

Business Loan Application

Business Name:		Tax ID#:	Telephone #:		
Date established: ___/___/___		Date purchased: ___/___/___	Email address:		
Date established: ___/___/___		Date purchased: ___/___/___	Fax #:		
Business Structure (check one) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> Other:					
<input type="checkbox"/> Check if the sole owner of the business is an active member of the Armed Forces (Army, Navy, Air Force, Marines, Coast Guard, Reserves or National Guard, or an officer of the Public Health Service when detailed by proper authority for duty with the Army or Navy).					
Description of Business / Industry:					
Major Customers:					
Major Projects (completed and in process):					
Address for which proceeds are intended					
Street Address		City/Town	State	Zip Code	
Mailing Address (if different from above)		City/Town	State	Zip Code	
Business facilities at other locations	Street Address	City/Town	State	Zip Code	
	Street Address	City/Town	State	Zip Code	
Loan Request(s)					
Amount Requested	Loan type	Term Requested	Purpose		
\$					
\$					
\$					
Would you like loan payments to be automatically deducted from a Sawyer Savings Bank business checking account?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the account number?					
Deposit Accounts (use separate sheet if necessary)					
Bank Name	Name(s) on Account	Account Number and Type	Est. 12 month average balance		
Ownership/Management (proprietor, partners, officers, directors)					
Name/Title	Address	Social Security Number	Date of Birth	Years in position	% Owned
Business References					
Bank or Financial Institution	Name and Address	Telephone Number	Contact Person(s)		
Bank or Financial Institution	Name and Address	Telephone Number	Contact Person(s)		
Attorney	Name of Firm and Address	Telephone Number	Contact Person(s)		
Accountant	Name of Firm and Address	Telephone Number	Contact Person(s)		
Credit Relationships (use separate sheet if necessary)					
Name of Lender or Trade Creditor	Purpose of Loan	Original Amount/Limit	Outstanding Balance	Interest Rate	Repayment Terms

Proposed Collateral

Description: Real estate address/type, all business assets, marketable securities, other	Title in name of	Market value and source of value	Existing Liens / Lienholder

Miscellaneous Obligations

Is the business or any principal an endorser, guarantor or cosigner for obligations not listed on its financial statements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please estimate total contingent liability: \$	
Is the business or any principal a party to any claim or lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details briefly:	
Has the business or any principal ever been in receivership or declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details briefly:	
Are any of the individuals (a) presently under indictment, on parole or probation, or have they ever been (b) charged with any criminal offense other than a minor traffic violation, or (c) convicted, placed on pretrial diversion, or placed on any form of probation for any criminal offense other than a minor traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details briefly:	

Additional Information Requirements

- I. Each majority stockholder, partner and/or owner must submit a completed Personal Financial Statement.
 - II. Include the statements listed below:
 1. Company's Fiscal Year End Balance Sheet and Income Statement and/or Company's Income Tax Returns for the last three years
 2. Personal Income Tax Returns of majority stockholders, partners and/or owners
 3. Aging of Accounts Receivable and Accounts Payable
 - III. Provide a brief history of your company and management (if new borrower) as well as a statement describing the expected benefits from the loan.
- Submit this application along with the materials outlined above to: Sawyer Savings Bank, 85 Market Street, Saugerties NY 12477

Declaration

The undersigned hereby declares that all the information provided herein and on the accompanying statements is to the best of my knowledge true, complete, correct and understand it will be used by the Bank to determine creditworthiness. The proceeds of the loan(s) applied for will be used for business purposes and not for personal, family or household purposes. The Bank is hereby authorized to request a consumer report on any person(s) whether or not a consumer report was requested and if requested, the name and address of the consumer-reporting agency that furnished the report. If an appraisal is ordered in connection with this loan application, on a dwelling, defined as a one to four family residential structure including mobile homes and individual cooperative apartments, the applicant may request the Bank to provide a copy of the appraisal report. If you wish to receive a copy of such, please address your written request to Sawyer Savings Bank, 85 Market Street, Saugerties NY 12477. We have the right to request reimbursement from you for the cost of all or any appraisals ordered in connection with this application for credit. We must hear from you no later than 90 days after we notify you about the action taken on your credit application or your application will be considered withdrawn. Every person signing this statement further authorizes the Bank to make all necessary inquiries to verify the information in this statement and also authorizes all such persons or entities the Bank contacts to completely respond to such inquiries.

