I INADO

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Uniform Residential Loan App¹² ation

This application is designed to be completed by t dicant(s) with the Lender's assistance. Applicants should compare this form as "Borrower" or "Co-Borrower," as applicable. Co-Borrow qualification or the Borrower is provided (and the appropriate dox checked) when the income or assets of a person other than the Borrower (including the Borrower's spouse) will be used as a basis for lo liabilities must be considered because the spouse or other person has community property rights pursuant to state law will not be used as a basis for loan qualification, but his or the 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):

Borrower							C. D	orrowe							
Contraction of Contract	in anter	A TRACE AND	ALS MOTOR	CANNAL STR	Concernation of the	dent a serie of the			-					_	
Mortgage	VA	Contactor	ntional	THE REAL PROPERTY OF	I. TYPE OI		GETAND	other designation of the local division of t	And the second second second	ALC: NOT ALC: NOT ALC: NOT	になっては一般	those marked a		alla a	·····································
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and All and Dea			SUCCESSION OF	ter II.	PROPERTY	INFORMA	HON AND	PUR	POSEO	FLOAT	ARM (typ	C):	Sale Factor	13 And	C LAD SHOLL WAS
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aml Description of	E, RANDO	LPH, MA 0	2368												4
Legal Description of See Attached Exh	ibit A.	perty (attach	deacription	if necess.	ntà)								10.00	-	Year Built
ourpose of Loan	X Pure		0		- Carriero								_	1	1950
appose of Loan			Constructio	-	Other (expli	uin):			rty will be		-				
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ocial Security Numb		Dharra (111000											
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failing Address, if di	fferent from	Present Add	ress				Mailing Ad	dress, if	different	from Pres	sent Address			_	
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eddie Mac Form 6	5 7/05												Fa	nnie M	ae Form 1003 7/
EM 7300L1 (0508)					((Page 1 of 5	pages)					Great	ocs™ • To	Order C	all: 1-800-968-57

Name & Address of Employe	1021 A25 r	S	∠mployed	Dates (from	(4.(6)) (735)(77) n - to)	AND CREATER MANY	& Address of Employer			Dates	(from - to)
	_			Monthly In	come					Month	hly Income
				-						\$0.00	-
Position/Title/Type of Busines	ss B	usiness P	hone (incl. ar	\$6,213.00 ea code)		Positic	on/Title/Type of Business		Business		ncl. area code)
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and a Autors of Employed	· <u> </u>	 _		Duut (Aon	,			L	Self Employed		、 <i>,</i>
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Monthly Income	Borroy	wer	Co-Bo	orrower	Total		Housing Ex		Present		Proposed
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Overtime	· [·					0.00	First Mortgage (P&I)				<u>s 1,9</u> 1.2
Bonuses						0.00	Other Financing (P&I) Hazard Insurance				• • •
Commissions Dividends/Interest						0.00	Real Estate Taxes				
Net Rental Income	1		1			0.00	Mortgage Insurance				
Other (before completing,						0.00	Homeowner Assn. Due	\$			
see the notice in describe other income," below)						0.00	Other:				
Total	1	,213.00	s			213.00	Total s tax returns and finance		S 1,1	00.00	s <u>3</u> ,
	cable supporting	schedules			by both married a	ND 150	ABILITIES:	eir assets and liabi	lities are sufficient	5 ly joined s	so that the Stater
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Exhibit 2

HARBOR ONE BROCKTON, MA	t Union			-	Name and address	of Company		\$ Pay	ment/Months		S	
Acct. no	\$	5,	860.00					1				
tocks & Bonds (Company name/ umber & description)	\$				Acct. no. Name and address of Company S Payment/Month							
						or company			inchio ingoliula		15	
ife insurance net cash value	\$											
ace amount: \$					Acct. no.	· · · · · · · · · · · · · · · · · · ·		1				
ubtotal Liquid Assets	\$	30,9	993.00		Name and address	of Co mp any		\$ Payr	ment/Months		s	
teal estate owned (enter market value rom schedule of real estate owned)	\$											
ested interest in retirement fund	\$											
let worth of business(es) owned attach financial statement)	S				Acct. no. Name and address	of Company		\$ Payı	ment/Months		s	
utomobiles owned (make nd year)	\$											
					Acct. no.	·····		ł			1	
other Assets (itemize)	s				Alimony/Child Sup Maintenance Paym			s				
mer Assets (nennze)					Job-Related Expen	se (child care, union	dues, etc.)	s			3/4/2 	
					Total Monthly Pa	yments		s	1,264	1.26	1.1	
Total Assets a.	s	30,9	993.00		Net Worth	19400 4000	(152,000.00)			Liabilities b.	s	152,000.
chedule of Real Estate Owned (If addition roperty Address (enter S if sold, PS if pe frental being held for income)	• •		wned, use Type Prop	e of	nuation sheet.) Present <u>Market Value</u> S	Amount of Mortgages & Liens	Gross Rental Inc S		Morigage Payments	Insuran Maintena Taxes & M \$	ince,	Net Rentz Income
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Exhibit 2

