

# Uniform 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 than the "Borrower" (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 person 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):

Borrower \_\_\_\_\_ Co-Borrower \_\_\_\_\_

## I. TYPE OF MORTGAGE AND TERMS OF LOAN

<b>Mortgage Applied for:</b>	<input type="checkbox"/> VA	<input type="checkbox"/> Conventional	<input type="checkbox"/> Other (explain):	Agency Case Number	Lender Case Number
	<input type="checkbox"/> FHA	<input type="checkbox"/> USDA/Rural Housing Service			
<b>Amount</b> \$	Interest Rate %	No. of Months	<b>Amortization Type:</b>	<input type="checkbox"/> Fixed Rate	<input type="checkbox"/> Other (explain):
				<input type="checkbox"/> GPM	<input type="checkbox"/> ARM (type):

## II. PROPERTY INFORMATION AND PURPOSE OF LOAN

<b>Subject Property Address (street, city, state, &amp; ZIP)</b>	<b>No. of Units</b>
Legal Description of Subject Property (attach description if necessary)	Year Built
Purpose of Loan <input type="checkbox"/> Purchase <input type="checkbox"/> Construction <input type="checkbox"/> Other (explain):	Property will be:
<input type="checkbox"/> Refinance <input type="checkbox"/> Construction-Permanent	<input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Investment

**Complete this line if construction or construction-permanent loan.**

Year Lot Acquired	Original Cost	Amount Existing Liens	(a) Present Value of Lot	(b) Cost of Improvements	Total (a+b)
	\$	\$	\$	\$	\$

**Complete this line if this is a refinance loan.**

Year Acquired	Original Cost	Amount Existing Liens	Purpose of Refinance	Describe Improvements	Cost: \$
	\$	\$		<input type="checkbox"/> made <input type="checkbox"/> to be made	

<b>Title will be held in what Name(s)</b>	Manner in which Title will be held	Estate will be held in:
Source of Down Payment, Settlement Charges and/or Subordinate Financing (explain)		<input type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold (show expiration date)

## III. BORROWER INFORMATION

Borrower	Co-Borrower
<b>Borrower's Name (include Jr. or Sr. if applicable)</b>	<b>Co-Borrower's Name (include Jr. or Sr. if applicable)</b>
<b>Social Security Number</b>	<b>Social Security Number</b>
<b>Home Phone (incl. area code)</b>	<b>Home Phone (incl. area code)</b>
<b>DOB (mm/dd/yyyy)</b>	<b>DOB (mm/dd/yyyy)</b>
<b>Yrs. School</b>	<b>Yrs. School</b>
<input type="checkbox"/> Married (includes registered domestic partners)	<input type="checkbox"/> Married (includes registered domestic partners)
<input type="checkbox"/> Unmarried (includes single, divorced, widowed)	<input type="checkbox"/> Unmarried (includes single, divorced, widowed)
<input type="checkbox"/> Separated	<input type="checkbox"/> Separated
<b>Dependents</b> (not listed by Co-Borrower)	<b>Dependents</b> (not listed by Borrower)
No. _____	No. _____
Ages _____	Ages _____
<b>Present Address (street, city, state, ZIP/ country)</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs.	<b>Present Address (street, city, state, ZIP/ country)</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs.
/ <b>United States</b>	/ <b>United States</b>
<b>Mailing Address, if different from Present Address</b>	<b>Mailing Address, if different from Present Address</b>

**If residing at present address for less than two years, complete the following:**

Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs.	Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs.
Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs.	Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs.

Borrower		IV. EMPLOYMENT INFORMATION				Co-Borrower	
<b>Name &amp; Address of Employer</b>	<input type="checkbox"/> Self Employed	<b>Yrs. on this job</b>	<b>Name &amp; Address of Employer</b>	<input type="checkbox"/> Self Employed	<b>Yrs. on this job</b>		
		<b>Yrs. employed in this line of work/profession</b>			<b>Yrs. employed in this line of work/profession</b>		
<b>Position/Title/Type of Business</b>		<b>Business Phone (incl. area code)</b>	<b>Position/Title/Type of Business</b>		<b>Business Phone (incl. area code)</b>		

**If employed in current position for less than two years or if currently employed in more than one position, complete the following:**