Signature Title Date

Signature Title Date

Signature Title Date

Signature Title Date

For Bank Use Only

Date Application Completed/ Received	Received By:	HMDA Reportable (Y/N)

Personal Financial Statement

Name(s) _____
 Home Address _____ Phone: _____
 Business Address _____ Phone: _____
 Email Address _____ Cell Phone: _____

This information can be completed by both married and unmarried individuals if a majority of their assets and liabilities are held jointly; otherwise separate statements are required.

Instructions:

Complete the Balance Sheet Section (please use additional sheets if necessary).

- a) Complete the appropriate schedules (Pages 2 and 3).
- b) Total each schedule's balances and transfer totals to Balance Sheet.
- c) Complete the remaining Balance Sheet items.
- d) Total Assets, Liabilities and calculate Net Worth (assets minus liabilities).
- e) Complete the remaining statement to include signing and dating page 3 after reviewing the financial and credit report statements.

I/We guarantee that the information presented below is a true and accurate statement of my/our financial condition as of ____/____/____.

BALANCE SHEET

ASSETS	LIABILITIES
Cash on Hand & in Banks (Sch. 1)	Revolving & Installment
Accounts & Notes Receivable (Sch. 2)	Loans (Sch. 6)
U.S. Government Bonds	Mortgages (Sch. 7)
Listed Marketable Stocks & Bonds (Sch. 3)	Life Insurance Loans
Value of Business Interests (Sch. 4)	Other Liabilities (Detail Below):
Real Estate Owned (Sch. 7)	
CSVLI (Sch. 5)	
Furniture & Fixtures	
Automobiles	
Retirement Accts. (401K, SEP, IRA, Pension)	
Other Assets (Detail Below):	
	TOTAL LIABILITIES
	NET WORTH
TOTAL ASSETS	TOTAL

Do you have any contingent liabilities? If so, please describe:

As endorser, co-maker or guarantor	\$ _____	Legal claims	\$ _____
On leases or contracts	\$ _____	Other special debt	\$ _____
Amount of contested income tax liens	\$ _____		

Please detail: _____

Have you ever declared bankruptcy?	Yes ___ No ___
Are you a defendant in any legal action?	Yes ___ No ___
Have you ever been charged or convicted of a criminal offense?	Yes ___ No ___
Are any of your taxes past due?	Yes ___ No ___

If you answered yes to any of the above, please explain: _____

SCHEDULE 1: CASH ACCOUNTS

Name of Bank	In Name Of	Account Type	Balance	Average Balance
TOTAL:				

SCHEDULE 2: ACCOUNTS AND NOTES RECEIVABLE

Debtor Name	Purpose	Terms: Monthly Payment, rate, term	Current Balance
TOTAL:			

SCHEDULE 3: LISTED MARKETABLE STOCKS AND BONDS

No. Shares	Company	Owner	Pledged as collateral?	If so, to whom & what is pledged amount?	Market Value
TOTAL:					

SCHEDULE 4: VALUE OF BUSINESS INTERESTS

Company	% owned	Co-owners / %	Valuation Method	Market Value	Individual's share of Market Value
TOTAL:					

SCHEDULE 5: CASH SURRENDER VALUE OF LIFE INSURANCE

Insurance Company	Beneficiary	Beneficiary Face Value	Cash Surrender Value
TOTAL:			

SCHEDULE 6: REVOLVING & INSTALLMENT LOANS

Creditor Name	Type of Credit	Collateral	Terms: monthly payment, rate, term	Current Balance
TOTAL:				

SCHEDULE 7: REAL ESTATE OWNED

	Property A	Property B	Property C
Type of Property			
Address			
Name of Owner/ % of Ownership			
Date Purchased			
Original Cost			
Present Market Value			
Lender/ Mortgage Holder			
Mortgage Balance			
Monthly Payment			
Total:			

Provide Signed Itemization for Additional Properties Owned

To: Sawyer Savings Bank

Notifications of Changes

I/We will notify the Bank promptly in writing if there should be any unfavorable changes in my financial condition. Until I/we give you such notice or prepare an updated Financial Statement, the information submitted may be considered an accurate statement of my/our financial condition at any future time that I/we may apply to you for credit.

