



DATE: _____

**APPLICATION FOR CREDIT
AUTOMOBILE LOAN**

IMPORTANT: Glenview State Bank Loans are generally restricted to current deposit account customers OR Residents and Collateral of the following Illinois Counties: Cook, Lake, DuPage, McHenry.

IMPORTANT: Read these Directions before completing this Application.

Do you want your payments automatically deducted from your Glenview State Bank checking account?

Yes No Glenview State Bank Checking Account Number _____

Choose one of the following options:

OPTION 1: Refinance an existing auto loan/lease

Amount Requested: \$ _____ Term requested: _____ Months Year: _____ Make: _____ Model: _____

Name of Lender _____ Payoff amount: \$ _____ Payment: \$ _____ Loan No.: _____

OPTION 2: Purchase a car/Buyout an auto lease

I am not sure what vehicle is being purchased – I am looking for pre-approval

Amount requested: \$ _____ Term Requested: _____ Months

I have a definite vehicle picked out. New Used Mileage: _____

Year: _____ Make: _____ Model: _____ VIN: _____

Buying from Dealer / Dealer Name: _____ Buying from Private Party

Total Sales Price: \$ _____

Trade-in-allowance: \$ _____

Amount Owed: \$ _____

Net Trade-In: \$ _____

Cash Down Payment \$ _____

Amount Financed (Requested Loan Amount): \$ _____

Term Requested: _____ Months

Trade-in Year: _____ Make: _____ Model: _____

VIN: _____ Mileage: _____

(If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections to the extent possible, providing information in B about the person on whose alimony, support or maintenance payments or income or assets you are relying).

SECTION A: APPLICANT

First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____

Date of Birth: _____ Social Security Number: _____ # of Dependents: _____ (not listed by Co-Applicant)

Marital Status: Married Separated Unmarried, including single, divorced and widowed

Citizenship: US Citizen Resident Alien Non-Resident Alien

Home Phone: _____ Daytime Phone: _____ E-mail address: _____

Preferred method of contact: Call me between _____ and _____ at _____

Send me an e-mail

Have you ever had any Judgments filed against you? Yes No Have you ever filed Bankruptcy? Yes No

Are you obligated to pay child support, alimony or separate maintenance? Yes No If yes, how much? \$ _____

Monthly Weekly Annually

CURRENT RESIDENCE (Applicant)

Street Address: _____ Apartment Number: _____

City: _____ State: _____ Zip Code: _____ How Long? Years _____ Months _____

Own Home Free and Clear Own Rent Live with Parents

Other: _____ Market Value of Home: \$ _____

Mortgage Holder: _____ Mortgage Balance: \$ _____

Mortgage/Rent Payment: \$ _____ Payment includes Real Estate Taxes: Yes No

Annual Real Estate Taxes: \$ _____ Monthly Homeowner's Assessment: \$ _____

PREVIOUS RESIDENCE (Applicant) (if lived at current address less than 2 years)

Street Address: _____ Apartment Number: _____

City: _____ State: _____ Zip Code: _____ How Long? Years _____ Months _____

CURRENT EMPLOYMENT (Applicant)

Status: W2 Employee Self-employed Homemaker Student Not Employed

Gross Income: \$ _____ Annually Monthly Bi-Weekly Weekly Hourly

Employer's Name: _____ Business Phone: _____

Employer's Address: _____

Employer's City: _____ State: _____ Zip Code: _____

How long employed here? Years: _____ Months: _____ Occupation/Title: _____

Do you have any other income that we should consider in this application? Yes No

If yes, please complete OTHER INCOME section below.

PREVIOUS EMPLOYMENT (Applicant) (if current employment less than 2 years) OR **ADDITIONAL EMPLOYMENT**

Status: W2 Employee Self-employed Homemaker Student Not Employed

Gross Income: \$ _____ Annually Monthly Bi-Weekly Weekly Hourly

Employer's Name: _____ Business Phone: _____

Employer's Address: _____

Employer's City: _____ State: _____ Zip Code: _____

How long employed here? Years: _____ Months: _____ Occupation/Title: _____

OTHER INCOME (Applicant) Include alimony, child support, or separate maintenance only if you wish to have it relied upon for this application.