<b>Name &amp; Address of Employer</b>	<input type="checkbox"/> Self Employed	<b>Dates (from-to)</b>	<b>Name &amp; Address of Employer</b>	<input type="checkbox"/> Self Employed	<b>Dates (from-to)</b>
		<b>Monthly Income \$</b>			<b>Monthly Income \$</b>
<b>Position/Title/Type of Business</b>		<b>Business Phone (incl. area code)</b>	<b>Position/Title/Type of Business</b>		<b>Business Phone (incl. area code)</b>
<b>Name &amp; Address of Employer</b>	<input type="checkbox"/> Self Employed	<b>Dates (from-to)</b>	<b>Name &amp; Address of Employer</b>	<input type="checkbox"/> Self Employed	<b>Dates (from-to)</b>
		<b>Monthly Income \$</b>			<b>Monthly Income \$</b>
<b>Position/Title/Type of Business</b>		<b>Business Phone (incl. area code)</b>	<b>Position/Title/Type of Business</b>		<b>Business Phone (incl. area code)</b>
<b>Name &amp; Address of Employer</b>	<input type="checkbox"/> Self Employed	<b>Dates (from-to)</b>	<b>Name &amp; Address of Employer</b>	<input type="checkbox"/> Self Employed	<b>Dates (from-to)</b>
		<b>Monthly Income \$</b>			<b>Monthly Income \$</b>
<b>Position/Title/Type of Business</b>		<b>Business Phone (incl. area code)</b>	<b>Position/Title/Type of Business</b>		<b>Business Phone (incl. area code)</b>
<b>Name &amp; Address of Employer</b>	<input type="checkbox"/> Self Employed	<b>Dates (from-to)</b>	<b>Name &amp; Address of Employer</b>	<input type="checkbox"/> Self Employed	<b>Dates (from-to)</b>
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**V. MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION**

Gross Monthly Income	Borrower	Co-Borrower	Total	Combined Monthly Housing Expense	Present	Proposed
Base Empl. Income*	\$	\$	\$	Rent	\$	
Overtime				First Mortgage (P&I)		\$
Bonuses				Other Financing (P&I)		
Commissions				Hazard Insurance		
Dividends/Interest				Real Estate Taxes		
Net Rental Income				Mortgage Insurance		
Other (before completing, see the notice in "describe other income," below)				Homeowner Assn. Dues		
				Other:		
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>	<b>\$</b>

\* Self Employed Borrower(s) may be required to provide additional documentation such as tax returns and financial statements.

**Describe Other Income**      **Notice:** Alimony, child support, or separate maintenance income need not be revealed if the Borrower (B) or Co-Borrower (C) does not choose to have it considered for repaying this loan.

