Caliform Residential Loan Application

This application is designed to be completed by the applicant(s) with the Lender's assistance. Applicants should complete this form as "Borrower" or "Co-Borrower", as applicable. Co-Borrower information must also be provided (and the appropriate box checked) when ____ the income or assets of a person other train the "Borrower's including the Borrower's spouse) will be used as a basis for loan qualification or ____ the income or assets of the Borrower's spouse or other person who has community property rights pursuant to state law will not be used as a basis for loan qualification, but his or her liabilities must be considered because the spouse or other purson has community property rights pursuant to applicable law and Borrower resides in a community property state, the security property is located in a community property state, or the Borrower is relying on other property located in a community property state as a basis for repayment of the loan. If this is an application for joint credit, Borrower and Co-Borrower each agree that we intend to apply for joint credit (sign below): Co-Borrowe Co-Borrower

LITTPE DE MORTGAGE AND TERMS OF LOAN

Agency Case Number

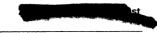
Lender Case Number USDA/Rural Housing Service Amount No. of Months Fixed Rate Other (explain): 205,000 6.125 % 360/360 ARM (type): ☐ GPM IL PROPERTY INFORMATION AND PURPOSE DELEGAN No. of Units Subject Property Address (street, city, state, & ZIP) Orchester, MA 02124 County: Suffolk egal Description or Subject Property (attach description if necessary) Year Built SEE ATTACHED EXHIBIT A Purpose of Loan Purchase Construction Refinance Construction-Permanent Other (explain): Property will be: Primary Residence Secondary Residence Investment Complete this line if construction
Year Lot Original Cost or construction-permanent loan. Amount Existing Liens (a) Present Value of Lot (b) Cost of improvements Total (a+b) / mount Existing Liens Purpose of Refinance Describe Improvements made to be made Title will be held in what Name(s) Estate will be held in: SOLELY Vi Fee Simple Source of Down Payment, Settlement Charges and/or Subordinate Financing (explain) Leasehold(s cable) Co-Borrower's Name (include Jr. or Sr. if applicable) Borrower Borrower's Name (Include Jr. or Sr. if applicable) (ffty Number | Home Phone (Incl. area code) | DOB (mm/dd/yyyy) Yrs. School | Social Security Number | Home Phone (Incl. area code) | DOB (mm/dd/yyyy) | Yrs. School 07/14/1986 citize single. Decendents (not lated by Co-Borrower) Married owed) no. ages Separated Married Unmarried (Include a Separated divorced, widowed) i Unmarried (include single, Dependents (not listed by Borrower) divorced, widowed) no. ages ages Present Address (street, city, state, ZIP) Own Rent 6. No. Yrs. Present Address (street, city, state, ZIP) Own Rent Longmont, CO 80503 Mailing Address, if different from Present Address Mailing Address, if different from Present Address If residing at present address for less than two years, complete the following: Former Address (street, city, state, ZIP) Own 🗓 Rent 1.6 No. Yrs Former Address (street, city, state, ZIP) Own 🗀 Rent Longmont, CO 80503 Former Address (street, city, state, ZIP) Own Rent No. Yra Former Address (street, city, state, ZIP) Own Rent No. Yrs. Fannie Mae Form 1003 07/05 CALYX Form Loanspp1.frm 09/05 Freddie Mac Form 65 07/05 Page 1 of 5 Co-Borrower

