

# First Trust & Savings Bank Credit Application

## Type of Credit Applying For

Important: Check (✓) the appropriate boxes below and complete the applicable sections

- SECURED     INDIVIDUAL CREDIT - Depend solely on my income or assets  
 UNSECURED     INDIVIDUAL CREDIT - Depend solely on my income or assets as well as income or assets from other sources  
 JOINT CREDIT

## FOR CREDITOR USE

DATE \_\_\_\_\_ CLASS NO. \_\_\_\_\_  
 ACCOUNT NO. \_\_\_\_\_  
 TAKEN  BY \_\_\_\_\_  
 DECISIONED  BY \_\_\_\_\_

<b>AMOUNT REQUESTED</b> \$	<b>FOR HOW LONG</b>	<b>PAYMENT DATE DESIRED</b>	<b>WANT TO REPAY</b> MONTHLY <input type="checkbox"/>	<b>PROCEEDS OF LOAN BE USED FOR:</b>	<b>TO</b>
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## SECTION I - INDIVIDUAL APPLICANT INFORMATION

<b>NAME (Last, First, Middle)</b>					
<b>Birthdate</b>	<b>TELEPHONE NO.</b>	<b>DRIVER'S LICENSE NO.</b>	<b>SOCIAL SECURITY NO.</b>	<b>NO. DEPENDENTS</b>	<b>AGES OF DEPENDENTS</b>
<b>ADDRESS (Street, City, State, &amp; Zip)</b>			<b>COUNTY</b>	Do you <input type="checkbox"/> Own or <input type="checkbox"/> rent?	<b>HOW LONG</b>
<b>PREVIOUS ADDRESS (Street, City, State &amp; Zip) (Complete if less than 3 years at present address)</b>			<b>COUNTY</b>	Do you <input type="checkbox"/> Own or <input type="checkbox"/> rent?	<b>HOW LONG</b>
<b>EMPLOYER (Company Name &amp; Address)</b>					<b>HOW LONG</b>
<b>BUSINESS PHONE</b>	Ext.	<b>POSITION OR TITLE</b>	<b>SALARY PER MONTH</b> \$	<b>NET: \$</b>	<b>GROSS:</b>
<b>PREVIOUS EMPLOYER (Company Name &amp; Address)</b>					<b>HOW LONG</b>
<b>NAME &amp; ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU</b>		<b>RELATIONSHIP</b>	<b>TELEPHONE NO. (Include Area Code)</b>		
<b>Alimony, Child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation</b>					
Alimony, Child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
<b>SOURCES OF OTHER INCOME</b>				<b>AMOUNT PER MONTH</b>	<b>\$</b>
Is any income listed in this Section likely to be reduced before the credit request is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)			Have you previously received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?		

## SECTION II - JOINT APPLICANT OR OTHER PARTY INFORMATION

Complete only if: for joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state.

<b>NAME (Last, First, Middle)</b>					
<b>Birthdate</b>	<b>TELEPHONE NO.</b>	<b>DRIVER'S LICENSE NO.</b>	<b>SOCIAL SECURITY NO.</b>	<b>NO. DEPENDENTS</b>	<b>AGES OF DEPENDENTS</b>
<b>ADDRESS (Street, City, State, &amp; Zip)</b>			<b>COUNTY</b>	Do you <input type="checkbox"/> Own or <input type="checkbox"/> rent?	<b>HOW LONG</b>
<b>RELATIONSHIP TO Applicant (If any)</b>	<b>PRESENT ADDRESS (Street, City, State &amp; Zip)</b>				<b>HOW LONG</b>
<b>EMPLOYER (Company Name &amp; Address)</b>					<b>HOW LONG</b>
<b>BUSINESS PHONE</b>	Ext.	<b>POSITION OR TITLE</b>	<b>SALARY PER MONTH</b> \$	<b>NET: \$</b>	<b>GROSS:</b>
<b>PREVIOUS EMPLOYER (Company Name &amp; Address)</b>					<b>HOW LONG</b>
<b>NAME &amp; ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU</b>		<b>RELATIONSHIP</b>	<b>TELEPHONE NO. (Include Area Code)</b>		
<b>Alimony, Child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation</b>					
Alimony, Child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
<b>SOURCES OF OTHER INCOME</b>				<b>AMOUNT PER MONTH</b>	<b>\$</b>
Is any income listed in this Section likely to be reduced before the credit request is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)			Have you previously received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?		

## SECTION III - MARITAL STATUS

Complete only if: for joint or secured credit, or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested.

