

411 McMurray Road Bethel Park, PA 15102-1131

Consumer Loan Application

BRANCH OFFICE _____

☐ Individual ☐ Joint	Amount Requested Term									
We intend to apply for Joint Credit					Loan Type ☐ Home Equity Installment Loan ☐ Home Equity Line of Credit ☐ Other					
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 appli	icable)		DATE OF BIRTH		
SOCIAL SECURITY NUMBER				SOCIAL SECURIT	TY NUMBER					
PRESENT ADDRESS (No. & Str	PRESENT ADDRI	APT. NUMBER								
CITY	ST	ATE	ZIP	CITY STATE				ZIP		
TELEPHONE		HOW LONG AT THE AB	OVE ADDRESS?	TELEPHONE			HOW LONG AT TH	IE ABOVE ADDRESS?		
()				()						
<u> </u>	0	\			NEOO (14 I 41-	0	>			
PREVIOUS ADDRESS (If less the	nan 3 years at current add	iress)		PREVIOUS ADDE	RESS (If less th	an 3 years at current add	ress)			
HOW MANY YEARS AT		FOR UNSECURED LOANS	DEPENDENTS	HOW MANY YEAR	RS AT	DO NOT COMPLETE		LOANS DEPENDENTS		
THIS ADDRESS?	☐ MARRIED ☐ SEP	ARATED single, divorced, widowed)		THIS ADDRESS?		☐ MARRIED ☐ SEP. ☐ UNMARRIED (Incl.		owed)		
LIST ANY OTHER NAMES UND			RANTED CREDIT:	LIST ANY OTHER	NAMES UNDI	ER WHICH YOU HAVE A				
IS THIS YOUR PRIMARY ADDR	ESS? □Yes □	No		IS THIS YOUR PF	RIMARY ADDRE	ESS? □Yes □I	No			
ADDRESS (No. & Street)				ADDRESS (No. &	Street)					
CITY	CITY STATE ZIP									
PURCHASE PRICE	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 TELEPHO	ONE NO	LENGTH OF EMP	PLOYMENT		EMPLOYER'S TEL	EPHONE NO		
ars Months ()			INC.	Years	Months		()	ELITIONE NO.		
OCCUPATION/POSITION		,		OCCUPATION/PC			,			
OCCUPATION/POSITION				OCCUPATION/PC	STION					
EMPLOYEE I.D. NO. (I ANNUAL GROSS SALARY \$			PLOYEE I.D. NO. (If any)	ANNUAL GROSS	EMPLOYEE I.D. NO. (If any)					
OTHER INCOME: DO NOT REV		y, child support or separate					y, child support or se	parate maintenance payments u		
you are relying on such income t	• •		TOTAL GROSS MONTHLY INCOME	you are relying on DESCRIBE SOUR	TOTAL GROSS MONTHLY INCOM					
DESCRIBE SOURCE OF OTHER INCOME \$					\$					
PREVIOUS EMPLOYER (If less	than 3 years at present e	mployer)		PREVIOUS EMPL	OYER (If less t	than 3 years at present er	nployer)			
PREVIOUS EMPLOYER'S ADDI	RESS			PREVIOUS EMPL	OYER'S ADDF	RESS				
LENGTH OF EMPLOYMENT		EMPLOYER'S TELEPHO	DNE NO.	LENGTH OF EMF	PLOYMENT		EMPLOYER'S TEL	EPHONE NO.		
Years Months		()		Years Months ()						
□ CHECKING □ SAVINGS ACCOUNT WITH: ACCOUNT			COUNT NUMBER(S)	CHECKING SAVINGS ACCOUNT WITH:			ACCOUNT NUMBER(S)			
ADDRESS				ADDRESS				I		
☐ CHECKING ☐ SAVINGS ACCOUNT WITH: ACCOUNT NUMBER			COUNT NUMBER(S)	CHECKING C	ACCOUNT NUMBER(S)					
ADDRESS				ADDRESS				<u> </u>		

NAME OF NEARE	ST RELATIVE NOT LIVING WI		NAME OF NEAREST RELATIVE NOT LIVING WITH YOU:								
ADDRESS (No. & Street)					ADDRESS (No. & Street)						
CITY STATE ZIP					CITY STATE ZIP						
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		e 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	urnish this in	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		