



CONSUMER LOAN APPLICATION

FOR BANK USE ONLY
BRANCH _____ EMPLOYEE _____
DATE RECEIVED _____
RATE _____ [] WALK-IN [] TELEPHONE [] MAIL



Please Tell Us What You Want To Borrow

IMPORTANT: Read these directions before completing this Application.
Please check appropriate box(es) and initial below. Based on this Application, Patriot Bank will process your request for credit.
[] If you are applying for individual credit...
[] If you are applying for joint credit...
ALL APPLICANTS MUST INITIAL:
Applicant's Initials _____ Co-Applicant's Initials _____
I AM APPLYING FOR AN:
[] UNSECURED LOAN [] UNSECURED LINE [] AUTO/BOAT LOAN [] COLLATERAL LOAN
LOAN PURPOSE (REQUIRED):
[] DEBT CONSOLIDATION [] OTHER _____
[] PURCHASE: YR _____ MAKE _____ MODEL _____
ID# _____ SALES PRICE\$ _____ SELLER _____
AMOUNT REQUESTED \$ _____

SECTION A - Please Tell Us About Yourself

FIRST NAME MIDDLE LAST NAME DATE OF BIRTH SOCIAL SECURITY NUMBER
HOME ADDRESS (OTHER THAN P.O. BOX) CITY STATE ZIP
HOME PHONE MORTGAGE / RENT PAYMENT MORTGAGE HOLDER / LANDLORD YEARS/MONTHS THERE
PREVIOUS ADDRESS CITY STATE ZIP
NAME AND ADDRESS OF EMPLOYER POSITION/OCCUPATION YEARS/MONTHS THERE PHONE GROSS ANNUAL SALARY
NOTE: You do not have to include information about income from child support or separate maintenance payments unless you want us to consider it in connection with this application.
OTHER INCOME YEARLY (List Sources And Amounts)
NAME AND ADDRESS OF PREVIOUS EMPLOYER (If Less Than 2 Years On Job) POSITION/OCCUPATION
CHECKING ACCOUNT - BANK NAME BALANCE SAVINGS ACCOUNT - BANK NAME BALANCE

SECTION B - Please Tell Us About Your Co-Applicant

FIRST NAME MIDDLE LAST NAME DATE OF BIRTH SOCIAL SECURITY NUMBER
HOME ADDRESS (OTHER THAN P.O. BOX) CITY STATE ZIP
HOME PHONE MORTGAGE/RENT PAYMENT MORTGAGE HOLDER/LANDLORD YEARS/MONTHS THERE
PREVIOUS ADDRESS CITY STATE ZIP
NAME AND ADDRESS OF EMPLOYER POSITION/OCCUPATION YEARS/MONTHS THERE PHONE GROSS ANNUAL SALARY
NOTE: You do not have to include information about income from child support or separate maintenance payments unless you want us to consider it in connection with this application.
OTHER INCOME YEARLY (List Sources And Amounts)
NAME AND ADDRESS OF PREVIOUS EMPLOYER (If Less Than 2 Years On Job) POSITION/OCCUPATION
CHECKING ACCOUNT - BANK NAME BALANCE SAVINGS ACCOUNT - BANK NAME BALANCE

SECTION C - Please Tell Us About Your Financial Obligations

LIST ALL OF YOUR CURRENT OBLIGATIONS, INCLUDING BANK LOANS, DEPT. STORES, CREDIT CARDS, AND LEASES.
RESPONSIBILITY (X)
APPLICANT CO-APPLICANT CREDITOR PAYMENT BALANCE CHECK DEBTS TO BE PAID
ARE YOU REQUIRED TO PAY CHILD SUPPORT, ALIMONY, OR SEPARATE MAINTENANCE? [] YES [] NO MONTHLY AMOUNT \$ _____
ARE YOU A CO-SIGNER ON A LOAN? [] YES [] NO
HAVE YOU EVER BEEN THE SUBJECT OF BANKRUPTCY PROCEEDINGS OR ARE THERE JUDGEMENTS AGAINST YOU? [] YES [] NO
IF YES, WHEN: EXPLAIN:
By signing below, you promise that you have completed this application truthfully. You authorize us to check your credit record including your credit report and to receive and exchange information with others about your credit history. We will keep this application whether or not we approve it.
If your application is approved, you agree to the terms including repayment terms and the agreement(s) we provide governing the accounts. By signing below, you agree that it is a federal crime, punishable by fine or imprisonment or both to knowingly make any false statements concerning information requested on this application under the provisions of Title 18 United States Code, Section 1014.

Applicant's Signature Date Co-Applicant's Signature Date