

CREDIT APPLICATION

353 Bank Dr.
McHenry, IL 60050
Phone: (815) 385-3000

Bank Personnel Use Only

Branch Application Received At

- MAIN OFFICE
 RICHMOND
 JOHNSBURG

MAIN OFFICE VIA FAX

Please print completed application, sign, date and drop off at nearest branch or send via fax: (815) 578-1135

IMPORTANT: Read these directions before completing this application.

- If you are applying for individual credit 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 I, IV and V. If the requested credit is to be secured, also complete first part of Section III and all of Section VI
- If you are applying for joint credit with another person, complete all Sections, providing information in Section II about joint applicant.
- If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on income of assets of another person as the basis for repayment of the credit requested, complete all Sections to the extent possible providing information in Section II about the person on whose alimony, support, or maintenance payments or income or assets you are relying.

Date	Amount Requested	No. of Months	Purpose
SECTION I - APPLICANT		SECTION II - JOINT APPLICANT	
Full Name		Full Name	
Dependent(s)		Dependent(s)	
List Any Other Name(s) under Which You have Obtained Credit		List Any Other Name(s) Under Which You have Obtained Credit	
Home Address	City/State	Zip	
Home Address	City/State	Zip	
Time at Present Address	Home Phone	Cell Phone	
Time at Present Address	Home Phone	Cell Phone	
Date of Birth	Social Security Number	Driver's License Number	
Date of Birth	Social Security Number	Driver's License Number	
Email Address		Email Address	
Employer		Employer	
Occupation or Position		Occupation or Position	
Address	City/State	Zip	
Address	City/State	Zip	
How Long There	Salary	Telephone No.	
How Long There	Salary	Telephone No.	
Previous Employers	How Long There	Previous Employers	How Long There
Address	City/State	Zip	
Address	City/State	Zip	
Additional Income (For Example: Social Security, Alimony, Child Support, Other Job Etc...)			
Source	Monthly Amount \$	Source	Monthly Amount \$
Do you make alimony, child support or separate maintenance payments?	Amount \$	Do you make alimony, child support or separate maintenance payments?	Amount \$
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
SECTION III - MARTIAL STATUS			
Applicant:	<input type="checkbox"/> MARRIED	<input type="checkbox"/> UNMARRIED (INCLUDING SINGLE, DIVORCED AND WIDOWED)	
Joint Applicant:	<input type="checkbox"/> MARRIED	<input type="checkbox"/> UNMARRIED (INCLUDING SINGLE, DIVORCED AND WIDOWED)	
SECTION IV - ASSET & DEBT INFORMATION			
<input type="checkbox"/> OWN HOME	Name of Mortgage Holder	Address	Telephone
<input type="checkbox"/> RENT	Purchase Date	Amount of Original Mortgage	Present Balance
<input type="checkbox"/> LIVE WITH RELATIVE			Present Value
			Monthly Mortgage Payment
Name of Landlord	Address	Years There	Telephone No.
Name of Landlord	Address	Years There	Telephone No.
			Monthly Rent
			Monthly Rent
HAVE YOU EVER GONE THROUGH BANKRUPTCY OF CHAPTER XIII? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN ?			
DO YOU HAVE ANY UNSATISFIED JUDGMENTS AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN ON A SEPARATE SHEET?			
ARE YOU A CO-SIGNER, ENDORSER OR GUARANTOR FOR OTHERS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN ON A SEPARATE SHEET ?			
Checking Account at:	Account No./Balance	Savings Account at:	Account No./Balance
Year, Make and Model of Auto Owned	Where Financed	Mo. Payment	Amount Owed

SECTION IV (Continued)		
Nearest Relative (Not Living With You)	Address	
Home Phone No.	Cell Phone No.	Work Phone No.

SECTION V - PERSONAL REFERENCES		
Name	Address	Relationship
Home Phone No.	Cell Phone No.	Work Phone No.
Name	Address	Relationship
Home Phone No.	Cell Phone No.	Work Phone No.
Name	Address	Relationship
Home Phone No.	Cell Phone No.	Work Phone No.
Name	Address	Relationship
Home Phone No.	Cell Phone No.	Work Phone No.

SECTION VI - COLLATERAL AND INSURANCE

PLEASE COMPLETE THE FOLLOWING FOR A BOAT LOAN

Purchased From _____ Sales Price \$ _____

	New/Used	Year	Make	Model	Serial No.	Motor Serial No.
BOAT						
TRAILER						

Where will boat be docked? _____

Where will boat be stored in winter? _____

PLEASE COMPLETE THE FOLLOWING FOR AN AUTO, MOTORCYCLE, RV, TRAILER LOAN OR AIRCRAFT

Seller _____

	Name	Address	Phone No.

	New/Used	No. of Cyl.	Year	Make	Model	Mileage	Color	Serial No.

Options	<p>TOTAL SALES PRICE \$ _____</p> <p>LESS: CASH DOWN PAYMENT \$ _____</p> <p>TRADE-IN \$ _____</p> <p style="margin-left: 20px;">Year Make Model</p> <p>TOTAL DOWN PAYMENT \$ _____</p> <p>BALANCE DUE TO SELLER \$ _____</p>
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INSURANCE COVERAGE

Insurance Agent or Broker _____

Insurance Company _____ Phone No. _____

If the vehicle/boat loan is granted, I agree to carry full comprehensive and collision insurance with a reliable insurance firm as my loan is unpaid. I understand that failure on my part to do this could place the collateral in jeopardy.

NOTICE: 18 United States Code 1014, prescribed criminal penalties for false statements in loan application to Federally insured Banks. I/We hereby certify that the foregoing statements are true and complete and are made for the purpose of determining my/our eligibility for credit. I/We agree this statement will remain your property, whether or not the application is accepted. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness, including, but not limited to, procuring consumer reports from consumer reporting agencies and credit information from other financial institutions and extenders of credit, references, present and former employers, merchants, landlords and creditors. Each applicant consents that, upon denial of the application based on a consumer report of information received from a person other than a consumer reporting agency on any applicant, creditor make appropriate Fair Credit Reporting Act disclosures to all applicants.

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Signature of Applicant _____ Date _____

Signature of Joint Applicant _____ Date _____