Position/Title/Type of Bo	npidyer Lise	Employed	Yrs. on this job	0	Name &	Artemen of Immorran	Self Employ	200		
Position/Title/Type of Bo	<u></u> }	ania di Patri di Ciripoyeu		5 yr(s)		Name & Address of Employer [-	on this job	
	Chaimsford, MA 01824		Yrs. employed line of work/pn	in this ofession					employed in this of work/professio	
	kusirvess	Business	s Phone (Incl. area code)		Position/Title/Type of Business			esa Phon	e (Incl. area code	
Sales Associate / Estimator							-			
If employed in current	f position for less	than two yes	ers or if current	ty empk	oyed in m	ore than one position, o	omplete the foll	owing:		
Name & Address of Em	nplayer Ser	f Employed	Dates (from-to)	Name &	Address of Employer	Self Employ	ed Dat	es (from-to)	
			Monthly Incom	ie				Mor	nthly income	
Position/Title/Type of B	lusiness	Business	Phone (Incl. are	a code)	Position/	Title/Type of Business	Busin	sss Phon	e (incl. area code)	
Name & Address of Em	nployer Sel	f Employed	Dates (from-to	1)	Name &	Address of Employer	Self Employ	ed Dat	es (from-to)	
			Monthly Income					Mor	nthly income	
		-	5					\$		
Position/Title/Type of B	usiness	Business	s Phone (incl. area code)		Position/Title/Type of Business		Busin	siness Phone (incl. area code)		
Name & Address of Em	nployer Sel	f Employed	Dates (from-to)		Name & Address of Employer		Salf Employ	rployed Dates (from-to)		
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	V NO	OTTUE V BACK	ME-AND COME	WED 4	Augus s	XPENSEINFORMATION	AND PROPERTY.	and the same of	- Francisco	
Gross Monthly Income	Borrower	TO YOU T	Sorrower Sorrower	MILE THE	tel	Combined Monthly Housing Expense	Present	(App. 199 2)	Proposed	
Base Empl. Income*	\$ 4,845.00	1	1		845.00	Rent	\$ 800.0	0 177	(C) 法国际中央股份的	
Overtime	778				-	First Mortgage (PSI)		1	1,245.60	
Banuses						Other Financing (P&I)				
Commissions						Historid Insurance				
Dividends/Interest						Real Estate Taxes			140.00	
Net Rental Income		HILL	02/- 1			Mortgage Insurance				
Other (before completing, see the notice in "describe other income," fellow)		+				Homeowner Assn. Dues Other:			125,00	
Total	\$ 4,845.00	1	\$	4.	845.00	Total	\$ 800.0	0 5	1,510.60	
* Self Employed B Describe Other Income B/C	Notice: All	mony, child s	upport, or separa	ste maint	enance inc	th as tax returns and finan- come need not be revealed to have it considered for re-	If the	1 .	Nonthly Amount	
								5		
								Ť		
Fannie Mae Form 1003									Mac Form 65 07/0	

Description ASSETS	Ca	sh or et Value	Liabilities	and Pledged Assets.	List the creditor's	name, address a	and account	Joint	r for all outstand			
Cash deposit toward	\$	et value	- density from	Liabilities and Piedged Assets. List the creditor's name, address and account number for all outstands debts, including automobile foams, re-oving charge accounts, seal estate foams, alteropy, child support, stock piedges, etc. Live continuation sheet, if necessary. Indicate by (*) those liabilities which with the								
purchase held by:			satisfied up	on sale of real estate LIABILITIES	owned or upon ref	arranging of the s	ayment &	erty.	npaid Balance			
List checking and savings accour	ts below				Months L	eft to Pay						
Name and address of Bank, S&L, or Bank of the West		on .	BANK OF 1450 TRE	address of Compar THE WEST AT BLVD CREEK, CA 9459		\$ Paymen	VMonths	-				
			Acct. no.				97					
ect. no.	5	3,000	CAP 1 BA	address of Compar NK	ny.	\$ Paymen	VMonths	s				
lame and address of Bank, S&L, or	Credit Unic	in	PO BOX									
			Acct. no. 2						874			
Acct. no.	Te		GEMB/JC	address of Compar	ny			\$				
Name and address of Bank, S&L, or	Credit Unic	n	PO BOX									
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	-5			address of Compar		\$ Payment	/Months	S				
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tocks & Bonds (Company ame/number description)			Acct. no.		- 10	,		144				
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fe insurance net cash value												
Subtotal Liquid Assets	5	3,000	7			-						
- Annual Control of the Control of t	-		Acct. no. Name and	address of Compan	y	1		S				
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Other Assets (itemize)	5		Job-Relate	d Expense (child can	.) \$	\$ ##		是一位				
			Total Mont	thly Payments		5	***					
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Total Assets a.	ditional area	3,000	F-(#-minus.b)	STREET, STREET,	-1,219	1 IVAN CIRD		\$	4,219			
chedule of Real Estate Owned (if ad- Property Address (enter S if sold, PS ale or R If rental being held for inco	if pending		Present	Amount of	Gross Rental Income	Mortgage Payments	Insurar Mainten Taxes &	ance,	Net Rental Incom			
			s	s	s	s	s		s			
,		Totals	\$	\$	\$	\$	s		s			
st any additional names under which	redit has	previously i	seen received ar	d Indicate appropria	ite creditor name	(s) and account	number(s)	;				

