



68 West Main Street ♦ Freehold, NJ 07728 ♦ 732.462.6700 Office ♦ 732.431.0429 Fax ♦  
[www.freeholdsavingsbank.com](http://www.freeholdsavingsbank.com)

### **Mortgage Refinance Instructions**

Thank you for interest in Freehold Savings Bank's mortgage products. To help expedite the processing of your loan application, please be sure that:

- The application is completed and signed.
- All of the forms and disclosures in the instruction package are completed and signed.

Once the application and the forms and disclosures in the instruction package are completed, return them to us along with the following items listed here:

- Copies of your W-2's for the 2 (two) most recent years.
- Consecutive copies of your pay stubs for the (2) two most recent pay periods.
- If you have retirement income or investment income, we will require proof of that income and a complete and signed copy of your federal tax return for last year.
- Complete copies of your (2) two most recent statements for all accounts (e.g., bank, brokerage, 401K, etc.) listed on your application.
- If you do not have your mortgage with Freehold Savings Bank, please submit a copy of your tax bill and homeowner's insurance bill.
- If you own additional properties including a vacation residence or investment property please submit a copy of your tax bill and insurance bill for each property.
- If you are self-employed please submit complete and signed copies of your federal tax returns (both personal and business returns) for the 2 (two) most recent years. Please be sure that the tax returns are signed and that they include all schedules and addendums.

You can return everything to us in person at our address listed above, mail to the address listed above, faxed to us at 732-431-0429, or emailed to [mbarth@freeholdsla.com](mailto:mbarth@freeholdsla.com)

If you have any questions please do not hesitate to contact us at 732-462-6700.



**FREEHOLD**  
SAVINGS BANK

**MORTGAGE APPLICATION DISCLOSURE**

**Borrower:** \_\_\_\_\_ **Co-Borrower:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

The following fees are hereby disclosed prior to the acceptance of your mortgage loan credit application:

<b>Application Fee &amp; Appraisal Fee:</b>	
<b>Single Family Application</b>	<b>\$450.00</b>
<b>Two-Four Family Application</b>	<b>\$ _____</b>
<b>Other</b>	<b>\$ _____</b>

None of the above marked fees are refundable except when:

- (a) Lender’s failure to provide this written disclosure at time of acceptance of this concerned application;
- (b) Where the lender has failed to issue a commitment or a justifiable credit denial, and the lender’s realistic estimate of the time needed to do so has expired through no substantial fault of the borrower and the borrower has withdrawn his or her application as a result, the lender shall promptly refund to the borrower all funds paid to the lender except appraisal fees and fees paid or actually incurred by the lender to third parties;
- (c) Where an application is denied, or a commitment is issued on terms and conditions substantially dissimilar to those for which the application was submitted and which are unacceptable to the borrower, for reasons ( other than bona fide underwriting considerations) which the lender knew or should have known promptly refund to the borrower all funds paid to lender.

For the purpose of this paragraph, a commitment is issued on terms and conditions which are “substantially dissimilar” to those for which the application was submitted if the interest rate, discount points or commitment fee as set forth in the commitment is higher than or the term of the loan as set forth in the commitment is different than the corresponding terms of the for which the application was made.

For informational purposes, it is hereby disclosed that the estimated processing time from application to commitment for the loan you are applying for is 30 days from the date of receipt of a formal, completed application as defined by Federal RESPA Regulations. For timing purposes, the timing start date shall be the calendar date following the receipt of a completed application by the lender or its representative.

You should be aware that you may contact the appropriate Mortgage Loan Officer to express written questions, comments or complaints. Your loan is being processed at our **Main Office, Freehold Savings Bank at 68 West Main Street, Freehold, NJ 07728 (732) 462-6700.**

You are hereby advised that no later than 3 business days after the lender is in receipt of your completed application, or before closing of the loan, whichever is earlier, the lender shall provide the borrower with a Good Faith Estimate as a dollar amount or range of each charge for a settlement service which the borrower is likely to incur.

I/we hereby acknowledge that I/we have read the above disclosures and, furthermore, acknowledge a duplicate copy of this disclosure has been given to me/us.

\_\_\_\_\_  
**Borrower** **Date** **Co-Borrower** **Date**

**TO ALL BORROWERS OF THE FREEHOLD SAVINGS BANK**

You have the privilege of selecting your own attorney/settlement agent to represent you in the connection with the mortgage loan application you are now making.

Please indicate in the space provided below the name and address of your attorney/settlement agent. Your closing attorney/settlement agent will have to be able to furnish us with a title insurance company certifying that he or she is approved to act as a closing attorney/settlement agent for the said title insurance company. The title insurance guarantees his/her dispersal of funds and that the marketability of title in the event of foreclosure is likewise guaranteed. Your closing attorney/ settlement agent must comply with the Real Estate Settlement Procedures Act and all other State and Federal laws and regulations governing mortgage closings as well as the closing requirements of this institution.

The **Freehold Savings Bank** reserves the privilege of having these papers reviewed by its attorney. **The fee for such review will be approximately \$200.00.**

The attorneys review fee to be paid **The Freehold Savings Bank** counsel is based on his services for examining the Title Binder, Survey, Note and Mortgage. Also, related papers submitted on processing of your loan, his professional advice on approval of same and correspondence, telephone calls and conferences in connection with instructions as to requirements for closing, corrections and approval for closings.

**THE INTERESTS OF THE BORROWER AND LENDER IN THIS LOAN TRANSACTION ARE OR MAY BE DIFFERENT AND MAY CONFLICT. THE LENDER’S ATTORNEY REPRESENTS ONLY THE LENDER AND NOT THE BORROWER. THE BORROWER IS THEREFORE: ADVISED TO EMPLOY AN ATTORNEY/SETTLEMENT AGENT OF THE BORROWER CHOICE LICENSED TO PRACTICE LAW IN THE STATE OF NEW JERSEY TO REPRESENT THE INTERESTS OF THE BORROWER.**

Please fill in the lower portion of this form and return it to us signed with the loan application.

Very truly yours,  
**Maryanne P. Barth, Vice President**  
**Freehold Savings Bank**

OUR CLOSING ATTORNEY/SETTLEMENT AGENT IS:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Borrower Signature



# BORROWER'S CERTIFICATION & AUTHORIZATION

The undersigned certify the following:

1. I have applied for a mortgage loan from **FREEHOLD SAVINGS BANK**.  
In applying for the loan, I completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information, and assets and liabilities. I certify that all of the information is true and complete. I made no misrepresentations in the loan application or other documents, nor did I omit any pertinent information.
2. I understand and agree that Lender reserves the right to change the mortgage loan review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the Financial Institution.
3. I fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States Code, Section 1014.

## **Authorization to Release Information**

To Whom It May Concern:

1. I have applied for a mortgage loan from Lender. As part of the application process, Lender and the mortgage guaranty insurer (if any), may verify information contained in my loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.
2. I authorize you to provide to Lender and to any investor to whom Lender may sell my mortgage, and to the mortgage guaranty insurer (if any), any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns.
3. Lender or any investor that purchases the mortgage or the mortgage guaranty insurer (if any), may address this authorization to any party named in the loan application.
4. A copy of this authorization may be accepted as an original.

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Borrower

**U.S.A. PATRIOT ACT**  
**Customer Identity Verification Disclosure**

Federal Regulations enacted pursuant to Section 326 of the USA Patriot Act require all financial institutions to verify the identity of every person who seeks to open an account or become a signatory on an account with the institution. All persons are subject to the identity verification requirements even though they may be a long term customer of and well known to the bank.

For the purpose of the regulation, an "account" includes every formal banking relationship that entails ongoing services, dealings or transactions. Some examples are a deposit account, loan, trust relationship or safe deposit box rental.

If you request to open an account or become a signatory on an account, and we have not previously verified your identity under the new regulatory requirements, we will request documentary verification of your identity, such as a driver's license or passport and/or will verify your identity through other nondocumentary methods. Similar identification requirements apply to business entities such as corporations and partnerships.

We are required to retain a copy of any document relied upon to verify your identity.

Customer Acknowledgement:

\_\_\_\_\_  
 Customer Signature

\_\_\_\_\_  
 Date

**Customer Identity Verification Worksheet**

Customer Name (Please Print):	
Social Security	Date of Birth:
Street Address :	Place of Birth:
City, State, Zip:	Home Phone#
Employer: _____ Occupation: _____	Work Phone#
If <b>Retired</b> what was your previous occupation: _____	
Email Address:	Cell Phone#

**Method of Identification for Customer (Only one form of verification is required- Must have picture)**

- (1) Driver's License: State \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_
- (2) Passport: # \_\_\_\_\_ Country \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_
- (3) Military ID: Country \_\_\_\_\_ Exp. Date \_\_\_\_\_
- (4) State ID: # \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_
- (5) Green Card: Country \_\_\_\_\_ # \_\_\_\_\_ Exp. Date \_\_\_\_\_
- (6) Immigration Card: Country \_\_\_\_\_ # \_\_\_\_\_ Exp. Date \_\_\_\_\_
- (7) Gov't ID (Visa): # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Gov't Branch \_\_\_\_\_
- (8) \*Other Documents: (1) \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_
- \*Two Forms of ID are required (2) \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_

