



Consumer Loan Application

The Victory Bank
548 N. Lewis Road
Limerick, PA 19468
610.948.9000 *Lender*

Amount of Loan Requested: _____
Purpose: _____

Received by: _____
Date Received: _____

I am applying for single credit _____ (initials) OR WE are applying for joint credit _____ / _____ (initials)

Please tell us about yourself and co-applicant, if applicable.

Applicant's Name				Co-Applicant's Name			
Home Address Number and Street			Yrs./ Mos.	Home Address Number and Street			Yrs./Mos
City, State, Zip Code			County	City, State, Zip Code			County
Social Security Number		Home Phone No.		Date of Birth		Social Security Number	
Home Phone No.		Date of Birth		Home Phone No.		Date of Birth	
Driver's License No.		No. Dependents	Ages of Dependents		Driver's License No.		No. Dependents
Ages of Dependents		Driver's License No.		No. Dependents		Age of Dependents	
Applicant's Previous Home Address							Yrs./Mos
Are you, or a family member, an active service member? Yes ___ No ___							
Name:				Relationship:			

About Your Job(s)

Business Name or Employer <input type="checkbox"/> Self Employed (Additional Information Required)				Co-Applicant's Employer <input type="checkbox"/> Self Employed (Additional Information Required)			
Business Address Number and Street			Yrs./Mos	Business Address Number and Street			Yrs./Mos
City, State, Zip Code			Business Phone	City, State, Zip Code			Business Phone
Position		Personal Monthly Employment Income \$		Position		Co-Applicant's Monthly Employment Income \$	
Previous Employer			Yrs./Mos	Co-Applicant's Previous Employer			Yrs./Mos

About Your Other Income

You need not disclose alimony, child support or separate maintenance income unless you want us to consider it for purposes of this application.

Annual Interest & Dividend Income \$		Monthly child support or separate maintenance. \$		Other Monthly Household Income \$		Please describe the sources of Other Household Income.	
--------------------------------------	--	---	--	-----------------------------------	--	--	--

Marital Status

Do not complete if this is an Application for Individual unsecured credits

Applicant <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including, single, divorced, and widowed)			
Co-Applicant <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including, single, divorced, and widowed)			

About Your Existing Loans and Accounts

<input type="checkbox"/> Rent Home						
<input type="checkbox"/> Own Home in the following name(s):						
Monthly Rent or Payment \$		Purchase Price \$	Original Loan Amount \$	Balance Owing \$	Present Value \$	Date Purchased
Name and address of Mortgage Holder or Landlord						
Name of My Bank			Checking Account No.		Savings Account No.	
Have you ever had a judgment filed against you or declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date: _____ (Attach details.)		Monthly child support or separate maintenance payment. \$	
Name of nearest relative not living with you			Address		Phone No.	Relationship

ASSETS		OBLIGATIONS			
ASSETS	VALUE	DESCRIPTION	AMOUNT OWED	MONTHLY PAYMENT	
Cash in Banks	\$	Unsecured Bank Loans	\$	\$	
Stocks or Bonds		Secured Bank Loans			
Automobiles		Auto Loans			
Real Estate		Total Real Estate Obligations			
Life Insurance (Face Value)		Life Insurance Loans			
\$		Credit Card Debt			
Retirement Funds, IRA's		Other Obligations			
Other Assets					
Other Assets					
TOTAL ASSETS	\$	TOTAL OBLIGATIONS	\$	\$	
		NET WORTH	\$		

Please attach any additional information that will be helpful in approving your application.

I/We represent that this application is complete and accurate and fully reflects my/our financial condition on the date shown below. I/We authorize Lender to obtain a credit report and any other information it deems necessary about my/our credit worthiness. I/We agree to notify Lender immediately, in writing, of any adverse change in my/our financial condition. I/We understand that Lender will retain this Application whether or not it is approved.

Applicant's Signature _____

Date _____

Co-Applicant's Signature _____

Date _____