below information)					
Address:					
Monthly Payment \$	Purchase Price \$	Date Purchased	Present Value \$	Original Loan Amount \$	Current Loan Balance \$
Name and Address of Mortgage Holder or Landlord					

OTHER INCOME (IF ANY)- INDICATE MONTHLY AMOUNTS (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.)			
Interest/Dividends \$	Rental Income \$	Other Income \$	Describe "Other Income" Source
ASSETS		LOANS OR OTHER OBLIGATIONS	
Category	Value	Category	Amt Owed
Cash/Deposits	\$		
Stocks/Bonds	\$		\$
Automobiles	\$		\$
Real Estate	\$		\$
Retirement Funds	\$		\$
Other Assets: Specify:	\$		\$
		Total Liabilities	\$
Name of Financial Institution		Checking Account #	Savings Account #

QUESTIONS			
Applicant	Co-Applicant		Explanation (please use an additional sheet if necessary)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any outstanding judgments against you?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever declared bankruptcy?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a party to a lawsuit?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you obligated on any loan resulting in judgment, foreclosure or title transfer?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you delinquent, in default on any Federal debt, financial obligation, bond or loan guarantee?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you obligated to pay child support, alimony or separate maintenance?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a co-maker or an endorser on a loan?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. Citizen?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, are you a permanent resident alien?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had merchandise repossessed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you intend to occupy the property as your primary residence?	

APPLICANT SIGNATURES

I/We hereby apply for the loan or credit described in this application. I/We certify that I/we made no misrepresentations, in the loan application or in any related documents that all information is true and complete, and the I/we did not omit any important information. I/We agree that any property securing the loan or credit will not be used for illegal or restricted purpose. Lender is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by Lender for that purpose. Lender may disclose to any other interested parties information as to Lender's experiences or transactions with my/our account. I/We understand that Lender will retain this application and any other credit information Lender receives, even if not loan or credit is granted. These representations and authorizations extend not only to Lender, but also to any insurer of the loan and to any investor to whom Lender may sell all or any part of the loan. I/We further authorize Lender to provide to any such insurer or investor any information and documentation that they may request with respect to my/our application, credit or loan.*

We intend to apply for joint credit _____ (initial) _____ (initial)
Applicant **Co-Applicant**

APPLICANT:

X _____ Date X _____ Date
Applicant **Co-Applicant**

TO BE COMPLETED BY INTERVIEWER

Application Taken by: Face to Face Interview Mail or Fax Telephone Internet or Email

Interviewer	Interviewer's Phone	Interviewer's Employer Name/Address Howard Bank – NMLS# 604738
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NMLS #	Date of Application:
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Electronic Transmission of Documents Disclosure and Consent

This online E-Sign Disclosure and Consent applies to any/all legal and regulatory disclosures, appraisal reports and/or any other documents (herein and hereafter referred to as "documents") deemed necessary to process your application for credit.

In order to access the information sent to you electronically, you must have a computer with Internet access and Microsoft Windows 95 or greater, or Macintosh operating system. Adobe Acrobat Reader® version 7.0 (or other software capable of reading a PDF file) may be required to view these documents. Adobe Acrobat Reader® can be acquired for free at www.adobe.com/Acrobat. In order to print and retain a paper copy of your documents, you will need a printer attached to your computer.

You agree to receive documents electronically. It is your responsibility to ensure that Howard Bank has your correct email address at all times. If your email address changes, you must provide us with your new email address by contacting the Bank in writing at the address listed below, contacting your Howard Bank representative, or by contacting Howard Bank at the number listed below.

If your email notification is returned to us undeliverable, we may discontinue providing information electronically and mail your documents in paper form to your current mailing address on file via U.S. Mail.

You have a right to a paper copy of any document or other information received electronically and/or may withdraw consent to receiving electronic records under this Agreement by contacting us in writing at the address listed below, contacting your Howard Bank Representative, faxing a notice to the fax number below, or by contacting Howard Bank at the number listed below. There will be no fees charged with your request to receive paper documents and/or request to withdraw consent to receiving electronic records.

Howard Bank
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Baltimore, MD 21224
Phone: 410-750-0020
consumerlending@howardbank.com

I/we wish to receive future documents via electronic delivery.

I/we do NOT wish to receive future documents via electronic delivery.

Borrower

Borrower

Date

Date