

411 McMurray Road Bethel Park, PA 15102-1131

## **Consumer Loan Application**

BRANCH OFFICE \_\_\_\_\_

☐ Individual ☐ Joint				Amount Req	uested		Term				
We intend to apply for Joint Credit					Loan Type ☐ Home Equity Installment Loan ☐ Home Equity Line of Credi ☐ Other						
Applicant	Date	Co-Applicant	Date	Purpose of L	.oan						
NAME (Include Jr., Sr., III, if appli	cable)		DATE OF BIRTH	NAME (Include Jr	., Sr., III, if appl	licable)		DATE OF BIRTH			
SOCIAL SECURITY NUMBER				SOCIAL SECURI	TY NUMBER						
PRESENT ADDRESS (No. & Street)  APT. NUMBER				PRESENT ADDR	APT. NUMBER						
CITY	ST	ATE	ZIP	CITY STATE				ZIP			
ELEPHONE HOW LONG AT THE ABOVE			VE ADDRESS?				HOW LONG AT TH	IE ABOVE ADDRESS?			
( )				( )							
PREVIOUS ADDRESS (If less that	an 3 years at current add	dress)		PREVIOUS ADDI	RESS (If less th	nan 3 years at current add	ress)				
HOW MANY YEARS AT THIS ADDRESS?	□MARRIED □SEP		DEPENDENTS	HOW MANY YEARS AT THIS ADDRESS?  DO NOT COMPLETE FOR UNSECURED LOA  MARRIED SEPARATED UNMARRIED (Incl. single, divorced, widower							
LIST ANY OTHER NAMES UNDE		single, divorced, widowed) APPLIED FOR OR BEEN GR	ANTED CREDIT:	LIST ANY OTHER	R NAMES UND	DER WHICH YOU HAVE A					
IS THIS YOUR PRIMARY ADDRE	ESS? □Yes □	No		IS THIS YOUR PE	RIMARY ADDR	ESS? □Yes □1	No				
ADDRESS (No. & Street)				ADDRESS (No. &	Street)						
CITY STATE ZIP					CITY STATE ZIP						
PURCHASE PRICE ESTIMATED VALUE				PURCHASE PRICE ESTIMATED VALUE							
MORTGAGE HOLDER BALANCE ON MORTGAGE				MORTGAGE HOLDER BALANCE ON MORTGAGE							
EMPLOYER				EMPLOYER							
EMPLOYER'S ADDRESS				EMPLOYER'S AD	DRESS						
LENGTH OF EMPLOYMENT		EMPLOYER'S TELEPHON	JE NO	LENGTH OF EMP	PLOYMENT		EMPLOYER'S TEL	EPHONE NO			
Years Months ( )			VE 110.	Years	Months		( )				
OCCUPATION/POSITION				OCCUPATION/PC	OSITION		<u> </u>				
		EMP	LOYEE I.D. NO. (If any)					EMPLOYEE I.D. NO. (If any)			
ANNUAL GROSS SALARY \$				ANNUAL GROSS		-					
OTHER INCOME: DO NOT REVI you are relying on such income to			TOTAL			/EAL Income from alimony to repay this account.	, child support or se	parate maintenance payments unle TOTAL   GROSS MONTHLY INCOME			
DESCRIBE SOURCE OF OTHER INCOME \$			ROSS MONTHLY INCOME	DESCRIBE SOURCE OF OTHER INCOME				\$			
PREVIOUS EMPLOYER (If less t	han 3 years at present e	mployer)		PREVIOUS EMPL	OYER (If less	than 3 years at present en	mployer)				
PREVIOUS EMPLOYER'S ADDF	RESS			PREVIOUS EMPL	OYER'S ADDI	RESS					
LENOTH OF EMPLOYAGE		EMPLOYED TELESTICS	IF NO	LENOTHOLES	NOVAETE.		EMPLOYED ==:	EDITONE NO			
LENGTH OF EMPLOYMENT Years Months		EMPLOYER'S TELEPHON	NE NO.	LENGTH OF EMPLOYMENT Years Months ( )				EPHONE NO.			
☐ CHECKING ☐ SAVINGS ACC	COUNT WITH:	ACC	OUNT NUMBER(S)	CHECKING D	SAVINGS AC	COUNT WITH:		ACCOUNT NUMBER(S)			
ADDRESS				ADDRESS				I			
□ CHECKING □ SAVINGS ACCOUNT WITH: ACCOUNT N			OUNT NUMBER(S)	CHECKING SAVINGS ACCOUNT WITH:				ACCOUNT NUMBER(S)			
ADDRESS				ADDRESS				<u> </u>			

