Privacy Statement

FDIC | Equal Housing Lender

Auto Loan Application

First Name:	Last Name:
Submitted on:	

Applicants must reside in the Counties of LaSalle, Bureau or Putnam, in the State of Illinois.

Important Information about Procedures for Opening a New Account
Identification Procedures Requirements: 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.
Security Notice:
You should ONLY fill out this form on-line if you are using a browser with the latest security enhancements. If you don't have the latest version, download a copy now. This form is NOT cached (saved in your computer's memory) when you QUIT your browser.

Instructions:
1. Print this loan application and gather the information you'll need.
2. Complete application on-line and click "Submit Application" or fax it to 815-224-4156.
3. To safeguard your privacy, QUIT your browser and restart it again after using this form.

This loan application is for personal loans only and is NOT intended for commercial use. A valid social security number is required to apply. Please review and gather the information you will need before completing this form. Upon receipt of the application, we will send you the proper disclosures.

Auto Loan Request	
Amount Requested:	
Type of Application:	◯ Individual Applicant ◯ Joint Applicant
Desired Monthly Payment	
or Term Requested:	◯ 24 mos. ◯ 36 mos. ◯ 48 mos. ◯ 60 mos. ◯ Other:
Vehicle Description (required)	**Year of Vehicle** _____ **Make** _____ **Model** _____

Purchase Price	Down Payment	Finance Amount

Dealer Name	
Trade-In	◯ Yes ◯ No
Purchasing from Dealer	◯ Yes ◯ No
Creditor of Trade-In	

Applicant

First Name	Middle Initial	Last Name

Date of Birth	Social Security No.	No. of Dependents

Driver's License No.	Driver's License State	Your E-mail Address

Home Phone	Best Time to Call	Work Phone

Are there any unsatisfied Judgments against you?	◯ Yes ◯ No
Have you been declared bankrupt in the last 7 years?	◯ Yes ◯ No

Residence

Your Primary Residence:	◯ Own with Mortgage ◯ Own Clear ◯ Rent ◯ Other:
Address Information	Address Line 1 Address Line 2 City State ZIP Code

Years At Present Address	Your Monthly rate or Mortgage Payment

Years At Previous Address	Your Previous Address

Home Information

Collateral Property Address (If different from above)	Date Purchased

Current Mortgage Holder	Mortgage Holder Phone

Purchase Price	Market Value	Mortgage Balance

Employment

	◯ Employed ◯ Unemployed ◯ Self-Employed ◯ Retired ◯ Student

Your Present Employer	Phone

Address Information	Address Line 1 Address Line 2 City State ZIP Code

Gross Monthly Salary	Your Position	Years There

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You do not have to list alimony, child support or separate maintenance income unless you want us to consider it for the purposes of granting and repayment of this credit request.

Other Monthly Income	Source of Other Income

Previous Employer (if less than 3 years at current employer)	Years at Previous Employer

Address Information	Address Line 1 Address Line 2 City State ZIP Code

Additional Information

Your Checking Account Number	Institution Name

Your Savings Account Number	Institution Name

Name of Creditor	Approx. Balance	Monthly Payment	Collateral, if any

Total Amount of Other Monthly Payments not listed above:	

Assets	Value	Title Held Name

Co-Applicant

First Name	Middle Initial	Last Name

Date of Birth	Social Security No.	No. of Dependents

Driver's License No.	Driver's License State	Your E-mail Address

Home Phone	Best Time To Call	Work Phone

Co-Applicant Residence

Your Primary Residence:	◯ Own with Mortgage ◯ Own Clear ◯ Rent ◯ Other:
Address Information	Address Line 1 Address Line 2 City State ZIP Code

Years At Present Address	Your Monthly Rent or Mortgage Payment

Years At Previous Address	Your Previous Address

Co-Applicant Home Information

Collateral Property Address (If different from above)	Date Purchased

Current Mortgage Holder	Mortgage Holder Phone

Purchase Price	Market Value	Mortgage Balance

Co-Applicant Employment

	◯ Employed ◯ Self - Employed ◯ Retired ◯ Unemployed ◯ Student

Your Present Employer	Phone

Address Information	
	Address Line 1
	Address Line 2
	City State ZIP Code

Gross Monthly Salary	Your Position	Years There

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Other Monthly Income	Source of Other Income

Previous Employer (if less than 3 years at current employer)	Years at Previous Employer

Address Information	
	Address Line 1
	Address Line 2
	City State ZIP Code

Co-Applicant Additional Information

Your Checking Account Number	Institution Name

Your Savings Account Number	Institution Name

Name of Creditor	Approx. Balance	Monthly Payment	Collateral, if any

Total Amount of Other Monthly Payments not listed above:	

Assets	Value	Title Held Name

Applicant(s) Statement

Applicant(s) Statement
I/We have completed this request for credit in consideration of **Peru Federal Savings Bank** lending to me and/or others upon my guarantee. I/We certify that all information contained herein is accurate and complete to the best of my knowledge.

I/We authorize **Peru Federal Savings Bank** to retain property of this application, to rely on the foregoing, to check and verify my credit, employment and salary history, to secure follow up credit reports concerning my credit worthiness and to exchange information about my account with proper persons, creditors and credit bureaus.

I authorize my employer (present and future), bank and other references listed above to release and/or verify information to **Peru Federal Savings Bank** at any time. I acknowledge that this application is subject to approval of credit and acceptance by **Peru Federal Savings Bank**. Should my request for credit and subsequent loan be approved, I agree to give **Peru Federal Savings Bank** written notice immediately upon change of my name, address, employment or any other pertinent information contained herein.

(required)	☐ I/We AGREE with the above statement