

Home Equity Application



501 Industrial Highway
Ridley Park, PA 19078
610-595-2929 • Fax 610-595-2933

Account Number

Loan Number

PROPERTY SECURING YOUR LOAN

Property Street Address		City	County	State	Zip
Property Type:	Single Family Home	Condominium	Townhouse	Other _____	
Marital Status:	Married	Separated	Unmarried (Single, Divorced, Widowed)		
Type of Credit Applied For:	Home Equity Line of Credit	Home Equity Loan	Home Improvement Loan	Terms	
Amount Requested \$	Purpose	Approximate Market Value \$	Purchase Price \$	Year Purchased	
Homeowners (Please Indicate Name(s) On Deed)					

APPLICANT CO-SIGNER

CO-APPLICANT

FIRST NAME		INITIAL	LAST NAME		SR, JR, I, II
SOCIAL SECURITY NUMBER			BIRTHDATE		
CURRENT STREET ADDRESS			APT. #	TIME AT RESIDENCE	
CITY			COUNTY		
STATE	ZIP	DRIVERS LICENSE NUMBER/STATE			
FORMER ADDRESS (COMPLETE IF CURRENT ADDRESS IS LESS THAN 8 YEARS)				NUMBER OF YEARS	
HOME TELEPHONE			NO. OF DEP.	AGES OF DEPENDENTS	
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU				RELATIONSHIP	

FIRST NAME		INITIAL	LAST NAME		SR, JR, I, II
SOCIAL SECURITY NUMBER			BIRTHDATE		
CURRENT STREET ADDRESS			APT. #	TIME AT RESIDENCE	
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NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU				RELATIONSHIP	

EMPLOYMENT AND INCOME *Attach two most recent pay check stubs. If self-employed, check here and attach two years federal income tax returns*

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		HIRE DATE	
ADDRESS			
WORK TELEPHONE	POSITION	MO. GROSS INCOME	
FORMER EMPLOYER (if Current Employer Is Less Than 3 Years)	POSITION	TIME AT EMPLOYER	

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		HIRE DATE	
ADDRESS			
WORK TELEPHONE	POSITION	MO. GROSS INCOME	
FORMER EMPLOYER (if Current Employer Is Less Than 3 Years)	POSITION	TIME AT EMPLOYER	

OTHER INCOME *You need to list Income from alimony, child support or separate maintenance payments unless you want it considered in evaluating this credit application.*

SOURCE OF OTHER INCOME	MONTHLY AMOUNT
NAME AND ADDRESS OF PAYER	NO. OF YEARS RECEIVED

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NAME AND ADDRESS OF PAYER	NO. OF YEARS RECEIVED

ASSETS AND DEPOSITS *Attach a separate sheet if necessary*

TYPE	BANK (OR OTHER) NAME AND ADDRESS	ACCOUNT NUMBER	APPROX. BALANCE
Checking			
Savings			
Other			
CAR 1-YR. -MAKE-MODEL		APPROXIMATE VALUE \$	
CAR 2-YR. -MAKE-MODEL		APPROXIMATE VALUE \$	

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Savings			
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