IS A SALL TO PARTS TO PARTS SINCE TO CO	Ni kontrili	Unit P CAR CHONSTront	A CONTRACTOR OF A	No. of the second second
j. Subordinate financing	1,000.00	If you answer "Yea" to any questions a through	Borrower	Co-Borrower
k. Borrower's closing costs paid by Seller		please use continuation sheet for explanation. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee? 	Yes No	Yes No
1. Other Credits (explain)	9,845.12	If "Yes," give details as described in the preceding question. g. Are you obligated to pay alimony, child support, or separate maintenance? h. Is any part of the down payment borrowed?		
m. Loan amount (exclude PMI, MIP, Funding Fee financed)	304,000.00	 i. Are you a co-maker or endorser on a note? j. Are you a U.S. citizen? k. Are you a permanent resident alien? 		
n. PMI, MIP, Funding Fee financed		 Do you intend to occupy the property as your primary residence? If "Yes," complete question m below. m. Have you had an ownership interest in a property in the last three years? 		
o. Loan amount (add m & n)	304,000.00	 (1) What type of property did you own—principal residence (PR), second home (SH), or investment property (IP)? (2) How did you hold title to the home-solely by yourself (S), 		
p. Cash from/to Borrower (subtract j, k, 1 & o from i)		jointly with your spouse (SP), or jointly with another person (O)?		
	「おいいのでなど」	A ACKNOWLEDGEMENT AND AGREEMENT		潮於2014年5日的 的

Each of the undersigned specifically represents to Lender and to Lender's actual or potential agents, brokers, processors, attorneys, insurers, servicers, successors and assigns and agrees and acknowledges that: (1) the information provided in this application is true and correct as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of this information contained in this application may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Sec. 1001, et seq.; (2) the loan requested pursuant to this application (the "Loan") will be secured by a mortgage or deed of rust on the property described in this application; (3) the property will not be used for any illegal or prohibited purpose or use; (4) all statements made in this application contained in different information contained in this application are made for the purpose of obtaining a residential mortgage loan; (5) the property will be occupied as indicated in this application; (6) the Lender, its servicers, successors or assigns may retain the original and/or an electronic record of this application, and/or in the formation provided in this application if any of the material facts that I have represented herein should change prior to closing of the Loan; (8) in the event that my payments on the Loan become delinquent, the Lender, its servicers, successors or assigns may, in addition to any other rights and remedies that it may have relating to such delinquency, report my name and account information to one or more consumer reporting agencies; (9) ownership of the Loan and/or administration or waranty, express or implied, to me regarding the property or the condition or value of the property; and (11) my transmission of this application containing my "

Acknowledgement. Each of the undersigned hereby acknowledges that any owner of the Loan, its servicers, successors and assigns, may verify or reverify any information contained in this application or obtain any information or data relating to the Loan, for any legitimate business purpose through any source, including a source named in this application or a consumer reporting agency.

Borrower's Signature	Date	Co-Borrower's Signature	Date
X		x	
XINFORM	ATION FOR GOVER	MIENT MONITORING PURPOSES	

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the information the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the information the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

BORROWEI	R		I do not wish to furnis	s information		CO-BORROWI	I do not wish to	do not wish to jurnish this information						
Ethnicity:		X	Hispanic or Latino		Not Hispan	ic or	Latino	Ethnicity:		Hispanic or Latino		Not Hispanic or Latino		
Race:			American Indian or Alaska Native		Asian		Black or African American	Race:		American Indian or Alaska Native		Asian Black or African American		
			Native Hawaiian or Other Pacific Islander							Native Hawaiian or Other Pacific Islande	Ţ] White		
Sex:		X	Female		Male			Sex:		Female		Male		
To be Complete This application Face-t Mail X Internet	on w o-fao	as t ce in					Interviewer's Name (print or type Lisa 7669 Interviewer's Signature Interviewer's Phone Number (inc (352) 369-6200		6	100 Mass Lo 220-8 R	endin eserv		terviewer's Employer	

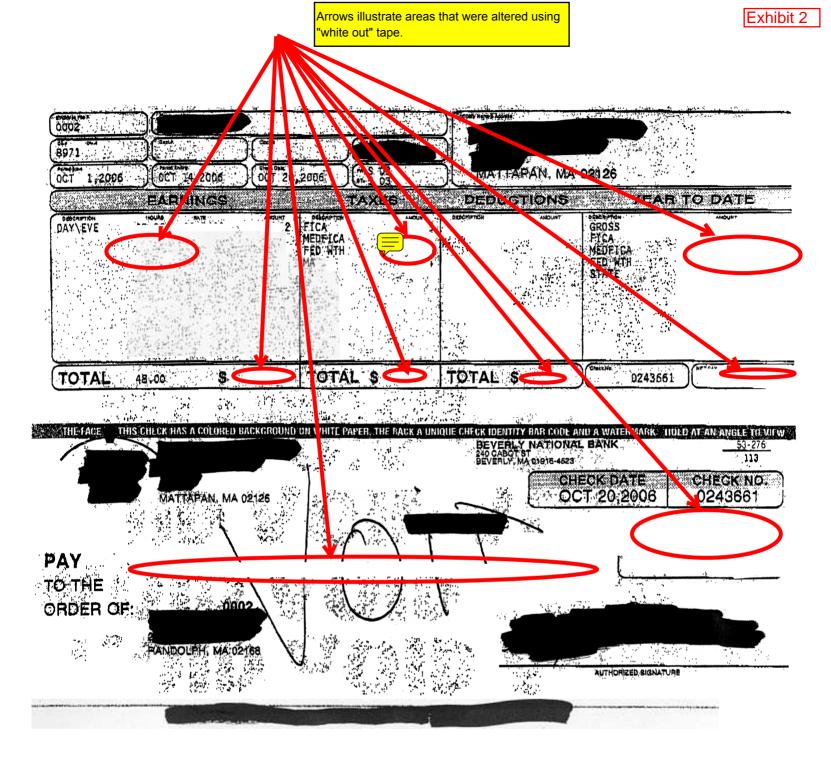
Freddie Mac Form 65 7/05 ITEM 7300L4 (0508)

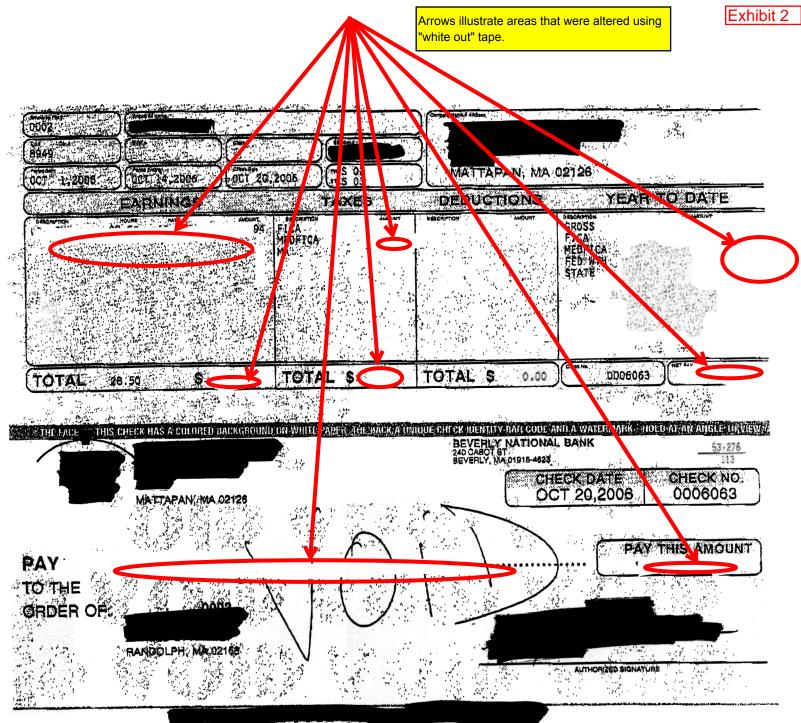
Exhibit 2

Use this continuation sheet if you need more space to complete the Residential Loan Application. Mark B f or Borrower or C for	Bo :	Agency Case Number:
Co-Borrower.	Co-Borrower:	Lender Case Number:
		1434770

L/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1001, et seq.

Borrower's Signature	I	Date	1	Co-Borrower's Signature		Date
×		10/26	106	x		12.
Freddie Mac Form 65 7/05	l	1 1			 <u></u>	Fannie Mae Form 1003 7/05
ITEM 7300L5 (0508)		(Page 5 of 5	i pages)	GreatDocs™	 To Order Call: 1-800-968-5775





MassHealth Evaluation for Personal Care Attendant (PCA) Services (cont.)	
Consumer Name Date of Evaluation: 5732/06	Altered with "white out" tape to indicate that the applicant worked approximately 24.25
Evaluator Signoffs	hours per week, instead of 14.25.
Requested PCA Activity Time	ξ
We confirm that the consumer meets the criteria of the MassHealth PCA Program and requires physical assistance for the following number of hours of PCA activity time:	
Day evening PCA hours requested per week: 4.25 Night PCA hours (if any) requested per night:	
Surrogate (check only one of the two boxes below) I/we have conducted an assessment of the consumer's ability to independently manage the PCA program in accordance with 130 CMR 422.022(A) and have determined that:	
Based on our assessment, the consumer appears to have the necessary cognitive and emotional ability and skills to perform all of the tasks of managing PCA services and <i>does not require a surrogate</i> .	
Based on our assessment, the consumer does to have the necessary cognitive or emotional ability and skills to perform some or all of the tasks of managing PCA services and requires a surrogate.	
Surrogate name, address, and phone number	
Mallepan an DArc	
Surrogate's relationship to consumer:	
Print Name and title of assessor:	
<u>Signatures</u>	
Occupational Therapist Evaluator: Date:	
Registered Nurse Evaluator: Date: 53006	
I was evaluated in person and I have reviewed this evaluation:	
Consumeror legal guardian signature (include surrogate signature as appropriate):	
Date: 513006	
Commonwealth of M ssachusetts • Executive Office of Health and Human Services • Office of Medicaid Page 5 of 7	