



## Personal Reserve Application (Overdraft Protection Line Of Credit)

Please print & mail application to Hilltop Community Bank, Consumer Loan Department, 385 Springfield Ave., Summit, NJ 07901

|                         |                  |
|-------------------------|------------------|
| Amount requested:<br>\$ | Branch Location: |
|-------------------------|------------------|

If you are applying for a loan individually and relying on your own income or assets, complete APPLICANT Section only.

If you are applying jointly with another person, or you are relying on the income or assets of another person, complete ALL SECTIONS of the application. BOTH parties must sign.

|                  |                      |
|------------------|----------------------|
| Purpose of Loan: | ( ) Personal (Other) |
|------------------|----------------------|

### Please Tell Us About Yourself

|                           |                          |                        |
|---------------------------|--------------------------|------------------------|
| First                     | Middle Initial Last Name |                        |
| Date of Birth             | SS#                      | Drivers License Number |
| Home Address              | City                     | State Zip<br>Phone No. |
| Firm Name<br>or Employer: | Position                 | #Years                 |
| Business Address          | City                     | State Zip<br>Phone No. |

### Please Complete for Co-Applicant

|                           |                          |                           |
|---------------------------|--------------------------|---------------------------|
| First                     | Middle Initial Last Name | Relationship to applicant |
| Date of Birth             | SS#                      | Drivers License Number    |
| Home Address              | City                     | State Zip<br>Phone No.    |
| Firm Name<br>or Employer: | Position                 | #Years                    |
| Business Address          | City                     | State Zip<br>Phone No.    |

### Please Tell Us About Your Personal Finances\*

\*Alimony, Child Support or Separate Maintenance income need not be revealed if you do not wish to have it considered as a basis for repayment of this obligation.

| Applicant   |        | Co-Applicant  |        |
|---|--------|---|--------|
| Number of Dependents  |        | Number of Dependents  |        |
| Annual Income from Employment                                   | \$     | Annual Income from Employment                                   | \$     |
| Other Sources*  | \$     | Other Sources*  | \$     |
| Total Monthly Payments<br>(Excludes Home Mortgage/Rent)         | \$     | Total Monthly Payments<br>(Excludes Home Mortgage/Rent)         | \$     |
| Total Outstanding Debt Balance<br>(Excludes Home Mortgage/Rent) | \$     | Total Outstanding Debt Balance<br>(Excludes Home Mortgage/Rent) | \$     |
| ( ) Rent ( ) Own Years at Residence:                            |        | ( ) Rent ( ) Own Years at Residence:                            |        |
| Monthly Payment (Include Taxes)                                 | \$     | Monthly Payment (Include Taxes)                                 | \$     |
| Estimated Value of Property                                     | \$     | Estimated Value of Property                                     | \$     |
| Mortgage Holder   |        | Mortgage Holder   |        |
| Balance   | \$     | Balance   | \$     |
| Bank Reference/Address  |        | Bank Reference/Address  |        |
| Relative or Friend Not Living With You                          |        | Relative or Friend Not Living With You                          |        |
| Address:  | Phone: | Address:  | Phone: |

I (we) authorize The Bank to obtain such information as it may require concerning the statements made in this application and agree that the original of the application is the property of The Bank whether or not the loan is granted. I (we) certify that all information given is true, correct and complete.

|                        |       |                           |       |
|------------------------|-------|---------------------------|-------|
| Applicant's Signature: | Date: | Co-Applicant's Signature: | Date: |
|------------------------|-------|---------------------------|-------|

If you require assistance in completing this application, please call 908 522-0090