

EQUITY CREDIT LINE APPLICATION	_
AMOUNT REQUESTED \$	
PURPOSE OF LOAN	

	308 West Irving Park One East Irving Park						PURPUS	E OF	LUAN						
☐ INDIVIDUAL AG	INDIVIDUAL ACCOUNT - (Complete all sections except B) JOINT ACCOUNT - (Complete all sections)								MAF SEPARATI	RITAL ST	☐ UNMA		vorced c	or widowed)	
Section A INFO	DRMATION REG	ARDIN	G APPLICA	NT	l						\III O I G G I I I	g omgro, ur	VOI COU	i maoway	
APPLICANT NAME		SOCIAL SECURITY NO. DATE OF						NO.	O. CELL PHONE NO.			EMAIL			
PRESENT STREET ADI	DRES			CITY				STAT	E			ZIP CODE		YEARS THERE	
EMPLOYER	PLOYER									BUSINESS TELEPHONE NO).	YEARS THERE	
BUSINESS STREET AD	DDRESS			CITY					STATE				ZIP CO	DE	
PREVIOUS EMPLOYER	R & POSITION				ADDRES	SS				BUS	INESS TEL	EPHONE NO).	YEARS THERE	
PREVIOUS ADDRESS				CITY				STAT	E			ZIP CODE		YEARS THERE	
NAME, ADDRESS, PHO	ONE OF NEAREST RELATIVE	NOT LIVIN	G WITH YOU.												
	SALARY	DI	VIDENDS		INTEREST	-			COMMISS	IONS OR I	BONUS	REAL E	STATE IN	ICOME	
INCOME	OTHER (Income from alimo	ony, child su	oport or separate ma	aintenance pay	ments need	d not be	revealed if you d	o not ch	noose to rely	upon it as	a basis for	undertaking	any obliga	ation.)	
EXPENSES	MONTHLY RENTAL OR M	ORTGAGE F	PAYMENTS	MONTHLY	INSTALLME	ENT CR	REDIT PAYMENT	S		MONTHL MAINTEI	Y ALIMON NANCE PA	Y, CHILD SU YMENTS.	JPPORT (OR SEPARATE	
CONTINGENT	AS ENDORSER CO-MAKE	R OR GUAF	RANTOR	ON LEASES	S OR CONT	FRACTS	3			LEGAL C	CLAIMS				
LIABILITIES	OTHER (Please Explain)			1											
GENERAL	DEFENDANT IN SUITS OF	R LEGAL AC	TIONS OR JUDGE	MENTS OUTS	FANDING?	(If yes,	please explain be	elow.)							
INFORMATION	NO. OF DEPENDENTS	DA	ATE OF MY WILL		EXECUTOR						HAVE YOU EVER GONE THROUGH BANKRUPTCY OR CHAPTER XIII IF YES WHEN				
Section A	INFORMATION R (To be filled out only	_		_	Т		☐ MARRIE) [] SEPAR			1ARRIED	livorced	or widowed)	
CO-APPLICANT NAME	,		SECURITY NO.	DATE OF B	IRTH	НО	ME TELEPHONE	NO.	CELL	PHONE NO		EMAIL	iivorcea	or widowed)	
PRESENT STREET ADI	DRES			CITY				STAT	E			ZIP CODE	<u> </u>	YEARS THERE	
EMPLOYER					POS	POSITION				BUSINES	SS TELEPH	HONE NO.		/EARS THERE	
BUSINESS STREET AD	DDRESS			CITY					STATE				ZIP CO	DE	
PREVIOUS EMPLOYER	R & POSITION				ADI	DRESS		i		BUSINES	SS TELEPH	HONE NO.	,	YEARS THERE	
PREVIOUS ADDRESS				CITY	Y STATE ZIP					ZIP CODE		YEARS THERE			
NAME, ADDRESS, PHO	ONE OF NEAREST RELATIVE	NOT LIVIN	G WITH YOU.	l											
	SALARY DIVIDENDS					EST		CC	OMMISSION	IS OR BON	NUS	REAL ESTA	TE INCOM	ИE	
INCOME	OTHER (Income from	alimony, ch	ild support or separa	ate maintenand	e payments	s need r	not be revealed if	you do	not choose	to rely upor	n it as a bas	sis for undert	aking any	obligation.)	
EXPENSES	MONTHLY RENTAL	OR MORTG	AGE PAYMENTS	MONTH	NTHLY INSTALLMENT CREDIT PAYMENTS MONTHLY ALIMONY, MAINTENANCE PAYM							Y, CHILD SUPPORT OR SEPARATE YMENTS.			
CONTINGENT	AS ENDORSER CO-	MAKER OR	GUARANTOR	ON LE	LEASES OR CONTRACTS LEGAL CLAIMS										
LIABILITIES	OTHER (Please Expl	ain)													
OFNERA	DEFENDANT IN SUI	TS OR LEGA	AL ACTIONS OR JU	IDGEMENTS (DUTSTAND	ING? (I	f yes, please exp	lain belo	ow.)						
GENERAL INFORMATION	NO OF DEDENDEN	TS	DATE OF MY WI	LL	E	XECUT	TOR					OU EVER GO PTCY OR C			