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a. Purchase p		70	1 2 2 2 2	Yes" to any quest		Section Control to	Borre		Co-Bor	2.11.2.2.1
	improvements, repelrs	3 205,000.00		tinuation sheet for			Yes			No
	uired separately)		a. Are there are	y outstanding judgm	ents against you?			₹.		
	(incl. debts to be paid off)		b. Have you be	en declared bankrup	pt within the past 7 years?			V		
		1,363,18			d upon or given title or deed	n lieu thereof		Ø)		
	-	4,608,00	in the last 7	reers?						
	-	11000100	d. Are you a pe	-				☑		
	•				en obligated on any loan whi			₹		
		210,971.18			u of foreclosure, or judgment; o mortgage loans, SBA loans, ho (mobile) home loans, any mo "Yes," provide details, including ber, if any, and reasons for the a					
			obligation, bond,	or loan guarantee. If	"Yes," provide details, including ber, if any, and reasons for the ac	date, name and				
	-	5,971.18	f. Are you pres loan, mortga	ently delinquent or i ge, financiel obligati	n default on any Federal deb on, bond, or loan guarantee? the preceding question.	or any other		Ø		
					, child support, or separate n	naintenance?	П	₹.		П
			h. Is any part or	the down payment	borrowed?		ā		lã	亩
			i. Are you a co	-maker or endoreer	on a note?			3		□
			j. Are you a U.	0 allene/			_	_		_
m. Loan amou	nt (exclude PMI, MIP.		1 -	o. Guzen: rmanent resident af	ion?		团			
Funding Fe	e financed)	205,000.00			roperty as your primary res	idence?	<u> </u>			H
n. PMI, MIP,	Funding Fee financed		If "Yes," comp	lete question in below.	•		ت	_		_
					rest in a property in the last the			V		
o. Loan amou	int (add m & n)			e of property did you ome (SH), or invest	s own-principal residence (PR ment namenty (IRY)	3).				
n. Cash from/	to Borrower (subtract j. k. l &	205,000.00	1		nome-solely by yourself (S),			_		
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viectronic record rely on the inform have represented may, in addition to (9) ownership of the servicers, success	age loans (5) the property will be of this application, whether or nation contained in the application therein should change prior to do a very other rights and remedles in the Loan and/or administration of soors or assigns has made any its application as an "viscotronic or just only facilities transmission.	not the Loan is approv on, and I am obligated osing of the Loan; (8) is that I may have relating the Loan account may? representation or warm	ed; (7) the Lande to extend and/or the event that my g to such delinque be transferred with activ. exprese or in	r and its agents, bro supplement the link payments on the Lo noy, report my name such notice as may! soled, its me report	Hers, Insurers, servicers, suc- primetion provided in this app- an become delinquent, the La- and eccount information to or be required by law; (10) neither the the property or the countil	cessors and a feation if any o nder, its service se or more con- r Lender nor its on or veive of	seigni f the i ers, su sumer agent the on	materi repor a, broi	continued facts one or a one or a one or a one or a one of the one or a one or a or a or a or a or a or a or a or a or a	many mat i seigns moles; wrens,
application were	, or my tecsimale transmission of delivered containing my original ts. Each of the undersigned her or obtain any information or de	written algneture.								
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opportunity, fair h not discriminate i may check more observation and	ormation is requested by the F cousing and home mortgage dis- either on the beals of this informa- than one designation. If you do surname if you have made this in that the disclosures satisfy all to not wish to furnish.	icloeure laws. You am redon, or on whether yo o not furnish ethnicity, application in person. requirements to which	e not required to fi ou choose to furn race, or sex, unde If you do not wist	mish this information in it. If you furnish to Foderal requisition to furnish the information applicable	m, but are encouraged to do: the information, piesase provid a, this lender is required to no mation, piesase check the box	to. The law price both ethnicit ste the informa below. (Lend- spe of loan spo	rovide y and tion or a must pled fi	e that race. In the i	a Lende	er may
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This application Face-to-face Mell Telephone Internet Farvie Mae Form	was taken by: Monique interview interview 781-433	wew by	uchu	IOLIOO	Mass Lending 220-28 Reservoir Stre Needham Heights, M (P) 761-433-8692 (F) 751-433-8699	A 02494	ide M	an fire	m 65 (1704
CALLY Committee	named they broken		- Ones	4.44		Line	-	A . C . ST	m. 94. 1	AT PURE

Request for Verification of Leposit



Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

instructions: Lender - Complete items 1 through 8. Have applicant complete item 9. Forward directly to depository named in item 1.