False or Misleading Statements

If any part of this statement should be false or misleading, I/we will, if the Bank demands, immediately repay any or all outstanding Bank debt, whether personal debt or debt guaranteed for others. The Bank is not required to give advance notice of such repayment.

Sawyer Savings Bank normally obtains a consumer credit report on all principals of loan applications and for updates, renewals and extensions of that credit. Upon my/our request, the Bank will inform me/us if such a report has been obtained and will provide the name and address of the agency furnishing the report. I/We authorize Sawyer Savings Bank to obtain such reports.

Date _____

Signature _____
Date of Birth _____
Social Security Number _____

Date _____

Signature _____
Date of Birth _____
Social Security Number _____

APPENDIX A to § 1010.230 – CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

I. GENERAL INSTRUCTIONS

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. Persons) for the following individuals (i.e., the **beneficial owners**):

- i. Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
- ii. An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of “beneficial owner” may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a Legal Entity must provide the following information:

a. **Name and Title** of Natural Person opening account:

Account #:

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b. **Name, Type, and Address** of Legal Entity for which the account is being opened:

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c. The following information for **each** individual*, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, **owns 25% or more** of the equity interests of the Legal Entity listed above:

	Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number ¹	% of Ownership
1						
2						
3						
4						

*If no individual meets this definition, please enter "Not Applicable" above and **explain below** (i.e. All <25%; Charity/Non-Profit; etc.):

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Beneficial Owner Detail: As applicable, explain any layers of Beneficial Ownership, etc. (For example, ABC Co. is 50% owned by 123 Corp. 123 Corp. is 50% owned by John Doe; therefore, John is a 25% Beneficial Owner of ABC Co.)

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d. The following information for **one** individual with significant responsibility for managing the Legal Entity listed above:

- An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or,
- Any other individual who regularly performs similar functions. (If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

Name/Title	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number ¹

I, (*name of natural person opening account*), hereby certify, to the best of my knowledge, that the information above is complete and correct. I agree to notify Sawyer Savings Bank of any change in such information.

SIGNATURE:

DATE:

¹ In lieu of a passport number, Non-U.S. persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

BENEFICIAL OWNER IDENTITY VERIFICATION:

Beneficial Owner #1:
Driver's License Number, or Other Identifying Document:
State (or Country) of Issue:
Issue Date:
Expire Date:
Secondary Form of Identification:
<input type="checkbox"/> OFAC Check
COMMENTS:

Beneficial Owner #2:
Driver's License Number, or Other Identifying Document:
State (or Country) of Issue:
Issue Date:
Expire Date:
Secondary Form of Identification:
<input type="checkbox"/> OFAC Check
COMMENTS:

Beneficial Owner #3:
Driver's License Number, or Other Identifying Document:
State (or Country) of Issue:
Issue Date:
Expire Date:
Secondary Form of Identification:
<input type="checkbox"/> OFAC Check
COMMENTS:

Beneficial Owner #4:
Driver's License Number, or Other Identifying Document:
State (or Country) of Issue:
Issue Date:
Expire Date:
Secondary Form of Identification:
<input type="checkbox"/> OFAC Check
COMMENTS:

Individual with Control:
Driver's License Number, or Other Identifying Document:
State (or Country) of Issue:
Issue Date:
Expire Date:
Secondary Form of Identification:
<input type="checkbox"/> OFAC Check

E-Sign Disclosure and Consent

This E-Sign Disclosure and Consent (the "Consent") provides the person(s) giving his/her consent below ("you" and "your") with information relating to your electronic receipt of your appraisal. By providing your consent, you agree that we may send you your appraisal in an electronic form. When we wish to send your appraisal electronically, we will send a notice to the electronic mail ("e-mail") address that you have designated below as the e-mail address for the receipt of the appraisal. When you electronically respond (by e-mail) to the e-mail, we will send you your electronic copy of your appraisal.

