



**AFFINITY BANK**  
OF PENNSYLVANIA  
*Banking The Way It Should Be*

P.O. Box 7068, Wyomissing, PA 19610  
610-898-7700

**CONSUMER CREDIT APPLICATION**

If this is an application for joint credit, Borrower and Co-Borrower each agree that we intend to apply for joint credit (sign below):

Borrower \_\_\_\_\_  
Co-Borrower \_\_\_\_\_

Date \_\_\_\_\_ Purpose of Loan \_\_\_\_\_ Amount Requested \_\_\_\_\_ Months Needed \_\_\_\_\_

Are you applying for individual Credit in your name alone or Joint Credit  Individual  Joint  CoMaker

Do you want  Life Insurance  Life & Disability Insurance  None

**Personal Information: Answer the following questions about yourself (Please Print)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Mid. Int. \_\_\_\_\_ DOB (mm/dd/yyyy) \_\_\_\_\_ Dependents \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address • No. and Street \_\_\_\_\_ City • Town • County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ There Since \_\_\_\_\_ Home Telephone Number \_\_\_\_\_  
Mo. Yr

Previous Home Address \_\_\_\_\_ Years There \_\_\_\_\_

Name of Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_ Position \_\_\_\_\_ Monthly Gross Income \_\_\_\_\_ There Since \_\_\_\_\_  
Mo. Yr

Business Address • No. and Street \_\_\_\_\_ City • Town • County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name and Address of Previous Employer \_\_\_\_\_ Position \_\_\_\_\_ Years There \_\_\_\_\_

Other Income (Give Source) Alimony, Child Support, or Separate Maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Other Income (monthly): \$ \_\_\_\_\_

Name and Address of Nearest Relative Not Living With You \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Co-Applicant Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Mid. Init. \_\_\_\_\_ DOB (mm/dd/yyyy) \_\_\_\_\_ Dependents \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address • No. and Street \_\_\_\_\_ City • Town • Country \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ There Since \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

Previous Home Address \_\_\_\_\_ Years There \_\_\_\_\_

Name of Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_ Position \_\_\_\_\_ Monthly Gross Income \_\_\_\_\_ There Since \_\_\_\_\_  
Mo. Yr.

Business Address • No. And Street \_\_\_\_\_ City • Town • County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name and Address of Previous Employer \_\_\_\_\_ Position \_\_\_\_\_ Years There \_\_\_\_\_

Other Income (Give Source) Alimony, Child Support, or Separate Maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Other Income (monthly): \$ \_\_\_\_\_

**Financial Information:** Credit references for both applicant and co-applicant. Please list all outstanding debts and credit obligations, use separate sheet if necessary.

ASSETS Indicate whether owned by Applicant, Co-Applicant or Joint				APPL	CO-APPL	JOINT
IF YOU OWN YOUR HOME-	YEAR PURCHASED	PURCHASE PRICE	ESTIMATED VALUE			
VEHICLES (1) YEAR	MAKE	MODEL	ESTIMATED VALUE			
(2) YEAR	MAKE	MODEL	ESTIMATED VALUE			
SAVINGS - BANK	BALANCE	SAVINGS - BANK	BALANCE			
CHECKING - BANK	BALANCE	CHECKING - BANK	BALANCE			
OTHER ASSETS - Description:						
1. _____						
2. _____						
3. _____						

**LIABILITY/EXPENSE** List all debts for which you are liable, including mortgage, dept. stores, charge cards, car loans, etc. Indicate if debt is Primary Applicant's, Co-Applicant's or joint, by marking appropriate box. If you are applying for a debt consolidation loan, place a check in the consolidation column next to those debts you wish to consolidate.

CREDITOR	MO. PAYMENT	BALANCE	APPL	CO-APPL	JOINT	CONSOL.
Mortgage Company/Landlord Address						
1. _____						
2. _____						
3. _____						
4. _____						
5. _____						
6. _____						
7. _____						

**COMPLETE THE FOLLOWING INFORMATION ABOUT BOTH THE APPLICANT AND THE JOINT APPLICANT OR OTHER PERSON (if applicable):**

Are you obligated to make Alimony, Support or Maintenance Payments?  No  Yes  
 If yes, to (Name & Address) \_\_\_\_\_ Amount per month \$ \_\_\_\_\_  
 Are you a Co-maker, endorser or guarantor on any loan or contract?  
 No  Yes If yes, for whom? \_\_\_\_\_ To whom? \_\_\_\_\_  
 Are there any unsatisfied judgements against you?  No  Yes If yes, to whom owed? \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Have you been declared bankrupt in the last 10 years?  No  Yes If yes, where? \_\_\_\_\_ Year? \_\_\_\_\_

**SIGNATURES** - I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By applying, I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information as your request if my financial condition changes.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Application taken by: \_\_\_\_\_

**FOR INTERNAL USE ONLY**

REPAYMENT ABILITY		DEBT RATIO	
<p><b>FIXED EXPENSES PER MONTH</b></p> <p>Total Current Monthly Payments _____ \$ _____</p> <p>New Loan Payment _____</p> <p>Housing Costs, incl. taxes/ins. _____</p> <p>Total Fixed Expenses _____ \$ _____</p> <p>Balance for all Other Living Costs \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> Per Month / Per Person</p>	<p><b>TOTAL INCOME PER MONTH</b></p> <p style="text-align: right;">\$ _____ %</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>\$ _____</p> <p>Total Income</p> </div> <div style="text-align: center;"> <p>\$ _____</p> <p>Total Fixed Expenses</p> </div> </div>		

OFFICER CREDIT APPROVAL – INSTRUCTIONS, NOTES, ETC.		
<input type="checkbox"/> Approved <input type="checkbox"/> Cancelled <input type="checkbox"/> Denied	Action Date	Office
Remarks:		
_____ By _____		

REASONS FOR CREDIT DENIAL	
If Application Denied, Check Principal Reason(s) Below:	
<b>CREDIT APPLICATION</b> <input type="checkbox"/> Incomplete <input type="checkbox"/> Insufficient Credit References <input type="checkbox"/> Unable to Verify Credit References <b>EMPLOYMENT</b> <input type="checkbox"/> Unable to Verify Employ/Income <input type="checkbox"/> Length <input type="checkbox"/> Temporary or Irregular <b>INCOME</b> <input type="checkbox"/> Unable to Confirm <input type="checkbox"/> Information Refused <input type="checkbox"/> Insufficient Income	<b>RESIDENCE</b> <input type="checkbox"/> Too Short <input type="checkbox"/> Temporary <input type="checkbox"/> Unable to Verify <b>CREDIT HISTORY</b> <input type="checkbox"/> Excessive Obligations <input type="checkbox"/> No Credit File <input type="checkbox"/> Delinquent Credit Obligations <input type="checkbox"/> Terms & Conditions Requested <b>SECURITY</b> <input type="checkbox"/> Inadequate <input type="checkbox"/> Garnish, Attach, Repo., Law Suit <input type="checkbox"/> Bankrupt
Other _____ Date _____	