Depository - Please complete items 10 through 18 and return directly to lender named in item 2.

The form is to be transmitted directly to the lender and is not to be transmitted through the applicant(s) or any other party.

Lender's Phone No.

781-433-8692

Pa	rt	1	R	ed	ue	st

1. To (Name and address of depository)



Longmont, CO 80503

2. From (Name and address of lender)

Monique Boucher Mass Lending 220-28 Reservoir Street

Needham Heights, MA 02494 Longmont, Colorado I certify that this verification has been sent directly to the bank or depository and has not passed through the hands of the applicant or any other interested party. 6. Lender's No. (Optional) 5. Date 12/13/2006 **Loan Processor** 7. Intormati To Be vermed Account Number Balance Account in Name of Type of Account Checking Checking To Depository: I/We have applied for a mortgage loan and stated in my/our financial statement that the balance on deposit with you is as shown above. You are authorized to verify this information and to supply the lender identified above with the information requested in items 10 through 13. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers. 9. Signature of Applicant(s) 8. Name and Address of Applicant(s) X SEE ATTACHMENT

To Be Completed by Depository

10. Deposit Acco			To	urrent Balance	Average	Ralance For Previou	s Two Months	Date Open	ed
Type of Account Account Number				Average Balance For Previous Two Months					
CHECKING	÷ (\$.	4927.15	\$ 20	74.22		2004	
SAW'NGS			\$	298. 24	\$ 29	0.00		2004	# 2005
			\$		\$			•	
			\$		\$			Ī	
11. Loans Outsta	anding To Applic	ant(s)		•					
Loan Number	Date of Loan	Original Amo	unt	Current Balance	Installments	(Monthly/Quarterly)	Secured By	No. of La	te Payment
		\$		\$	\$	per			
		\$		s	\$	per			
		- 		1	•	200	 	1	

12. Please include any additional information which may be of assistance in determination of credit worthiness (Please include information on loans paid-in full in item 11 above.)

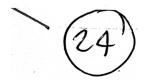
13. If the name(s) on the account(s) differ from those listed in item 7, please supply the name(s) on the account(s) as reflected by your records.

Part III - Authorized Signature	

Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

Title (Please print or type) Signature of Depository Representative arager 18. Phone No. rlease print or type name signed in item 14

CALYX Form vod.frm 12/96



Request for Verification of Employment

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1462b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

Instructions: Lender - Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer, named in item 1.

Employer- Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.

The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party. Paridic Ridellosis 1. To (Name and address of employer) 2. From (Name and address of lender) Monique Boucher Mass Lending Chelmsford, MA 01824 220-28 Reservoir Street I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party. 5. Date 6. Lender's No. (Optional) wied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information. 7. Name and Address of Applicant (include employee or badge number) 8. Signature of Applicant SEE ATTACHMENT Longmont, CO 80503 kanille Seein einemanisteren en kenlik verker 9. Applicant's Date of Employment 10. Present Position 11. Probability of Continued Employment 12A. Current Gross Base Pay (Enter Amount and Check Period) cellen 13. For Military Personnel Only Annual Hourly 14. If Overtime or Bonus is Applicable, Pay Grade Monthly Other (Specify) is its Continuance Likely? Weekly Monthly Amount Overtime Yes 12B. Gross Earnings Bonus Yes [No Type Year To Date 15. If paid hourly-average hours per week Past Year 05 Past Year O Thru 1218106. \$48450 Month Flight or Base Pay 16. Date of applicant's next pay increase Hazard Overtime Clothing \$ Quarters 17. Projected amount of next pay increase Commissions Pro Pay 18. Date of applicant's last pay increase Overseas or Bonus 3000 | 3000 Combat 19. Amount of last pay increase Variable Housing 20. Remarks (if employee was off work for any length of time, please indicate time period and reason) Employee has been working with our organization since 2001 Carroll, Vermisarion, or grin violes Employmenten per use service de la companya de la companya de la companya 23. Salary/Wage at Termination Per (Year)(Month)(Week) 22. Date Terminated 24. Reason for Leaving Overtime Commissions 25. Position Held Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary. 12.13.2006