



**Firsttrust Bank Credit Application - Thank you for choosing Firsttrust for your banking needs.**

- Step 1.** Print out this form.
- Step 2.** Fill out this form.
- Step 3.** Mail us the signed print out of the form. (We are required to have a signed copy of all credit applications.)

**Type of Loan**

**A.Type of Loan:**  Auto Loan  Home Equity

Amount Requested: \$

Term Requested:  Yrs.

Purpose Of Funds:

**Check Appropriate Box:**

- If you are applying for an individual account in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections B and D.
- If you are applying for a joint account that you and another person will use, complete all Sections, providing information in C about the joint applicant or user.

We intend to apply for joint credit. \_\_\_\_\_

Applicant Co-Applicant

- If you are applying for an individual account, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections to the extent possible, providing information in C about the person on whose alimony, support, or maintenance payments or income or assets you are relying.

If you are applying for a loan primarily for refinancing your principal residence, complete and sign section E at the bottom of this form.

**Applicant Information**

**B. Applicant Information:**

Name:   
(First - MI - Last)

Date of Birth:  /  /

Social Security #:  /  /

Home Address:

County:

City:  State:  Zip:

Phone Number:

Yrs. There:

**C. Co-Applicant Information:**

Name:   
(First - MI - Last)

Date of Birth:  /  /

Social Security #:  /  /

Home Address:

County:

City:  State:  Zip:

Phone Number:

Yrs. There:

Own  Rent  Other

Monthly Payment \$

Previous Home Address  
(If less than 2 years)

Yrs. There:

City:  State:  Zip:

Nearest Relative Name:

Address:

Phone #:

Own  Rent  Other

Monthly Payment \$

Previous Home Address  
(If less than 2 years)

Yrs. There:

City:  State:  Zip:

Nearest Relative Name:

Address:

Phone #:

### Employment and Income

Employer:

Employer:

Phone Number:  Yrs. There:

Phone Number:  Yrs. There:

Full Time  Part Time

Full Time  Part Time

Employer Address:

Employer Address:

City:  State:  Zip:

City:  State:  Zip:

Job Title:

Job Title:

Gross Monthly Income \$

Gross Monthly Income \$

Previous Employer  
(If at present job less than five years)

Previous Employer  
(If at present job less than five years)

Yrs. There:

Yrs. There:

Address:

Address:

**Alimony, child support or separate maintenance income need not be revealed if you do not wish to rely upon it to obtain this loan.**

Other Monthly Income \$

Source:

Other Monthly Income \$

Source:

### ASSETS

#### D. Assets

Indicate whether owned by Applicant, Co-Applicant or Joint.

If You Own Your Own Home

Yr. Purchased  Purchase Price  Est. Value

Vehicle (1)

Year  Make  Model  Est. Value

APP Co/APP JOINT

Vehicle (2)

Year	Make	Model	Est. Value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

Type Savings Information

Savings Bank Name	Balance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>			

Checking Bank Name	Balance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>			

Other Assets - Description	Est. Value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>			

**Liability/Expense**

**Liability/Expense** - List all debts of which you are liable, including mortgage, dept. stores, credit 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 mark in the consolidation column next to those debts you wish to consolidate.

Creditor	Balance	Monthly Payment	APP	Co/APP	Joint	Consolidation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

"Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law".

**E.** This application is addressed to Firsttrust Bank (Lender). I authorize Lender and its agents to investigate my credit report, to check statements I've made and to report its credit experience with me. I've answered the questions in this application fully and truthfully and all the information I've provided is correct. This application is the property of the Lender and I understand that it will be retained whether or not I receive the credit I've asked for.

Applicant Signature: \_\_\_\_\_ Date:

Co-Applicant Signature: \_\_\_\_\_ Date:

Mail Signed Form to:

**Firsttrust Bank**  
**Attn: Fulfillment Center**  
**1931 Cottman Avenue**  
**Philadelphia, PA 19111**

