CONSUMER LOAN APPLICATION

Due to private data on this form, **DO NOT Email**. Fax to 610-948-9008, mail, or bring it to the address at the bottom of this page.

Indicates required field.

Call us for assistance: 610-948-9000



Purpose Initials Please tell us a	M.I.	Last Name State	are applying for J applicant (if applicant Zip Code	Initials Oplicable.) Social Security Number County	Date of Birth / Years/Months
Initials Please tell us ty iver's License Num	about you	Last Name State	applicant (if applicant applicant) Zip Code	Initials Oplicable.) Social Security Number County	Date of Birth
Please tell us	about you	Last Name State	applicant (if applicant applicant) Zip Code	Initials Oplicable.) Social Security Number County	Date of Birth
Please tell us	about you	Last Name State	applicant (if applicant applicant) Zip Code	Initials Oplicable.) Social Security Number County	Date of Birth
iy iver's License Num	M.I.	Last Name State	Zip Code	Social Security Number County	
iver's License Num		State /		County	
iver's License Num		State /		County	
iver's License Num	aber			_	/ Years/Months
iver's License Num	ber			_	Years/Months
iver's License Num	ber			_	
	ber	/ Number/Ages	of Dependents	Applicant Frank Addition	
	iber	Number/Ages	ot Dependents		
hv			•	Applicant Email Address	
hv					
·y		State	Zip Code	County	Years/Months
Self	_				
ervice member?	8	Service Member's	Name	Relationship	
	<u> </u>	Loot Namo		Social Security Number	
	IVI.I.	Last Name		Social Security Number	Date of Biltin
				_	/
ty		State	Zip Code	County	Years/Months
				<u> </u>	
iver's License Num	ber	Number/Ages	of Dependents	Co-Applicant Email Addre	≳SS
	Emplo	oyment Inforn	nation		
		Self	Emploved		/
ness Name				Business Phone Number	Years/Months
					\$
City		State	Zip Code	Position	Monthly Income
			,		
			/ Years/Months	<u> </u>	
		Self	Employed		1
CO-APPLICANT: Employer or Business Name				Business Phone Number	Years/Months
					\$
City		State	Zip Code	Position	Monthly Income
			,		
			Years/Months		
	ty iver's License Num ness Name City	iver's License Number Emplo City ness Name	M.I. Last Name M.I. Last Name Ty State Number/Ages	M.I. Last Name M.I. Last Name State Zip Code / iver's License Number Number/Ages of Dependents Employment Information Self Employed Additional information required. City State Zip Code / Years/Months Self Employed Additional information required.	Relationship M.I. Last Name Social Security Number Social Security Number Ty State Zip Code County Number/Ages of Dependents Co-Applicant Email Address Employment Information Self Employed Additional information required. Business Phone Number City State Zip Code Position Self Employed Additional information required. Business Phone Number Self Employed Position Self Employed Position Additional information required. Business Phone Number

CONSUMER LOAN APPLICATION (Continued)

Other Income							
Do not include alimony, child support or separate maintenance income, unless you want us to consider it for the purposes of this application.							
\$ \$	\$						
Annual Interest & Monthly Child Support or Separate		Source of Other Income					
Dividend Income Maintenance Household Income							
Marital Status							
Do NOT complete this portion if this application is for individual, unsecured credit.							
APPLICANT: CO-APPLICANT:							
Married Separated Unmarried (Divorced or widowed.) Married Separated Unmarried (Divorced or widowed.)							
Existing Loans and Accounts							
	Existing Loans and Accounts						
Own home (in the following names:)		Rent home					
\$ \$	\$	\$					
· 	Ψ pan Amount Balance Owing	Present Value Date Purchased					
Monthly Nett of Fayinetic Fulcilase File Original Loan Amount Balance Owing Fresent Value Bale Fulcilaseu							
News of Market and Lindbard and Lordbard							
Name of Mortgage Holder or Landlord Address	City	State Zip Code					
		\$					
Bank Name Checking Account Num	ber Savings Account Number	Monthly Child Support or Separate Maintenance					
Have you ever had a judgement filed against you or declared bankruptcy? Yes No If yes: (Please attach details)							
Date							
Name of nearest relative not living with you:							
	Phon	ne Number Relationship					
Address City	State Zip Code						
Assets		Obligations					
Asset Value	Description	Amount Owed Monthly Payment					
Cash in Banks	Unsecured Bank Loans	\$					
Stocks/Bonds \$	Secured Bank Loans	\$ \$					
Automobiles \$	Auto Loans	\$ \$					
Real Estate \$	Total Real Estate Obligations	\$ \$					
Cash Value Life Insurance \$	Life Insurance Loans	\$ \$					
Face Value	Credit Card Debt	\$ \$					
Face Value Retirement Funds/IRAs \$	Other Obligations	\$					
Trouromont random to	-	· — · — ·					
Other Assets	TOTAL OBLIGATIONS	9 ¥					
Other Assets \$	NET WORTH						
TOTAL ASSETS \$	NEI WORTE	Ι Ψ					
Please attach any additional information that will be helpful in a							
I/We represent that this application is complete and fully reflects credit report and any other information it deems necessary about							
adverse change in my/our financial condition. I/We understand							
Applicant's Signature Date	Co-applicant's Signature	 Date					
	-						
For Bank Use Only:							
Is this a HELOC? Yes No							
	Received By	Date					



2 of 2