

CONSUMER LOAN APPLICATION

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

TO: Name/Address of Lender First Community Bank and Trust 1111 Dixie Highway, PO Box 457 Beecher, IL 60401 Phone: (708) 946-2246 Fax: (708) 546-2615	What type of credit are you requesting? <i>(Please check appropriate box:)</i> <input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED <input type="checkbox"/> OPEN-END LINE OF CREDIT <input type="checkbox"/> CLOSED-END TERM LOAN <input type="checkbox"/> INDIVIDUAL (Own income or assets) <input type="checkbox"/> INDIVIDUAL (Own income or assets plus income or assets from other sources) <input type="checkbox"/> JOINT <i>(please initial)</i> _____ <input type="checkbox"/> COSIGNER
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Loan Amount	Interest Rate	Term	Payment	Purpose
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LOAN ORIGATION COMPANY NAME:	LOAN ORIGATION COMPANY IDENTIFIER:
LOAN ORIGINATOR NAME:	LOAN ORIGINATOR LICENSE NUMBER:

APPLICANT/COSIGNER INFORMATION

Name (Last)	(First)	(MI)	(Suffix)	Taxpayer ID Number (SSN/TIN)	Date of Birth
Street Address			Driver's License/ID Number	State	Home Phone Number
City	State	ZIP Code	County	How Long There	No. of Dependents Age of Dependents

Previous Address *(if less than 2 years at current address)*

Employer	Address	Phone Number
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Position	How Long	<input type="checkbox"/> Gross <input type="checkbox"/> Net <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly \$	How Often Paid Average Monthly Overtime Pay \$
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Previous Employer	Address	Position	How Long
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Nearest Relative Not Living With You	Relationship
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Address	City	State	ZIP Code	Relative's Phone Number
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Present Mortgage Holder/Landlord	Phone Number
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<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Payment \$
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Immigration Status	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Perm. Resident of U.S. <input type="checkbox"/> Other:
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Marital Status: Do not complete if this application is for individual unsecured credit unless responding party resides in a community property state or is relying on property located in such a state for repayment of the credit requested.	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced, and widowed)
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Other Income: Amount \$	Frequency	Source
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Alimony, Child Support, Separate Maintenance Payments: You are not required to disclose income from alimony, child support, or separate maintenance payments. However, if you are relying on income from alimony, child support, or separate maintenance payments as a basis for repayment of this obligation, please complete the information below.

Payment Received Pursuant to:	<input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding	Alimony per Month \$ Child Support per Month \$ Separate Maintenance Payment per Month \$
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CO-APPLICANT INFORMATION

Name (Last)	(First)	(MI)	(Suffix)	Taxpayer ID Number (SSN/TIN)	Date of Birth
Street Address			Driver's License/ID Number	State	Home Phone Number
City	State	ZIP Code	County	How Long There	No. of Dependents Age of Dependents

Previous Address *(if less than 2 years at current address)*

Employer	Address	Phone Number
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Position	How Long	<input type="checkbox"/> Gross <input type="checkbox"/> Net <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly \$	How Often Paid Average Monthly Overtime Pay \$
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Previous Employer	Address	Position	How Long
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Nearest Relative Not Living With You	Relationship
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Address	City	State	ZIP Code	Relative's Phone Number
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Present Mortgage Holder/Landlord	Phone Number
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<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Payment \$
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Immigration Status	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Perm. Resident of U.S. <input type="checkbox"/> Other:
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Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced, and widowed)
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Other Income: Amount \$	Frequency	Source
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Alimony, Child Support, Separate Maintenance Payments: You are not required to disclose income from alimony, child support, or separate maintenance payments. However, if you are relying on income from alimony, child support, or separate maintenance payments as a basis for repayment of this obligation, please complete the information below.

Payment Received Pursuant to:	<input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding	Alimony per Month \$ Child Support per Month \$ Separate Maintenance Payment per Month \$
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ADDITIONAL INFORMATION

If you, a joint applicant, or other party answers "yes" to any of the following questions, please explain in the space provided.

Are you a guarantor or co-maker of any leases, contracts, or debts?	Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Joint Applicant/Other Party: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are there any suits or judgments pending against you?	Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Joint Applicant/Other Party: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you been declared bankrupt in the last 10 years?	Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Joint Applicant/Other Party: <input type="checkbox"/> Yes <input type="checkbox"/> No
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CONSUMER LOAN APPLICATION

In order for First Community Bank and Trust to efficiently evaluate your loan request, please provide the following items, as applicable, with the signed Loan Application:

- 2 recent pay-stubs _____
- Copy of your last W-2 _____
- Retirement, Social Security, or Disability Income:
2 years tax returns and Award Letters _____
- Purchase:
Bill of Sale or complete item description with VIN # or Serial # _____
- Purchase:
Insurance agent name and phone number _____
- If you have collateral for the loan:
Provide complete collateral description _____
- Copy of your Mortgage Statement:
Homeowners who escrow for taxes and insurance _____
- Copy of your Property Insurance with annual premium:
Homeowners who do not escrow for taxes and insurance _____

If you have any questions, please contact the Consumer Loan Department at (708) 946-2246.



ADDITIONAL REFERENCES

Anyone not living with you

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____