IF YES WHEN _

Section C STATEMENT OF FINANCIAL CONDITION

The following statement of condition as of	, 20	_ is submitted for the purpose of procuring	, establishing and maintaining cre	edit with you in
behalf of the undersigned or persons, firms or corporations	n whose behalf the i	undersigned may either severally or jointly v	vith others execute a guaranty in	your favor. The
undersigned warrant(s) that this financial statement is true a	nd correct and that y	you may consider this statement as continui	ng to be true and correct until a	written notice of
a change is given to you by the undersigned.				
FILL ALL BLANKS TO THE NEAREST HUNDRED WRIT	"NO" OR "NONE"	WHERE NECESSARY TO COMPLETE IN	JEORMATION	

FILL ALL BLANKS TO THE NEAREST HUNDRED, WRITE "NO" OR "NONE" WHERE NECESSARY TO COMPLETE INFORMATION

ASSET	S ⁽¹⁾	LIABILITII	LIABILITIES					
CASH AND CASH ACCOUNTS (Schedule A)	\$	NOTES PAYABLE - BANKS SECURED (Schedule G)	\$					
GOV'T AND LISTED SECURITIES (Schedule B)		NOTES PAYABLE - BANKS UNSECURED (Schedule G)						
UNLISTED SECURITIES (Schedule B)		NOTES PAYABLE - OTHERS (Schedule G)						
ACCOUNTS AND NOTES RECEIVABLE		LIFE INSURANCE LOANS (Schedule C)						
CASH VALUE LIFE INSURANCE (Schedule C)		MARGIN ACCOUNTS						
REAL ESTATE OWNED (Schedule D)		ACCOUNTS PAYABLE(3)						
VESTED INTEREST IN DEFERRED COMPENSATION PLANS (Schedule E)		REAL ESTATE MORTGAGES PAYABLE (Schedule D)						
AUTOMOBILE(S)		REAL ESTATE TAX						
OTHER PERSONAL PROPERTY		UNPAID INCOME TAX						
EQUITY IN PARTNERSHIP OR PROPRIETORSHIP ₍₂₎		CREDIT CARDS						
OTHER ASSETS (Itemize)		MERCHANTS						
		OTHER DEBTS (Itemize)						
		TOTAL LIABILITIES						
TOTAL ASSETS		NET WORTH (Total assets minus total liabilities)						

If any asset is owned other than by the undersigned, individually, such as in trust, joint tenancy or nominee name, indicate this in the appropriate schedule or on page 4.
 If significant, attach a current balance sheet and profit and loss statement of the business.
 If significant, describe on page 4.

CASH, CHECKING ACCOUNTS, SAVINGS ACCOUNTS, AND CERTIFICATES OF DEPOSIT Schedule A

TYPE	NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER	AMOUNT	IN NAME OF	PLEDGED		
1175	NAME OF FINANCIAL INSTITUTION	ACCOUNT NOWBER	AMOONT	IN NAME OF	YES	NO	

(Do not include deferred compensation – See Schedule E)