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU:  ADDRESS (No. & Street)					NAME OF NEAREST RELATIVE NOT LIVING WITH YOU:  ADDRESS (No. & Street)						
RELATIONSHIP TELEPHONE ( )					RELATIONSHIP			TELEPHONE			
								( )			
					T ASSETS						
Please attach	n sheet(s) if more space	· · · · · · · · · · · · · · · · · · ·	e Current Assets s				I	1		\/ALLIE	
DESCRIPTION OF ASSETS				OWNER	R NAMES		SUBJECT TO L	JEN: YES/NO		VALUE	
								+			
Total Assets fro	om Addendum										
TOTAL ASSET	S										
T. ( ) .	11. 6 11. 1				DING DEBTS						
and separate	are all of the loans or d	s you are obligate	ed to make. Please	e attach	additional sheet(	(s) if more	space is requ	ired for the O	utstan	ding debts section	
APPLICANT	column (Applicant Cod	<del></del>	ACCOUNT	e respon:	ORIGNAL	. ,,	JRRENT	MONTHLY		Check box if to be	
CODE	NAME OF CRED	ITOR	NUMBER		AMOUNT		ALANCE	PAYMENTS		paid from proceeds	
	Total Assets from Adden	ndum									
	TOTAL ASSETS										
be informed wl check my (our)	at you may request a cons nether or not such a repoi employment history and HIS APPLICATION MUST B	rt was requested (a to exchange accour	nd, if so, the name and and credit informat	nd addres tion about	s of the consumer r me (us) with anyon	eporting ac	ency that furnisl	ned the report). I	(We)		
XSIGNATURE OF APPLICANT		DATE		XSIGNATURE OF CO	-APPLICANT		DATE				
		II	FORMATION FOR G	GOVERNI	IENT MONITORING	PURPOSE	s				
The following in and Home Mormay not discrir	PLETETHIS SECTION ONLY IN Information is requested by the tragage Disclosure laws. You a ninate on the basis of the info ons, the Lender is required t	e federal government are not required to fur ormation, or on wheth	for certain types of loar nish this information, but er you choose to furnis	ns related t ut are enco	o a dwelling in order to ouraged to do so. You i ver, if you choose not t	o monitor the may select o to furnish the	Lender's compliant ne or more designation and y	nce with Equal Cre ations for race. Th ou have made this	edit Opp e law p applic	portunity, Fair Housing provides that a Lender ation in person, under	
Ethnicity ☐ Asian ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Black or ☐ White		☐ American ☐ Asian ☐ Native Ha Other Pac ☐ Black or A	an Indian, Alaskan Native Hawaiian or Pacific Islander r African American Male □ Female		CO-APPLICAN  I do not wish to fu Ethnicity  Hispanic or Latinu Not Hispanic or L	urnish this ini o	formation.	Race  ☐ American Indian, Alaskan Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ White Sex: ☐ Male ☐ Female			
This applicati	on was taken:		Interviewer					Date			
This application was taken:  ☐ Face to face interview ☐ Mail or Fax ☐ Telephone ☐ Internet or E-mail			Interviewer NMLS	:#				Bank NMLS#	4198	36	