<b>APPLICANT</b>	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)
<b>OTHER PARTY</b>	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)

**SECTION IV - ASSET & DEBT INFORMATION**

If Section B has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant - related information with an "A". IF Section B was not completed, only give information about the Applicant in this Section

ASSETS OWNED (Use separate sheet if necessary)

DESCRIPTION OF ASSETS	NAME IN WHICH THE ACCOUNT IS CARRIED	SUBJECT TO DEBT?	VALUE
CHECKING ACCOUNT NUMBER(S) (WHERE)			
SAVINGS ACCOUNT NUMBER(S) (WHERE)			
CERTIFICATE OF DEPOSIT(S) (WHERE)			
MARKETABLE SECURITIES (ISSUER, TYPE, NO. OF SHARES)			
REAL ESTATE (LOCATION, DATE ACQUIRED)			
LIFE INSURANCE (ISSUER, FACE VALUE)			
AUTOMOBILES (MAKE, MODEL, YEAR)			
OTHER (LIST)			
TOTAL ASSETS			

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages and other obligations. Use separate sheet if necessary.)

CREDITOR	ACCOUNT NUMBER	NAME IN WHICH THE ACCOUNT IS CARRIED	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENTS
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		(Omit Rent) \$	(Omit Rent) \$	\$
AUTOMOBILES (DESCRIBE)					
TOTAL DEBTS					

Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable):

Are you obligated to make Alimony, Support of Maintenance Payments?  No  Yes  
 If yes, to (Name & Address) \_\_\_\_\_ Amt. per month \$ \_\_\_\_\_  
 Are you a co-maker, endorser, or guarantor on any loan or contract?  No  Yes If yes, for whom ? \_\_\_\_\_ To whom ? \_\_\_\_\_  
 Are there any unsatisfied judgments against you?  No  Yes If yes, to whom owed ? \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Have you been declared bankrupt in the last 10 years?  No  Yes If yes, where ? \_\_\_\_\_ Year ? \_\_\_\_\_

**SECTION V - SECURED CREDIT** Complete only if credit is to be secured. Briefly describe the property to be given as security:

PROPERTY DESCRIPTION
NAME \$ ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY?
IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (if any).

**SIGNATURES** - I certify that everything I have stated in this application and on any attachment is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes

Applicant's Signature

Date

Other Signature (Where Applicable)

Date



<b>Applicant(s):</b>	<b>Lender:</b>
<b>Date:</b>	

**NOTICE OF INTENT TO APPLY FOR JOINT CREDIT**

*You intend to apply for joint credit.*

Borrower	Date	Borrower	Date
Borrower	Date	Borrower	Date
Borrower	Date	Borrower	Date

**Appraisal Notice:** If this application for credit will be secured by a first lien on a dwelling you will be entitled to the Right to Receive a Copy of Appraisal. We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost.

**Equal Credit Opportunity Act Notice:** The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is: FDIC; Consumer Response Center; 1100 Walnut Street; Box 11; Kansas City, MO 64106; Toll-Free 877.275.3342.

(Lender to ensure accuracy of form. Borrower(s) sign where applicable for in-person application and lender notate joint intent for all other applications (telephone, mail, etc.). Lender shall provide a copy of this form to the borrower. E-File signed copy in loan file)

# INSURANCE DISCLOSURE FOR CREDIT APPLICATION

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**Applicant:**

**Lender:**

First Trust and Savings Bank  
Albany  
209 S. Main St.,  
P.O. Box 425  
Albany, IL 61230  
(309) 887-4335

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## IMPORTANT

**DO NOT SIGN THIS FORM UNTIL YOU CAREFULLY  
READ IT AND UNDERSTAND ITS CONTENT**

### Purpose.

You have submitted an application for a loan. In connection with your loan application, Lender may be soliciting, offering to sell, or will sell you an insurance product or annuity. Federal law requires Lender to provide you with the following disclosures.

### Credit Disclosures.

1. Lender, as a condition of granting you a loan, cannot require that you purchase an insurance product or annuity from Lender or any of its affiliates.
2. Lender, as a condition of granting you a loan, cannot require your agreement not to obtain or prohibit you from obtaining an insurance product or annuity from an unaffiliated entity.

### Acknowledgment.

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, RECEIVED AND UNDERSTAND THIS INSURANCE DISCLOSURE.**

**APPLICANT:**

X

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

**INSURANCE DISCLOSURE FOR CREDIT APPLICATION  
(Continued)**

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**BY SIGNING BELOW I ACKNOWLEDGE ON BEHALF OF THE LENDER THAT AN ORAL DISCLOSURE OF INSURANCE WAS DULY MADE TO THE APPLICANT AND THAT APPLICANT ACKNOWLEDGED RECEIPT OF THE DISCLOSURE.**

**LENDER:**

**FIRST TRUST AND SAVINGS BANK**

**X** \_\_\_\_\_ **Date**  
Authorized Signer

**Title:** \_\_\_\_\_