\_\_\_\_\_  
 Verified By

\_\_\_\_\_  
 Date

**Customer Assessment- Completed by Bank**

-What will be the primary source for any deposits?	Cash <input type="checkbox"/>	Checks <input type="checkbox"/>	ACH <input type="checkbox"/>	Wires <input type="checkbox"/>	N/A if CD <input type="checkbox"/>
-What is anticipated cash deposits per month?	<\$1,000 <input type="checkbox"/>	<\$3,000 <input type="checkbox"/>	<\$10,000 <input type="checkbox"/>	>\$10,000 <input type="checkbox"/>	N/A if CD <input type="checkbox"/>
-What is anticipated number of incoming wires per month?	# <input type="text"/>	Total \$ Amount <input type="text"/>		N/A if CD <input type="checkbox"/>	
-What is anticipated number of outgoing wires per month?	# <input type="text"/>	Total \$ Amount <input type="text"/>		N/A if CD <input type="checkbox"/>	
-What is anticipated number of incoming ACH?	# <input type="text"/>	Total \$ Amount <input type="text"/>		N/A if CD <input type="checkbox"/>	
-What is anticipated number of outgoing ACH?	# <input type="text"/>	Total \$ Amount <input type="text"/>		N/A if CD <input type="checkbox"/>	
-What is anticipated method expected to remove funds from account?	Cash <input type="checkbox"/>	Checks <input type="checkbox"/>	ACH <input type="checkbox"/>	Wires <input type="checkbox"/>	N/A if CD <input type="checkbox"/>
-Will any financial transactions (including checks, wires, ACH, etc.) affect the account originate or have destination outside of the U.S.A.? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Comments by person opening account: _____					
Comments by Compliance Officer: _____					

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1. I have applied for a mortgage loan from **FREEHOLD SAVINGS BANK**.  
In applying for the loan, I completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information, and assets and liabilities. I certify that all of the information is true and complete. I made no misrepresentations in the loan application or other documents, nor did I omit any pertinent information.
2. I understand and agree that Lender reserves the right to change the mortgage loan review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the Financial Institution.
3. I fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States Code, Section 1014.

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1. I have applied for a mortgage loan from Lender. As part of the application process, Lender and the mortgage guaranty insurer (if any), may verify information contained in my loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.
2. I authorize you to provide to Lender and to any investor to whom Lender may sell my mortgage, and to the mortgage guaranty insurer (if any), any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns.
3. Lender or any investor that purchases the mortgage or the mortgage guaranty insurer (if any), may address this authorization to any party named in the loan application.
4. A copy of this authorization may be accepted as an original.

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Co -Borrower

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We are required to retain a copy of any document relied upon to verify your identity.

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Customer Signature

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**Customer Identity Verification Worksheet**

Customer Name (Please Print):	
Social Security	Date of Birth:
Street Address :	Place of Birth:
City, State, Zip:	Home Phone#
Employer: _____ Occupation: _____	Work Phone#
If <b>Retired</b> what was your previous occupation: _____	
Email Address:	Cell Phone#

**Method of Identification for Customer (Only one form of verification is required- Must have picture)**

- (1) Driver's License: State \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_
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- (7) Gov't ID (Visa): # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Gov't Branch \_\_\_\_\_
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\_\_\_\_\_  
Verified By

\_\_\_\_\_  
Date

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-What is anticipated number of outgoing wires per month?	# <input type="text"/>	Total \$ Amount <input type="text"/>		N/A if CD <input type="checkbox"/>	
-What is anticipated number of incoming ACH?	# <input type="text"/>	Total \$ Amount <input type="text"/>		N/A if CD <input type="checkbox"/>	
-What is anticipated number of outgoing ACH?	# <input type="text"/>	Total \$ Amount <input type="text"/>		N/A if CD <input type="checkbox"/>	
-What is anticipated method expected to remove funds from account?	Cash <input type="checkbox"/>	Checks <input type="checkbox"/>	ACH <input type="checkbox"/>	Wires <input type="checkbox"/>	N/A if CD <input type="checkbox"/>
-Will any financial transactions (including checks, wires, ACH, etc.) affect the account originate or have destination outside of the U.S.A.? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Comments by person opening account: _____					
Comments by Compliance Officer: _____					