1. **Types of Information that will be Provided in Electronic Form.** The only item you will receive electronically by signing this agreement is your appraisal.
2. **Your Right to Receive Paper Copies of the Disclosures.** If you prefer not to provide your consent, your appraisal will be provided to you in a paper form. If you decide to provide your Consent, you may receive paper copies of the appraisal as described in Section 7 below.
3. **Your Right to Withdraw Your Consent.** You have the right to withdraw your Consent at any time. You will not be charged any fees as a result of the withdrawal of your Consent. If you withdraw your Consent, you will receive your appraisal in paper form.
4. **Scope of Your Consent.** Your Consent applies only to the electronic receipt of your appraisal. Your Consent does not apply to other transactions that you may wish to enter into with us.
5. **Procedures to Withdraw Your Consent.** You can withdraw your Consent by contacting us at 888-772-1871. Your withdrawal will be effective as of the end of the following Business Day. For purposes of this Consent, a "Business Day" means any day from Monday through Friday, excluding Saturdays, Sundays and federal holidays.
6. **Change Of Your Designated E-Mail Address.** If you change your designated e-mail address, you must notify us by calling 888-772-1871. Your change of designated e-mail will be effective as of the end of the following Business Day.
7. **How to Receive Paper Copies.** After you provide your Consent, you may receive, without charge, a paper copy of your appraisal that has been provided to you electronically by contacting us at 888-772-1871. You may also print copies of your appraisal from your computer if you have a printer that is connected to your computer.
8. **Computer Hardware, Software and Other Requirements.** You must have the following listed items and features in order to receive your appraisal electronically, to print copies of the appraisal and to retain electronic copies of the appraisal:
 - a. A personal computer with monitor, keyboard and mouse capable of accessing the Internet, Sending and receiving e-mail, and viewing PDF files:
 - i. If you use Windows: XP, 7, or 8, IE 7.0 or higher, Firefox or Chrome using any version; and at least 10MB of available hard-disk space.
 - ii. If you use Mac: Any version of Firefox or Chrome; and at least 10MB of available hard-disk space.
 - b. A valid e-mail address
 - c. A printer capable of printing PDF documents, if you wish to print copies of the appraisal.

If we change the computer hardware or software requirements, we will provide you with advance notice of the new requirements. You may withdraw your Consent as described in Section 5 above, and you will not be charge any fees as a result of the withdrawal of your Consent.

9. Electronic Confirmation of your Consent and Your Designated E-Mail Address. After you provide your Consent below, we will send a confirmation notice to your designated e-mail address. The confirmation notice will include, among other things, a copy of this Consent.

My/Our signature(s) below acknowledge ability to receive and/or print our appraisal that will be delivered via electronic means as defined by Section 101 of the ESign Act.

Signature: _____ Date: _____

Print Name: _____ Date: _____

Signature: _____ Date: _____

Print Name: _____ Date: _____

E-mail address: _____ Date: _____

Signature(s) obtained by:

Employee Signature: _____ Date: _____

Date appraisal sent: _____ Date scanned to file: _____

Environmental Questionnaire and Disclosure Statement

To be completed by the Borrower

BORROWER INFORMATION

Name _____

Mailing Address _____

Telephone number _____

COLLATERAL INFORMATION

Property Address _____

Current Site Use _____

Borrower Site Use _____

Additional Information _____

Answer all questions below. If you answer YES to any question, please explain on page 5 and indicate by placing an X in the details attached column.	<u>YES</u>	<u>NO</u>	<u>Details Attached</u>
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Environmental Information

1. Has the current property owner disclosed to you, or are you otherwise aware of, any information regarding environmental issues on the collateral property?			
2. Have you been contacted by any Federal, state, or local governmental Agency concerning environmental matters that must be resolved in order to obtain construction, business, and/or environmental permits for the collateral property?			

Do not complete the remainder of this questionnaire if a Phase I Environmental Site Assessment Report is available. Attach the Phase I Environmental Report to this form, sign and date the bottom of this page. If a Phase I report is not attached, please complete the remainder of the questionnaire, sign and date on page 4.

I certify that I have no additional knowledge of environmental conditions on the collateral property, other than the information disclosed above and the information provided in the attached Phase I Environmental Report.

Print Name _____ **Signature** _____ **Date** _____

Please answer the following questions if a Phase I Environmental Report is not attached.

ADJACENT PROPERTIES

List the site uses immediately adjacent to (including across the street from) the collateral property.