Schedule B	LISTED, U	NLISTI			GOVER	NME	NT S	SECU	RITIE	SOW	NED) - See S	Schedule E)	a compo			
NO. OF SHARES OR PAR VALUE OF BONDS	Indicate	if securitie		tricted by co	ontract or SI	EC			IN	NAME (F		MARKET	VALUE	YE	S S	ED NO
			regula	ition													
Schedule C L	IFE INSU	RANCE	OWN	ED, INC	CLUDIN	G GR	OUF	INSU	IRAN	ICE			_				
NAME OF INSU	JRANCE COMP	ANY			POLICY OV	VNER			AM	OUNT	С	ASH VALUE	OUTSTANDI POLICY LOA	NG .NS	BENE	FICIAF	₹Y
	REAL EST		WNED	1		-	ATE	Di IDO:	ASE -	NIDDE:	MICT I	CURRENT	MODIO	1	Ι	1000	
DESCRIPTION A	ND LOCATION		ТІТ	LE IN NAM	IE OF		ATE UIRED	PURCH. PRIC	E C	URRENT VALUI		CURRENT BALANCE	MORTGAGE HOLDER	MATUF	RITY	NUM	OUNT //BER
Schedule E \	/ESTED IN	TERES	ST IN I	DEFER	RED CO	MPE	NSA	TION	PLAN	NS							
NAME	OF COMPANY			A	MOUNT		DA	ATE AVA	ILABLE		PAYO	OUT BASIS		BENEF	ICIARY		
Schedule F UN	IEXERCIS	ED STO	оск о	PTIONS	S HOLD	ER O	F OF	PTION	:								
NAME	OF COMPANY			QUAL- IFIED	NON- QUAL-	NO OF		ER SHARE	PRICE	TOTAL		CURREN PER SHARE	IT MARKET TOTAL	-	BENEFIC	CIARY	,
					IFIED												
Schedule G NA	AMES OF I	SVNKS	FINA	NCE C	OMPAN	IES (DP C	THEE	9 80	IIPCE	: S W	HEDE I	OANS ADE	OUT	AAT2	IDIN	1G
NAME OF LEN		I	BORROW		ACCOUN			MA	D	ATE	UE		IT OUTSTANDII			URED	
								IVIA	DE		UE				TES		NO
	R REFER								NKS,	FINA	NCE	COMPA	NIES OR	OTHE	R SO	URC	CES
NAME OF LEN	HERE CRE		AS BE		ACCOUN				DATE C	BTAINE	D	Н	IGH CREDIT			URED	
					1220.										YES	1	NO
																-	

PROPERTY

ADDRESS				COUNTY		PRIMARY RESIDENCE OF
TYPE - SINGLE FAMILY CONDO	☐ TOWNHOUSE ☐ 2 UNI	TS 3 UNITS	4 UNITS			☐ Applicant ☐ Co-Applicant
TITLE HELD BY	DATE ACQUIRED	cos	ST	MARKET VALUE		
FIRST MTGE. HELD BY	Original Amount	Curro Bala		Payment (Prin. & Int.)	ANNUAL TAXES
SECOND MTGE. HELD BY	Original Amount	Curro Bala		Payment (Prin. & Int.)	ANNUAL INS. PREM.
A COPY OF THE TITLE POLICY OR TO SUBMITTING THEM WITH THIS APPL				EDED BEFORE THE APPL	ICATION C	AN BE APPROVED.
	CER	RTIFICATION	/SIGNAT	URE		
NOTICE: 18 United States Code 1014 p statements are true and complete and whether or not the applicant is accepted my/our credit worthiness including, but institutions and extenders of credit, pre upon a consumer report or information any notification or report required by Fe The lender, or anyone authorized by the CREDIT. Anyone receiving a copy or re By signing this application the custo	are not made for the purpose. You are authorized to make a not limited to procuring consusers and former employers, make the ceceived from a person other the deral laws. The Lender, may obtain or verification of my/our signature.	of determining my il inquiries you dee mer reports from erchants, landlord an a consumer rep y an employment (s) below is author	y/our eligibility em necessary consumer rep s and credito porting agenc , credit or oth rized to provice	y for credit. I/We agree that to verify the accuracy of the corting agencies and credit is. Each applicant consentity on any applicant, you make information relating to ride the lender with such info	at this statements is information is that, upon y disclose th my/our appli	nent shall remain your property s made herein, and to determin- from banks and other financia denial of this application base e information to all applicants i
X		X _				
Signature of Applicant	Date	Sig	gnature of Co-	-Applicant		Date
		LENDERS U	JSE ONLY			
DISP	OSITION			ANA	ALYSIS	
Line Approved Rejected – Amo	unt \$	1				
Conditions:				•		
			,			
Interest Rate:%				ayments	\$	
Paymen	t \$			come Ratio vided by Line 1)		%
			Loan to Va	alue Ratio		%
Approved by	Date					
NOTICE	TO ADDI ICANTS	Į		Value		
	TO APPLICANTS			70%		
The Federal Equal Credit Opportun against credit applications on the bagency which administers complian	asis of sex or marital stat	us. The Federal	j	Mortgage		
Federal Deposit Insurance Corporation 30 S. Wacker Drive, 5uite 3100, Chi	on, Regional Director for the			Available Equity		

ITASCA BANK & TRUST CO. RIGHT TO RECEIVE COPY OF APPRAISALS

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.
This applies to 1-4 family residential properties only.
Detach this portion and return if waiver applies
Waiver of Advanced Copy of Appraisal:
I waive the advance timing requirement to receive a copy of an appraisal three days prior to loan closing and do understand I will be provided a copy of the appraisal at closing.
Signature: Date: