CONSUME	R LOAN	APPLIC	ATION
Welcome and thank	you for choosin	g us for your f	inancing needs.

Please completely fill out and return to one of our offices or mail directly to:

Number of Months



ATTN: Consumer Loan Dept.

231 S. LaSalle St.

Chicago, IL 60604

312-981-0770

IMPORTANT: Read these directions before completing this Application.

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):

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

□ CD Secured Everyday Loan

Loan Purpose _

Requested Loan Amount \$ _

Co-Applicant Signature

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT 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.	L	.ast Name			First Name M.I.			И.І.	Last Name		
Home Address	I	City		State/Z	Zip	Home Address				City	5	tate/Zip
□ Own □ Rent How long there?				Own Rent How long there?								
Name of Present Landlord/Mortga	age Holder:					Name of Present Landlord/Mortgage Holder:						
Prior Address (only if present add	ress is less than	1 2 yrs.)				Prior Address (o	nly if present a	address is le	ess than 2 yrs.)			
Primary Phone # Secondary Phone # Email Address				Primary Phone # Secondar		Secondary	y Phone # Ei		Email Address			
Social Security # Date of Birth				Social Security # Date of Birth								
DO NOT COMPLETE IF THIS IS AN APPLICATION FOR INDIVIDUAL UNSECURED CREDIT. ☐ Married ☐ Separated ☐ Unmarried (including single, divorced, widowed) Are you a party to a civil union entered in IL or similar relationship in another state? ☐ Yes No ☐					□ Married	🗆 Separ	ated	🗆 Unmarri	ed (inclue	ding single, dive	SECURED CREDIT. orced, widowed) ate? Yes No	
U.S. Citizen: □ Yes □ No Per	manent Reside	nt Alien: 🛛	Yes 🗆	No		U.S. Citizen:] No	Permanent	Resident Alier	n: 🗆	Yes 🗆	No
Drivers License No.		State	Date Issue	ed	Expiration	Drivers License 1	No.		State Issued		Date Issued	Expiration
Other ID (State, Military, Tribal, e	tc.)	State/Agency	Date Issue	ed	Expiration	Other ID (State,	Military, Triba	al, etc.)	State/Agency	7	Date Issued	Expiration
Employer: How Long There:				Employer: How Long There:					here:			
Address: Phone:				Address:					Phone:			
Type of Business: Occupation/Title:				Type of Business	:		Occupation/	Title:				

	GROSS MC	MONTHLY HOUSING EXPENSE							
	Applicant	Co-App	Co-Applicant		Total		Rent (Monthly)	\$	
Base Income	\$	\$		\$			Einst Montonen (DITIXX)		
Overtime			Fire		First Mortgage (PITI**)				
Bonuses							Condo Assn Dues		
Other (*)							Total Monthly Payment	\$	
Total	\$	\$		\$	5				
(*) 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.						Payments to alimony, child support, or separate maintenance?	\$		
Applicant and Co-applicant must answer the following questions: Applicant Co-Applicant Expl						Expla	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				
			Î			i — —			

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
		** 0	
FOR INTERNAL LICE ONLY			

г	OK INTERNAL USE ONLT		
	Date application received	NMLS #	How application was received