



BANK OF SAIPAN
 P. O. Box 500690
 Saipan, MP 96950
 Phone: (670) 235-6260
 Fax: (670) 235-6294

CONSUMER CREDIT APPLICATION CHECKLIST

Thank you for choosing Bank of Saipan for your credit needs. The documents listed below in two (2) separate categories are required for all consumer loan requests. Bank of Saipan wishes to emphasize that the accuracy and complicity of the credit application along with the necessary supporting documents will help facilitate an expeditious review of your credit request.

I. LOANS \$5,000.00 AND UNDER:

- Consumer Credit Application
- Verification of Employment
- Two (2) most recent Payroll Check Stubs
- Insurance Form
- Authorization to Release & Obtain Information
- Borrower (s) Residential Location Map
- Document (s) on Properties for Collateral such as lease agreements, Certificate of Ownership (Auto), service contract agreement, original passbook and/or Certificate of Deposit.

II. LOANS OVER \$5,000.00:

- Documents listed above for *Loans \$5,000.00 and under*
- Personal Financial Statements (BOS FORM)
- Annual Tax Returns (1040) for the past two (2) years, with Schedules: A, B, C, D and E

INCOMPLETE CREDIT APPLICATION will not be accepted. However, if a deficient credit application is mailed or dropped by somebody else and not completed in one-week period, the application will be declined.

APPLICATION FEE NON-REFUNDABLE

CONSUMER and AUTO LOANS = \$5.00 (An additional \$5.00 for every Co-Applicant)

EXEPTIONS FOR DEPOSIT SECURED LOANS

SPECIAL NOTE: The Bank will not accept any application without a prepaid fee. If an application is received without the fee, it will be immediately return to the customer without any further processing.

Credit Application forms may be obtained and submitted at all BOS branches. If you have any questions or need information on lending guidelines, please contact the Loan Department at the Main Branch. The telephone number is (670) 235-6260. The fax number is (670) 235-6294.

Chalan Kanoa
MAIN OFFICE
 P.O Box 500690
 Saipan, MP 96950
 Phone: (670) 235-6260
 Fax: (670) 235-6294

Garapan Branch
 P.O. Box 500690
 Saipan, MP 96950
 Phone: (670) 233-6262
 Fax: (670) 234-7582

Rota Branch
 P.O. Box 1176
 Rota, MP 96951
 Phone: (670) 532-2265
 Fax: (670) 532-7267

Tinian Branch
 P.O. Box 476
 Tinian, MP 96952
 Phone: (670) 433-0332
 Fax: (670) 433-0340

**Bank of Saipan
Customer Identification Program
Request for Primary Identification – Loan Applicant**

PLEASE READ THIS NOTICE

To help the government fight the funding of terrorism and money laundering activities as outlined in the USA Patriot Act, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. When you open an account, we will ask you 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.

Acceptable Forms of Primary Identification (with photo, issued at least 90 days prior to application):

- Permanent Driver's License (State of Issuance)
- State Non-Driver's Identification Card (State of Issuance)
- County Identification Card (County of Issuance)
- Passport (Country of Issuance)
- Resident Alien Card (USA)
- Armed Forces Identification (Branch of Service)
- Non - Resident Immigration Permit

To be completed by borrower(s)

Name (1): _____ Tax ID # or SS # _____

Street address & Physical Address: _____

Form of ID: _____ Date of Birth: _____

Issuer: _____ ID#: _____

Issue Date: _____ Expiration Date: _____

Customers Signature: _____ Date: _____

Name (2): _____ Tax ID # or SS # _____

Street address & Physical Address: _____

Form of ID: _____ Date of Birth: _____

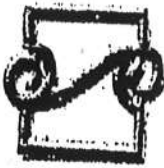
Issuer: _____ ID#: _____

Issue Date: _____ Expiration Date: _____

Customers Signature: _____ Date: _____

BANK

Loan Officer: _____ Date: _____



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Employment Verification

TO: (Name & Address of Employer)

Date: _____

REGARDING: "REQUEST FOR EMPLOYMENT INFORMATION"

Dear Employer:

I have applied for credit with Bank of Saipan and stated that I am employed by you. My signature authorizes verification of the information requested below.

Regards,

(Name and Address of Applicant)

Social Security No.: _____

Questions below are strictly for the Employer Representative only.