B/C	Monthly Amount
	\$



<b>VII. DETAILS OF TRANSACTION</b>	<b>VIII. DECLARATIONS</b>
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| <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Purchase price</td><td style="text-align: right;">\$</td></tr> <tr><td>b. Alterations, improvements, repairs</td><td></td></tr> <tr><td>c. Land (if acquired separately)</td><td></td></tr> <tr><td>d. Refinance (incl. debts to be paid off)</td><td></td></tr> <tr><td>e. Estimated prepaid items</td><td></td></tr> <tr><td>f. Estimated closing costs</td><td></td></tr> <tr><td>g. PMI, MIP, Funding Fee</td><td></td></tr> <tr><td>h. Discount (if Borrower will pay)</td><td></td></tr> <tr><td>i. Total costs (add items a through h)</td><td></td></tr> <tr><td>j. Subordinate financing</td><td></td></tr> <tr><td>k. Borrower's closing costs paid by Seller</td><td></td></tr> <tr><td>l. Other Credits (explain)</td><td></td></tr> <tr><td>m. Loan amount (exclude PMI, MIP, Funding Fee financed)</td><td></td></tr> <tr><td>n. PMI, MIP, Funding Fee financed</td><td></td></tr> <tr><td>o. Loan amount (add m &amp; n)</td><td></td></tr> <tr><td>p. Cash from/to Borrower (subtract j, k, l &amp; o from i)</td><td></td></tr> </table> | a. Purchase price        | \$                       | b. Alterations, improvements, repairs |  | c. Land (if acquired separately) |  | d. Refinance (incl. debts to be paid off) |  | e. Estimated prepaid items |  | f. Estimated closing costs |  | g. PMI, MIP, Funding Fee |  | h. Discount (if Borrower will pay) |  | i. Total costs (add items a through h) |  | j. Subordinate financing |  | k. Borrower's closing costs paid by Seller |  | l. Other Credits (explain) |  | m. Loan amount (exclude PMI, MIP, Funding Fee financed) |  | n. PMI, MIP, Funding Fee financed |  | o. Loan amount (add m & n) |  | p. Cash from/to Borrower (subtract j, k, l & o from i) |  | <p><b>If you answer "Yes" to any questions a through i, please use continuation sheet for explanation.</b></p> <table border="0" style="width:100%;"> <tr> <td style="width: 70%;">a. Are there any outstanding judgments against you?</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 10%;"></td> </tr> <tr> <td>b. Have you been declared bankrupt within the past 7 years?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. Are you a party to a lawsuit?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?<br/><small>(This would include such loans as home mortgage loans, SBA loans, home improvement loans, educational loans, manufactured (mobile) home loans, any mortgage, financial obligation, bond, or loan guarantee. If "Yes," provide details, including date, name, and address of Lender, FHA or VA case number, if any, and reasons for the action.)</small></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>f. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee?<br/><small>If "Yes," give details as described in the preceding question.</small></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>g. Are you obligated to pay alimony, child support, or separate maintenance?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>h. Is any part of the down payment borrowed?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>i. Are you a co-maker or endorser on a note?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>j. Are you a U. S. citizen?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>k. Are you a permanent resident alien?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><b>l. Do you intend to occupy the property as your primary residence?</b><br/><small>If "Yes," complete question m below.</small></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>m. Have you had an ownership interest in a property in the last three years?<br/><small>(1) What type of property did you own-principal residence (PR), second home (SH), or investment property (IP)?</small></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><small>(2) How did you hold title to the home-solely by yourself (S), jointly with your spouse (SP), or jointly with another person (O)?</small></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table> | a. Are there any outstanding judgments against you? | Yes | No |  | b. Have you been declared bankrupt within the past 7 years? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. 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| b. Alterations, improvements, repairs  |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| c. Land (if acquired separately)   |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| d. Refinance (incl. debts to be paid off)  |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| e. Estimated prepaid items   |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| f. Estimated closing costs   |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| g. PMI, MIP, Funding Fee   |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| h. Discount (if Borrower will pay)   |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| i. Total costs (add items a through h)   |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| j. Subordinate financing   |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| k. Borrower's closing costs paid by Seller   |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| l. Other Credits (explain)   |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| m. Loan amount (exclude PMI, MIP, Funding Fee financed)  |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| n. PMI, MIP, Funding Fee financed  |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| o. Loan amount (add m & n)   |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| p. Cash from/to Borrower (subtract j, k, l & o from i)   |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| a. Are there any outstanding judgments against you?  | Yes                      | No                       |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| b. Have you been declared bankrupt within the past 7 years?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| c. Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| d. Are you a party to a lawsuit?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?<br><small>(This would include such loans as home mortgage loans, SBA loans, home improvement loans, educational loans, manufactured (mobile) home loans, any mortgage, financial obligation, bond, or loan guarantee. If "Yes," provide details, including date, name, and address of Lender, FHA or VA case number, if any, and reasons for the action.)</small>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| f. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee?<br><small>If "Yes," give details as described in the preceding question.</small>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| g. Are you obligated to pay alimony, child support, or separate maintenance?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| h. Is any part of the down payment borrowed?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| i. Are you a co-maker or endorser on a note?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| j. Are you a U. S. citizen?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| k. Are you a permanent resident alien?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <b>l. Do you intend to occupy the property as your primary residence?</b><br><small>If "Yes," complete question m below.</small>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| m. Have you had an ownership interest in a property in the last three years?<br><small>(1) What type of property did you own-principal residence (PR), second home (SH), or investment property (IP)?</small>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <small>(2) How did you hold title to the home-solely by yourself (S), jointly with your spouse (SP), or jointly with another person (O)?</small>   | _____                    | _____                    | _____                                 |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| Yes  | No                       | Yes                      | No                                    |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |     |    |  |   |                          |                          |                          |  |                          |                          |                          |                                  |                          |                          |                          |   |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |                             |                          |                          |                          |  |                          |                          |                          |  |                          |                          |                          |   |                          |                          |                          |  |       |       |       |  
   
   
   
   
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## Demographic Information Addendum.

This section asks about your ethnicity, sex, and race.

### Demographic Information of Borrower

**The purpose of collecting this information** is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." **The law provides that we may not discriminate** on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, sex, and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

#### **Ethnicity:** Check one or more

- Hispanic or Latino  
 Mexican    Puerto Rican    Cuban  
 Other Hispanic or Latino – *Print origin:*

\_\_\_\_\_ *For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.*

- Not Hispanic or Latino  
 I do not wish to provide this information

#### **Sex**

- Female  
 Male  
 I do not wish to provide this information

#### **Race:** Check one or more

- American Indian or Alaska Native – *Print name of enrolled or principal tribe:* \_\_\_\_\_  
 Asian  
 Asian Indian    Chinese    Filipino  
 Japanese    Korean    Vietnamese  
 Other Asian – *Print race:* \_\_\_\_\_  
*For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.*  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 Native Hawaiian    Guamanian or Chamorro    Samoan  
 Other Pacific Islander – *Print race:*

\_\_\_\_\_ *For example: Fijian, Tongan, and so on.*

- White  
 I do not wish to provide this information

#### **To Be Completed by Financial Institution (for application taken in person):**

- Was the ethnicity of the Borrower collected on the basis of visual observation or surname?    NO    YES  
Was the sex of the Borrower collected on the basis of visual observation or surname?    NO    YES  
Was the race of the Borrower collected on the basis of visual observation or surname?    NO    YES

#### **The Demographic Information was provided through:**

- Face-to-Face Interview (*includes Electronic Media w/ Video Component*)    Telephone Interview    Fax or Mail    Email or Internet

**Borrower Name:** \_\_\_\_\_