North:	
South:	
East:	
West:	
Additional:	

If you answer YES to any question, please explain on page 5 and indicate by placing an X in the DETAILS ATTACHED column.	<u>YES</u>	<u>NO</u>	<u>DETAILS ATTACHED</u>
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ASBESTOS (Please attach a copy of the asbestos survey report in your possession)

3. Are you aware of any interior asbestos containing materials in buildings on the collateral property?			
Spray-on acoustical ceiling?			
Pipe insulation?			
Heating/hot water insulation?			
Damaged linoleum?			
Damaged walls?			
Fireproofing?			
Ceiling Tiles?			
4. Are you aware of an asbestos survey being conducted on the collateral property?			
5. Are you planning any renovations or demolition of buildings currently located at the collateral property?			

HAZARDOUS MATERIALS

6. Are you aware of any aboveground or underground storage tanks, clarifiers, or septic tanks currently located on the collateral property?			
7. Are you aware of any chemicals stored on the subject property in drums or other containers?			
8. Are you aware of any spills, leaks, or other releases of chemicals on the property?			
9. How many storage tanks (fuel) are located on the subject property? (above and below ground)			
10. What is the capacity for each tank?			
11. Regulations (6 NYCRR Parts 612, 613, and 614) require total gallons over 1100 be registered. Are tanks registered with NYSDEC?			

If you answer YES to any question, please explain on page 5 and indicate by placing an X in the DETAILS ATTACHED column.	<u>YES</u>	<u>NO</u>	<u>DETAILS ATTACHED</u>
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11a. Have the tanks had the following testing:			
Cathodic testing (All tanks which require testing must be retested every five (5) years from the date of the last test. Steel tanks start at age 10. Fiberglass tanks start age 15.)			
Tank tightness testing (Only underground petroleum bulk storage tanks must be tested for tightness on tank(s) and piping aggregating 1,100 gallons or more. No periodic testing is required for tanks storing #5 or #6 fuel oil).			

LEAD BASED PAINT

12. If the collateral property is multi-family residential, do you know if the building contains lead based paint?			
13. Are you aware of any flaking, peeling, or otherwise damaged paint?			
14. Has the paint been tested for lead content?			

MOLD

15. Does the building contain excessive mold growth caused by water damage or construction defect?			
16. Has a mold survey been completed? If so please attach a copy.			

OIL WELLS

17. Are you aware of the presence of any existing or capped oil wells on the collateral property?			
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PESTICIDES

18. Has the collateral property been used for agricultural purposes?			
19. Are you aware of the use of excessive amounts of pesticides on the collateral property?			

POLYCHLORINATED BIPHENYLS

20. Are you aware of the presence of any privately owned (non-utility owned) electrical transformers, capacitors, or other PCB-containing electrical equipment on the collateral property?			
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SITE HISTORY

21. Has the collateral property ever been occupied by owners or tenants who used, generated, stored, treated, transported, or disposed hazardous materials (e.g. dry cleaners, service stations, auto repair facilities, manufacturing/industrial uses etc.)?			
22. Are you aware of subsurface soil/groundwater sampling conducted to determine if the collateral property is free of toxic contamination?			

If you answer YES to any question, please explain on page 5 and indicate by placing an X in the DETAILS ATTACHED column.	<u>YES</u>	<u>NO</u>	<u>DETAILS ATTACHED</u>
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THREATENED/ENDANGERED SPECIES

23. Are you aware of the presence of any threatened/endangered plant or animal species, or the presence of wetlands on the site?			
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WATER

24. Do you know if there is any water provided to the property from a private well or private water company?			
25. Do you have any reason to believe there was or is any problem with the quality or quantity of drinking water available at the property?			

OTHER ENVIRONMENTAL HAZARDS/CONCERNS

26. Are you aware of any other hazardous substances or environmental concerns that affect the collateral property?			
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I certify that the foregoing information and all attachments are true, complete, and correct to the best of my knowledge and that reasonable inquiry has been made to complete these answers.

Print Name

Signature

Date

Responses coincide with the numbers listed above.

I certify that the foregoing information and all attachments are true, complete, and correct to the best of my knowledge.

Print Name

Signature

Date



The neighborly way to bank.

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.

I/We acknowledge receipt of this notice.

Borrower Signature

Date

Co-Borrower Signature

Date

Co-Borrower Signature

Date