1. Is applicant currently employed? Yes No
2. Total time employed. _____ Years. _____ Mos.
3. Employment contract expiration date (if it applies to this applicant) _____
4. Position or Job Title. _____
5. Gross monthly income. (if commissions are involved, explain Method of computation and % of the gross income they represent) \$ _____

6. Total deductions, including credit union payments. \$ _____
7. Work satisfactory? If yes, and presently employed by you, are prospect of employment permanent? Yes No
 Yes No
8. Any other information which can assist us in passing credit:

Employer Representative (Print Name and Signature)

Title

Date



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INSURANCE FORM

Credit Life Insurance, Credit Disability Insurance and Life Insurance are not required to obtain credit and will not be provided unless you request the insurance and agree to pay the additional cost by checking the appropriate box below and signing your name at the bottom.

- Yes; I/We Do want Credit Life Insurance. *(Please answer the questions below.)*
- Yes; I/We do want Credit Life and Disability Insurance. *(Please answer the questions below.)*
- Yes; I/We do want Life Insurance. *(This Life Insurance will not be added to the loan and physical Examination will be required.)*
- No; I/We do not want Credit Life, Disability Insurance nor Life Insurance.

If you are applying for the optional Insurance marked above, have you ever had, been told you have, or been treated within the past two (2) years for any of the following:

- | | | |
|---|------------------------------|-----------------------------|
| Heart – Heart attack, blood clot, stroke, arteriosclerosis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cancer/Malignancy – carcinoma, leukemia, melanoma | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Immunological Disorders – Acquired Immune Deficiency (AIDS) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Immune Deficiency Disorder | | |
| AIDS or the AIDS Related Complex (ARC) | | |

NOTE *(If Borrower and/or Co-Borrower are applying for Credit Life and/or Disability Insurance, please read below.):*

- ❖ **You are NOT eligible** if you marked yes on any of the three (3) questions above.
- ❖ **You are NOT eligible** for insurance if you have reached your 65th birthday.
- ❖ You are eligible for Disability Insurance only if you are working for wages or profit 30 hours a week or more on the Effective Date.
- ❖ Your co-borrower is not eligible for Disability Insurance.

Primary Borrower (Signature)	Age	Date
Co-Borrower (Signature)	Age	Date



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AUTHORIZATION TO RELEASE AND OBTAIN INFORMATION

The undersigned hereunder authorized BANK OF SAIPAN (Bank), its management and loan staff to release and obtain from the Federal Government, the Government of the Commonwealth of the Northern Mariana Islands and any and all private lending institutions including credit bureaus all types of information in conjunction with the request for financial assistance with the Bank.

This authorization shall remain in effect during the processing of the credit application and shall also be in effect for the duration of the term of the loan should the loan be consummated.

Borrower
(Print Name and Signature)

Co-Borrower
(Print Name and Signature)

Date

Date



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BORROWER(S) RESIDENTIAL LOCATION MAP

By signing below, I/We certify that the following residential location map provided to Bank of Saipan is true and accurate.

Applicant (Signature)

Spouse/Co-Applicant (Signature)

[Large empty rectangular box for the residential location map]

Trankilu Alternative Financing Program (TAFP)

TAFP Personal Information

All information on this application form is strictly confidential and will only be used to determine your need for and ability to repay this loan. Completion of this form does not guarantee that a loan will be approved.

Please print or type

Name of Person with a Disability:			
Date of Birth:			
Borrower's Name (if different):			
Borrower's Social Security Number:			
What type of assistive technology are you going to purchase? Please check category.			
ADL/Personal Care Equipment	<input type="checkbox"/>	Medical/Rehab. Equipment (e.g., Braces)	<input type="checkbox"/>
Home Modifications	<input type="checkbox"/>	Worksite or School Modifications	<input type="checkbox"/>
Mobility Equipment	<input type="checkbox"/>	Seating or Positioning Equipment	<input type="checkbox"/>
Vehicle Modifications (Van with lift)	<input type="checkbox"/>	Augmentative Communication	<input type="checkbox"/>
Computer Equipment	<input type="checkbox"/>	Computer Access Devices/Software	<input type="checkbox"/>
Hearing Aids	<input type="checkbox"/>	Vision Aids	<input type="checkbox"/>
Recreation Aids	<input type="checkbox"/>	Farm Machinery Adaptations	<input type="checkbox"/>
Other (Please Describe)			
Describe What You Plan to Purchase (Include Brand Name)			
What is the cost of equipment/modifications?			
What is the amount of loan being requested?			
Describe which of the abilities of the person with a disability will be affected by the assistive technology requested. Check all that apply.			
Seeing	<input type="checkbox"/>	Hearing	<input type="checkbox"/>
Talking / Communicating	<input type="checkbox"/>	Remembering	<input type="checkbox"/>
Getting Around / Mobility	<input type="checkbox"/>	Handling Objects / Reaching	<input type="checkbox"/>
Interacting with Others / Socializing	<input type="checkbox"/>	Learning New Information	<input type="checkbox"/>
Other (please describe)			

