

Quick Loan Application

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Fax to: Attn: Bob Licare 978.409.6067 bob@boblicare.com		Mail to: Bob Licare Bank of New England Mortgage 342 No. Main St. Andover, MA 01810
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Entries marked with an asterisk (*) are required

Borrower All entries with an asterisk (*) must be completed to process your application	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%; padding: 5px;">*First Name: <input style="width: 95%;" type="text"/></td> <td style="width: 10%; padding: 5px;">Middle Initial: <input style="width: 95%;" type="text"/></td> <td style="width: 30%; padding: 5px;">*Last Name: <input style="width: 95%;" type="text"/></td> <td style="width: 25%; padding: 5px;">Suffix: <input style="width: 95%;" type="text"/></td> </tr> </table>	*First Name: <input style="width: 95%;" type="text"/>	Middle Initial: <input style="width: 95%;" type="text"/>	*Last Name: <input style="width: 95%;" type="text"/>	Suffix: <input style="width: 95%;" type="text"/>					
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CoBorrower Complete only if there is a CoBorrower. All entries with an asterisk (*) must be completed to process your application	*First Name: <input style="width: 100%;" type="text"/>		Middle Initial: <input style="width: 50%;" type="text"/>	*Last Name: <input style="width: 100%;" type="text"/>		Suffix: <input style="width: 50%;" type="text"/>
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Loan Amount	*Amount Applying For: <input style="width: 100%;" type="text"/>		Loan Type Desired		<input type="checkbox"/> 30 Year Fixed <input type="checkbox"/> 15 Year Fixed <input type="checkbox"/> Interest Only <input type="checkbox"/> Adjustable Rate <input type="checkbox"/> Others	
	*Property Value or Purchase Price: \$ <input style="width: 100%;" type="text"/>		Type of Property		<input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Condo/Townhouse <input type="checkbox"/> Equity Loan <input type="checkbox"/> Commercial	
Comments or Questions						