



YORK TRADITIONS

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CONSUMER LOAN APPLICATION

CREDIT REQUESTED		
Amount Requested \$	Requested Term (No. of Months)	Loan Type <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured
Description of Collateral Offered (Indicate "None" if applying for unsecured)		
Purpose of Credit Request <input type="checkbox"/> Acquire Real Estate <input type="checkbox"/> Refinance Real Estate <input type="checkbox"/> Debt Consolidation <input type="checkbox"/> Home Improvements <input type="checkbox"/> Purchase Automobile <input type="checkbox"/> Other (describe) _____		For Home Equity Loan Requests <input type="checkbox"/> Home Equity Installment Loan <input type="checkbox"/> Home Equity Line of Credit

APPLICANT	CO-APPLICANT
If the Applicant is married, he or she may apply for individual credit.	
Applicant's Role: <input type="checkbox"/> Borrower <input type="checkbox"/> Co-Signer	Applicant's Role: <input type="checkbox"/> Borrower <input type="checkbox"/> Co-Signer
Name	Name
Date of Birth	Date of Birth
SSN	SSN
Driver's Lic. #	Driver's Lic. #
Issued By	Issued By
Issue Date	Issue Date
Exp Date	Exp Date
Home Street Address	Home Street Address
Yrs/Mos.	Yrs/Mos.
City, State, Zip	City, State, Zip
County	County
Home Phone	Home Phone
Cell Phone	Cell Phone
E-Mail Address	E-Mail Address
# of Dependents	# of Dependents
Age of Dependents	Age of Dependents
Previous Address (if less than 2 years)	Previous Address (if less than 2 years)
Yrs/Mos.	Yrs/Mos.
City, State, Zip	City, State, Zip

EMPLOYMENT INFORMATION -			CO-APPLICANT		
APPLICANT					
Business Name/Employer	<input type="checkbox"/> Self Employed		Business Name/Employer	<input type="checkbox"/> Self Employed	
Business/Employer Street Address			Business/Employer Street Address		
City, State, Zip			City, State, Zip		
Business Phone	Monthly Income		Business Phone	Monthly Income	
	\$			\$	
Position/Title	From	To	Position/Title	From	To

FOR LENDER USE ONLY

Application Taken By: Face to Face Interview Mail Telephone Internet

Interviewer	Interviewer's Phone	Interviewer's Employer Name/Address York Traditions Bank, 235 St. Charles Way, York, PA 17402	
App #	Branch	Product	Market Survey
Mortgage Loan Originator Unique Identifier, if applicable:		Mortgage Loan Originator Company Identifier, if applicable:	

Please print and save for your records

When you've completed your application, return in person or by mail to:

York Traditions Bank
235 St Charles Way
York, PA 17402
Attn: Consumer Business Development Partner

Or fax to: 717-741-1798

We will contact you within 48 hours of receiving your completed application.