Describe your disability:	
Describe how this limits your employment/education/independence:	
Explain why the equipment will help you with your employment/education/independence:	
What agency or company referred you to the Trankilu Alternative Financing Program (TAFP)?	
Name of the Advocate or Counselor who referred you:	
Name of Company / person I am buying the equipment from:	
I would like to receive Consumer Counseling services from the Assistive Technology Program to assist me with device selection or referral to other funding sources. <input type="checkbox"/> Yes <input type="checkbox"/> No	
I understand that the Trankilu Alternative Financing Program (TAFP) may share information with the Bank of Saipan, the CNM Council on Developmental Disabilities, and the CNMI Assistive Technology Program regarding my loan request. I authorize the TAFP, BoS, CDD and CNMI ATP to share financial, credit and other pertinent information for the purpose of loan approval, loan maintenance, consumer counseling, or to obtain other potential funding sources.	Initials:
I understand the bank will provide me with a decision on my application in 30 days or less. However, I agree to waive the right to a decision in 30 days or less should a loan guarantee to be required from the Trankilu Alternative Financing Program.	Initials:
I have read and understood this application, everything that I have stated is correct to the best of my knowledge. I agree to notify the Trankilu Alternative Financing Program, in writing, of any change of name, address, or employment.	
Should the Trankilu Alternative Financing Program guarantee my loan and make a payment on my behalf, either partial or in full, I understand that I am obligated to repay that amount of money to the Trankilu Alternative Financing Program.	
The Trankilu Alternative Financing Program is authorized to check my credit and to make all inquiries necessary to verify the accuracy of the information provided. Information obtained will be used to review and approve or deny the application for credit. By signing below, I am applying for the Trankilu Alternative Financing Program, I authorize all persons inquired of to respond in full to the Trankilu Alternative Financing Program, and I authorize the Trankilu Alternative Financing Program to answer questions about my credit experience with the Trankilu Alternative Financing Program. The undersigned understands that all information provided is subject to verification or investigation.	
Applicant Signature	Date
Co-Applicant Signature	Date

Monthly Living Expenses

Estimates are acceptable

	LOAN APPLICANT	CO-BORROWER/ CO-SIGNER
Home or Residence		
Rent or Mortgage Payment	\$	\$
Homeowners or Rental Insurance	\$	\$
Home Telephone	\$	\$
Property Taxes	\$	\$
Furniture / Appliance Payments	\$	\$
Utilities		
Water	\$	\$
Electricity	\$	\$
Gas/Oil/Kerosene	\$	\$
Transportation		
Auto Loan	\$	\$
Fuel	\$	\$
Vehicle Repairs	\$	\$
Auto Insurance	\$	\$
Public Transportation	\$	\$
Bank Loans (please list)		
_____	\$	\$
_____	\$	\$
_____	\$	\$
Essentials		
Groceries	\$	\$
Clothing	\$	\$
Entertainment		
Dining Out	\$	\$
Tobacco/Alcohol	\$	\$
Cable TV/Satellite	\$	\$
Movies	\$	\$
Hobbies	\$	\$
Dues/Subscriptions	\$	\$
Gifts/Donations	\$	\$
Travel	\$	\$
Other _____	\$	\$
Communication		
Internet	\$	\$
Cell Phone	\$	\$
Other _____	\$	\$
Other		
Personal Assistant	\$	\$
AT Purchase/Maintenance	\$	\$
Savings	\$	\$
Other _____	\$	\$
TOTAL MONTHLY EXPENSES	\$	\$