

**THE HARBOR BANK OF MARYLAND**  
25 W FAYETTE STREET, BALTIMORE, MD 21201

**IMPORTANT APPLICANT INFORMATION:** Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law

<p align="center"><b>TYPE OF CREDIT REQUESTED</b></p> <p>IMPORTANT Check ( ) the appropriate boxes below and complete the applicable sections</p> <p><input type="checkbox"/> SECURED    <input type="checkbox"/> INDIVIDUAL CREDIT - relying solely on my income or assets</p> <p><input type="checkbox"/> UNSECURED    <input type="checkbox"/> INDIVIDUAL CREDIT - relying on my income or assets as well as income or assets from other sources</p> <p><input type="checkbox"/> JOINT CREDIT- We intend to apply for joint credit ( initials) _____</p>	<p align="center"><b>FOR CREDITOR USE</b></p> <p>DATE _____ CLASS NO _____</p> <p>ACCOUNT NO. _____</p> <p>APPROVED <input type="checkbox"/> BY _____</p> <p>DECLINED <input type="checkbox"/> BY _____</p>
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AMOUNT REQUESTED	FOR HOW LONG	PAYMENT DATE DESIRED	WANT TO REPAY <input type="checkbox"/> MONTHLY <input type="checkbox"/>	PROCEEDS OF LOAN TO BE USED FOR
\$				

**APPLICANT INFORMATION**

NAME (Last, First, Middle)					
BIRTHDATE	TELEPHONE NO	DRIVER S LICENSE NO	SOCIAL SECURITY NO	NO DEPENDENTS	AGES OF DEPENDENTS
ADDRESS (Street City State & Z p)				COUNTY	Do you <input type="checkbox"/> own or <input type="checkbox"/> rent?
PREVIOUS ADDRESS (Street City State & Z p) (Complete it less than 3 veers at present address)				COUNTY	Did you <input type="checkbox"/> own or <input type="checkbox"/> rent?
EMPLOYER (Company Name & Address)					HOW LONG
BUSINESS PHONE	Ext	POSITION OR TITLE	SALARY PER MONTH		
			GROSS	NET \$	
PREVIOUS EMPLOYER (Company Name & Address)					HOW LONG
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP	TELEPHONE NO (include Area Code)	

**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**

Alimony chid support separate maintenance received under  Court Order  Written Agreement  Oral Understanding

SOURCES OF OTHER INCOME	AMOUNT PER MONTH
	\$
Is any income listed n this Section likely to be reduced before the credit request is paid off?	Have you previously received credit from us?
<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)	<input type="checkbox"/> No <input type="checkbox"/> Yes - When?

**APPLICANT INFORMATION**

NAME (Last, First, Middle)					
BIRTHDATE	TELEPHONE NO	DRIVERS LICENSE NO	SOCIAL SECURITY NO	NO. DEPENDENTS	AGES OF DEPENDENTS
RELATIONSHIP TO APPLICANT (if Any)	PRESENT ADDRESS (Street City State & Zip)				HOW LONG
EMPLOYER company Name & Address)					HOW LONG
BUSINESS PHONE	Ext	POSITION OR TITLE	SALARY PER MONTH		
			GROSS: \$	NET: \$	
PREVIOUS EMPLOYER (Company Name & Address)					HOW LONG
<b>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</b>					
Alimony, child support separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Under standing					
SOURCES OF OTHER INCOME				AMOUNT PER MONTH	
				\$	
Is any income listed in this Section likely to be reduced before the credit requested is paid off?				Applicant Other	
<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>	

**APPLICANT INFORMATION**

APPLICANT	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)
OTHER PARTY	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)

**SECTION D - ASSET & DEBIT INFORMATION**

If section B has been completed, this Section should be completed giving information about both the Applicant or Other Person.  
Please mark Applicant-related information with an "A". If Section B was not completed, only give information about the Applicant in this Section

**ASSETS OWNED** (Use separate sheet if necessary.)

DESCRIPTION OF ASSETS	NAME IN WHICH THE ACCOUNT IS CARRIED	SUBJECT TO DEBT?	VALUE
CHECKING ACCOUNT NUMBER(S) (where)			\$
SAVINGS ACCOUNT NUMBER(S) (where)			
CERTIFICATE OF DEPOSIT(S) (where)			
MARKETABLE SECURITIES (Issuer type no of shares)			
REAL ESTATE (location date acquired)			
LIFE INSURANCE (issuer face value)			
AUTOMOBILES make model year)			
OTHER (list)			
<b>TOTAL ASSETS</b>			\$

**OUTSTANDING DEBTS** include charge accounts installment contracts credit cards rent mortgages and other obligations Use separate sheaf if necessary )

CREDITOR	ACCOUNT NUMBER	NAME IN WHICH THE ACCOUNT IS CARRIED	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENTS
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		(OMIT RENT) \$	(OMIT RENT) \$	\$
AUTOMOBILES (describe)					
<b>TOTAL DEBTS</b>			\$	\$	\$

Complete the following information about both the Applicant and Joint Applicant or Other Person ( 1 applicable)

Are you obligated to make Alimony Support or Maintenance Payments?  No  Yes  
 If yes to (Name & Address) \_\_\_\_\_ Amt. per month \$ \_\_\_\_\_  
 Are you a co maker endorser or guarantor on any loan or contract?  No  Yes If yes, for whom? \_\_\_\_\_ To whom? \_\_\_\_\_  
 Are there any unsatisfied judgments against you?  No  Yes If Yes to whom owed? \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Have you been declared bankrupt in the last 10 years  No  Yes If yes where? \_\_\_\_\_

PROPERTY DESCRIPTION

NAMES & ADDRESSES OF ALL CO OWNERS OF THE PROPERTY

IF THE SECURITY IS REAL ESTATE GIVE THE FULL NAME OF YOUR SPOUSE (if any)

**SIGNATURES**

I Certify that everything I have stated in this application and on any attachments is correct. Lender may keep this application whether or not it is approved. By signing below authorize Lender to check my credit and employment history and to answer questions others may ask Lender about my credit record with Lender. I understand that I must update credit information at Lender's request if my financial condition changes.

Applicant's Signature

Date

Other Signature (Where Applicable)

Date  
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