CONSUMER LOAN APPLICATION Welcome and thank you for choosing us for your financing needs.	Please completely fill out and return to one of our offices or mail directly to:
IMPORTANT: Read these directions before completing this Application.	

INSDALE TRUST COMPAN AWINTRUST COMMUNITY BANK ATTN: Consumer Loan Dept. 25 East First Street Hinsdale, Illinois 60521 630-323-4404

Please check the box that applies (one box must be checked):

I'm applying for a loan in my name only and will rely on my own income/assets to repay. We intend to apply together for this loan. Applicant Signature _____

I'm applying for this loan in my name only but will rely on the income or assets of another person to repay.

Type of credit you are looking for (one box must be checked): □ CD Secured

3. Are you a guarantor, co-maker or endorser on another note?

Everyday Loan Loan Purpose

Requested Loan Amount \$_

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT

Number of Months

Co-Applicant Signature

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means to you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

APPLICANT				CO-APPLICANT						
First Name	M.I.	La	ast Name		First Name N		M.I.	Last Name		
Home Address	•	City	Sta	ate/Zip	Home Address	Ш	City	Sta	ate/Zip	
□ Own □ Rent How long there?					□ Own □ Rent How long there?					
Name of Present Landlord/Mortgage Holder:					Name of Present Landlord/Mortgage Holder:					
Prior Address (only if present a	address is less tha	n 2 yrs.)			Prior Address (only if present	address is le	ess than 2 yrs.)			
Primary Phone # Secondary Phone #		ne# E	Email Address		Primary Phone # Secondary		Phone # Email Address			
Social Security # Date of Birth				Social Security # Date of Birth						
DO NOT COMPLETE IF THI Married Separ Are you a party to a civil unior U.S. Citizen: Yes No	ated 🗆 U	Jnmarried (incl similar relations	uding single, divor ship in another stat	rced, widowed) te? □ Yes No □	DO NOT COMPLETE IF TH Married Separ Are you a party to a civil union U.S. Citizen: Yes No	rated n entered in	Unmarried (ind	cluding single, divore nship in another stat	ced, widowed) e? □Yes No □	
Drivers License No.	r ermanent Resia	State	Date Issued	Expiration	Drivers License No.	Termanent	State Issued	Date Issued	Expiration	
Other ID (State, Military, Triba	al, etc.)	State/Agency	Date Issued	Expiration	Other ID (State, Military, Trib	al, etc.)	State/Agency	Date Issued	Expiration	
Employer:		-	How Long T	There:	Employer:		-	How Long Th	ere:	
Address: Phone:				Address:			Phone:			
Type of Business: Occupation/Title:			Type of Business:		Occupation/Title:					

GROSS MONTHLY INCOME							MONTHLY HOUSING EXPENSE		
	Applicant	Applicant Co-Applicant Total			Rent (Monthly)	\$			
Base Income	\$	\$		\$	\$		East Master of (DITI**)		
Overtime						First Mortgage (PITI**)			
Bonuses						Condo Assn Dues			
Other (*)							Total Monthly Payment	\$	
Total	\$	s							
(*) Income from alimony, child support or separate maintenance need not be revealed if you do not wish to have it considered (**) PITI=Principal, interest, taxes and insurance.						lered.	Payments to alimony, child support, or separate maintenance?	\$	
Applicant and Co-applicant must answer the following questions:				t	Co-Applicant	Expl	anation and amount if any:		
1. Are there any outstanding judgments against you?			□ Yes □	No	🗆 Yes 🗆 No				
2. Have you ever declared bankruptcy in the last 7 years?			□ Yes □	No	🗆 Yes 🗆 No				

Agreement: I/We certify that everything stated in this application and on any attachments, is true and correct. You may keep the original or copy of this application whether or not the loan is granted. By signing below, I/We authorize you to verify information from any source named in the application and to answer questions others may ask you about my credit record with you. I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 1B, United States Code, and Section 1014. We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

🗆 Yes 🗆 No

🗆 Yes 🗆 No

Applicant's Signature	Date	Co-Applicant's Signature	Date
FOR INTERNAL LICE ONLY			

FOR INTERNAL USE ONLY						
	Date application received	NMLS #	How application was received			