

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 Credit					
Applicant	Date	Co-Applicant	Date	Purpose of L	.oan					
NAME (Include Jr., Sr., III, if appl	icable)		DATE OF BIRTH	NAME (Include Jr	., Sr., III, if appl	icable)		DATE OF BIRTH		
SOCIAL SECURITY NUMBER				SOCIAL SECURI	TY NUMBER					
PRESENT ADDRESS (No. & Stre	APT. NUMBER	PRESENT ADDR	APT. NUMBER							
CITY	ST	ATE	ZIP	CITY STATE				ZIP		
ELEPHONE HOW LONG AT THE ABOVE			VE ADDRESS?	TELEPHONE HOW LONG AT TI				IE ABOVE ADDRESS?		
( )										
PREVIOUS ADDRESS (If less th	an 3 years at current add	iress)		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 LOAD MARRIED SEPARATED UNMARRIED (Incl. single, divorced, widowed						
LIST ANY OTHER NAMES UND		single, divorced, widowed) PPLIED FOR OR BEEN GR	ANTED CREDIT:	LIST ANY OTHER	R NAMES UND	ER WHICH YOU HAVE A				
IS THIS YOUR PRIMARY ADDR	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	NE NO	LENGTH OF EMP	DI OVMENT		EMPLOYER'S TEL	EDHONE NO		
Years Months ( )			VL IVO.	Years	Months		( )	5 . E.E		
OCCUPATION/POSITION		,		OCCUPATION/PC						
ANNUAL GROSS SALARY \$ EMPLOYEE I.D. NO. (If any)				ANNUAL GROSS	EMPLOYEE I.D. NO. (If any)					
OTHER INCOME: DO NOT REV you are relying on such income to		y, child support or separate	maintenance payments unless TOTAL			EAL Income from alimony orepay this account.	, child support or se	parate maintenance payments unle TOTAL		
			ROSS MONTHLY INCOME	DESCRIBE SOURCE OF OTHER INCOME				GROSS MONTHLY INCOME		
PREVIOUS EMPLOYER (If less	than 3 years at present e			PREVIOUS EMPL	OYER (If less	than 3 years at present en	nployer)			
PREVIOUS EMPLOYER'S ADDR	RESS			PREVIOUS EMPL	OYER'S ADDI	RESS				
LENGTH OF EMPLOYMENT		EMPLOYER'S TELEPHON	R'S TELEPHONE NO.		LENGTH OF EMPLOYMENT			EMPLOYER'S TELEPHONE NO.		
Years Months		( )		Years	Months		( )			
□ CHECKING □ SAVINGS ACCOUNT WITH: ACCOU			OUNT NUMBER(S)	CHECKING D	SAVINGS AC	COUNT WITH:		ACCOUNT NUMBER(S)		
ADDRESS		1		ADDRESS						
□ CHECKING □ SAVINGS ACCOUNT WITH: ACCOUNT NU			OUNT NUMBER(S)	CHECKING D	ACCOUNT NUMBER(S)					
ADDRESS				ADDRESS						

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 spa	· · · · · · · · · · · · · · · · · · ·	the Current Assets s				ı	1		VALUE	
DESCRIPTION OF ASSETS				OWNER	R NAMES		SUBJECT TO L	JEN: YES/NO	IEN: YES/NO		
Total Assets fro	om Addendum										
TOTAL ASSET	S										
T. ( !! :	11. 6 11. 1				DING DEBTS						
and separate	are all of the loans or maintenance payme column (Applicant Co	nts you are oblig	ated to make. Please	e attach	additional sheet(	(s) if more	space is requ	ired for the O	utstan	ding debts section	
APPLICANT			ACCOUNT		ORIGNAL		JRRENT	MONTHLY		Check box if to be	
CODE	IVAIVIL OF OTE	DITOR	NUMBER		AMOUNT	BALANCE		PAYMENTS		paid from proceeds	
	Total Assets from Add	endum									
	TOTAL ASSETS										
be informed wl check my (our)	at you may request a content of the such a report of the such a report of the such a report of the such as the suc	port was requested and to exchange acc	(and, if so, the name a ount and credit information	nd addres tion about	s of the consumer r me (us) with anyon	reporting ag	ency that furnisl	ned the report). I	(We)		
XSIGNATURE OF	SIGNATURE OF APPLICANT		DATE	DATE		)-APPLICANT		DATE			
			INFORMATION FOR C	GOVERNM	IENT MONITORING	PURPOSE	s				
The following in and Home Mormay not discrir	PLETETHIS SECTION ONLY offormation is requested by tragage Disclosure laws. You ninate on the basis of the itions, the Lender is required	the federal governm u are not required to information, or on wh	ent for certain types of loar furnish this information, b ether 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 applica	portunity, Fair Housing provides that a Lender ation in person, under	
Ethnicity ☐ Asian ☐ Hispanic or Latino ☐ Native ☐ Not Hispanic or Latino ☐ Black ☐ White		re Hawaiian or r Pacific Islander c or African American		CO-APPLICAN  I do not wish to fu Ethnicity Hispanic or Latinu Not Hispanic or L	formation.	Race  ☐ American Indian, Alaskan Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ White Sex: ☐ Male ☐ Female					
This applicati	ion was taken:		Interviewer					Date			
☐ Face to face interview ☐ Mail or Fax ☐ Telephone ☐ Internet or E-mail			Interviewer NMLS				Bank NMLS#	41983	36		