Source: _____ Amount: \$ _____

Frequency Paid: Annually Monthly Weekly

SECTION B: CO-APPLICANT

First Name: _____ Middle Initial: ____ Last Name: _____ Suffix: _____

Date of Birth: _____ Social Security Number: _____ # of Dependents: _____ (not listed by Applicant)

Marital Status: Married Separated Unmarried, including single, divorced and widowed

Citizenship: US Citizen Resident Alien Non-Resident Alien

Home Phone: _____ Daytime Phone: _____ E-mail address: _____

Preferred method of contact: Call me between _____ and _____ at _____
 Send me an e-mail

Have you ever had any Judgments filed against you? Yes No Have you ever filed Bankruptcy? Yes No

Are you obligated to pay child support, alimony or separate maintenance? Yes No If yes, how much? \$ _____
 Monthly Weekly Annually

Same as Applicant CURRENT RESIDENCE (Co-Applicant)

Street Address: _____ Apartment Number: _____

City: _____ State : _____ Zip Code: _____ How Long? Years _____ Months _____

Own Home Free and Clear Own Rent Live with Parents

Other: _____ Market Value of Home: \$ _____

Mortgage Holder: _____ Mortgage Balance: \$ _____

Mortgage/Rent Payment: \$ _____ Payment includes Real Estate Taxes: Yes No

Annual Real Estate Taxes: \$ _____ Monthly Homeowner's Assessment: \$ _____

Same as Applicant PREVIOUS RESIDENCE (Co-Applicant) (if lived at current address less than 2 years)

Street Address: _____ Apartment Number: _____

City: _____ State: _____ Zip Code: _____ How Long? Years _____ Months _____

CURRENT EMPLOYMENT (Co-Applicant)

Status: W2 Employee Self-employed Homemaker Student Not Employed

Gross Income: \$ _____ Annually Monthly Bi-Weekly Weekly Hourly

Employer's Name: _____ Business Phone: _____

Employer's Address: _____

Employer's City: _____ State: _____ Zip Code: _____

How long employed here? Years: _____ Months: _____ Occupation/Title: _____

Do you have any other income that we should consider in this application? Yes No

If yes, please complete OTHER INCOME section below.

PREVIOUS EMPLOYMENT (Co-Applicant) (if current employment less than 2 yrs) OR **ADDITIONAL EMPLOYMENT**

Status: W2 Employee Self-employed Homemaker Student Not Employed

Gross Income: \$ _____ Annually Monthly Bi-Weekly Weekly Hourly

Employer's Name: _____ Business Phone: _____

Employer's Address: _____

Employer's City: _____ State: _____ Zip Code: _____

How long employed here? Years: _____ Months: _____ Occupation/Title: _____

OTHER INCOME (Co-Applicant) Include alimony, child support, or separate maintenance only if you wish to have it relied upon for this application.

Source: _____ Amount: \$ _____

Frequency Paid: Annually Monthly Weekly

SECTION C: APPLICANT and CO-APPLICANT

ASSETS Indicate if owned by Applicant (Ap), Co-Applicant (Co) or Both (Both)

Balance or Value	Description	Who Owns?
\$ _____	Checking, Primary Bank: _____	<input type="checkbox"/> Ap <input type="checkbox"/> Co <input type="checkbox"/> Both
\$ _____	Savings, Money Market, CD's _____	<input type="checkbox"/> Ap <input type="checkbox"/> Co <input type="checkbox"/> Both
\$ _____	Other: _____	<input type="checkbox"/> Ap <input type="checkbox"/> Co <input type="checkbox"/> Both
\$ _____	Other: _____	<input type="checkbox"/> Ap <input type="checkbox"/> Co <input type="checkbox"/> Both

If there is any other information you want to be considered, please list below:

Certification: I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentations(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq. and liability for monetary damages to the Lender, its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application.

I am applying for individual credit.

We are applying for joint credit.

Applicant Signature

Date

Co-Applicant Signature

Date

Member FDIC

