

**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.

## Loan Applied For

Loan Amount: \$ \_\_\_\_\_ Term: \_\_\_\_\_ Amortization: \_\_\_\_\_ NCB Stock Purchase?  NO  YES

## Refinance Data (Funds to be used to pay)

\$ _____	_____	\$ _____	_____
First Lien Balance	Maturity Date (MM/DD/YYYY)	Monthly Payment	Payable to Account Number
_____	_____	_____	_____
Payable To Name	Prepayment Type	Prepayment Penalty (if applicable)	
\$ _____	_____	\$ _____	_____
Second Lien Balance	Maturity Date (MM/DD/YYYY)	Monthly Payment	Payable to Account Number
_____	_____	_____	_____
Second Lien Payable To Name	Second Lien Prepayment Type	Second Lien Prepayment Penalty (if applicable)	

Is this financing paying off any debt that is subject to a discounted payoff, short sale, workout or other restructuring?  NO  YES

Does the borrower have any unsecured debt?  NO  YES IF YES, AMOUNT OF DEBT \$ \_\_\_\_\_ PAYABLE TO: \_\_\_\_\_

## Property Description

_____	_____	_____	_____	_____	_____	_____
Street Address	Cross Street	City	County	State	Zip	
_____	_____	_____	_____	_____	_____	_____
# of Buildings	# of Stories	# of Units	# of Parking Spaces	# of Elevators	Year Built	Total Co-op Shares Issued
_____	_____	_____	_____	_____	_____	_____
# of Owner Occupied Units	# of Sublets	# of Unsold Units	# of Rent Regulated Units	Limited Equity Co-op? <input type="checkbox"/> NO <input type="checkbox"/> YES		
_____	_____	_____	_____	_____		
Is there a flip tax? <input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, how is it calculated?		% of individual financing allowed by Co-op			
_____	_____		_____			
# of Owners 30+ Days Delinquent	# of Owners 60+ Days Delinquent					

## Corporate Applicant Information

_____	_____	_____	
Corporate Name of Applicant	Date of Incorporation	Tax Identification Number	
_____			
Corporation Address (Street, Apt/Suite, City, State, and Zip)			
_____	_____	_____	_____
President's Name	Term Expires	Phone	Email
_____	_____	_____	_____
Vice President's Name	Term Expires	Phone	Email
_____	_____	_____	_____
Treasurer's Name	Term Expires	Phone	Email
_____	_____	_____	_____
Secretary's Name	Term Expires	Phone	Email
_____	_____	_____	_____

## Property Management Information (If applicable)

_____	_____	
Name of Management Company	Name of Property Manager	
_____		
Address of Management Company (Street, City, State, Zip)		
_____	_____	_____
Phone	Email Address	Website

## Applicant Authorization

Applicant hereby selects National Cooperative Bank, N.A. to act as its exclusive Fannie Mae representative relative to this loan transaction.

**Agreement:** The undersigned applies for the loan indicated in this application to be secured by a first mortgage or deed of trust on the property described herein, and represents that the property will not be used for any illegal or restricted purpose, and that all statements made in this application and the attachments, are true and are made for the purpose of obtaining the loan. Verification may be obtained from any source named in this application and/or in attachments.

I/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 1014. We consent to the use of electronic signatures and agree that any electronic signatures included in this document and on any additional documents submitted by us are intended to have the same force and effect as manual signatures in accordance with the Federal E-Sign Act and applicable state law.

_____	_____	_____
Print Applicants Name	Date	Applicants Authorized Signature