

# DEVON BANK

6445 North Western Avenue, Chicago, Illinois 60645  
(773) 465-2500  
Member FDIC / Equal Opportunity Lender

## Personal Financial Information and Statement CREDIT APPLICATION

**INDIVIDUAL ACCOUNT – COMPLETE ALL SECTIONS EXCEPT B**       **JOINT ACCOUNT – COMPLETE ALL SECTIONS**

DATE:	AMOUNT REQUESTED: \$	NO. OF MO.	PURPOSE OF LOAN
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### Section A INFORMATION REGARDING APPLICANT

APPLICANT NAME	SOCIAL SEC. NO.	DATE OF BIRTH	HOME TELEPHONE NO.		
PRESENT STREET ADDRESS	CITY	STATE	ZIP CODE	YEARS THERE	
PREVIOUS ADDRESS	CITY	STATE	ZIP CODE	YEARS THERE	
EMPLOYER	POSITION	BUSINESS TELEPHONE NO.	YEARS THERE		
BUSINESS STREET ADDRESS	CITY	STATE	ZIP CODE		
PREVIOUS EMPLOYER	POSITION	BUSINESS TELEPHONE NO.	YEARS THERE		
PREVIOUS EMPLOYER STREET ADDRESS	CITY	STATE	ZIP CODE		
INCOME	SALARY <input type="checkbox"/> week <input type="checkbox"/> month	DIVIDENDS	INTEREST	COMMISSIONS/BONUS	REAL ESTATE INCOME
	OTHER (Income from alimony, child support or separate maintenance payments need not be revealed if you do not choose to rely upon it as a basis for undertaking any obligation):				
EXPENSES	MONTHLY RENTAL OR MORTGAGE PYMTS.	MONTHLY INSTALLMENT CREDIT PYMTS.	MTHLY. ALIMONY, CHILD SUP. OR SEP. MAINTENANCE PAYMENTS		
	MORTGAGE HOLDER OR LANDLORD – NAME			ADDRESS	TELEPHONE NO.
CONTINGENT LIABILITIES	AS ENDORSER, CO-MAKER OR GUARANTOR	ON LEASES OR CONTRACTS	LEGAL CLAIMS		
	HAVE YOU EVER TAKEN BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHERS - Please Explain			
GENERAL INFORMATION	DEFENDANT IN SUITS OR LEGAL ACTIONS OR JUDGEMENTS OUTSTANDING? If yes, please explain below <input type="checkbox"/> YES <input type="checkbox"/> NO				
	NO. OF DEPENDENTS	DATE OF MY WILL	EXECUTOR	DRIVERS LICENSE NUMBER	
	CLOSEST RELATIVE (Not Living with You)			RELATIONSHIP	
	ADDRESS				TELEPHONE NO.

### Section B INFORMATION REGARDING CO-APPLICANT (To be filled out only if applying for joint account)

APPLICANT NAME	SOCIAL SEC. NO.	DATE OF BIRTH	HOME TELEPHONE NO.		
PRESENT STREET ADDRESS	CITY	STATE	ZIP CODE	YEARS THERE	
PREVIOUS ADDRESS	CITY	STATE	ZIP CODE	YEARS THERE	
EMPLOYER	POSITION	BUSINESS TELEPHONE NO.	YEARS THERE		
BUSINESS STREET ADDRESS	CITY	STATE	ZIP CODE		
PREVIOUS EMPLOYER	POSITION	BUSINESS TELEPHONE NO.	YEARS THERE		
PREVIOUS EMPLOYER STREET ADDRESS	CITY	STATE	ZIP CODE		
INCOME	SALARY <input type="checkbox"/> week <input type="checkbox"/> month	DIVIDENDS	INTEREST	COMMISSIONS/BONUS	REAL ESTATE INCOME
	OTHER (Income from alimony, child support or separate maintenance payments need not be revealed if you do not choose to rely upon it as a basis for undertaking any obligation):				
EXPENSES	MONTHLY RENTAL OR MORTGAGE PYMTS.	MONTHLY INSTALLMENT CREDIT PYMTS.	MTHLY. ALIMONY, CHILD SUP. OR SEP. MAINTENANCE PAYMENTS		
	MORTGAGE HOLDER OR LANDLORD – NAME			ADDRESS	TELEPHONE NO.
CONTINGENT LIABILITIES	AS ENDORSER, CO-MAKER OR GUARANTOR	ON LEASES OR CONTRACTS	LEGAL CLAIMS		
	HAVE YOU EVER TAKEN BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHERS - Please Explain			
GENERAL INFORMATION	DEFENDANT IN SUITS OR LEGAL ACTIONS OR JUDGEMENTS OUTSTANDING? If yes, please explain below <input type="checkbox"/> YES <input type="checkbox"/> NO				
	NO. OF DEPENDENTS	DATE OF MY WILL	EXECUTOR	DRIVERS LICENSE NUMBER	
	CLOSEST RELATIVE (Not Living with You)			RELATIONSHIP	
	ADDRESS				TELEPHONE NO.





**ADDITIONAL INFORMATION**

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The undersigned certify(ies) that the four pages herein and any schedules attached hereto have been carefully read by the undersigned and the information contained herein and attached hereto is true and correct.

NOTICE: 18 United States Code 1014, prescribes criminal penalties for false statements in loan applications to Federally insured banks. I/We agree that this statement shall remain your property, whether or not the application is accepted. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness, including, but not limited to, procuring consumer reports from consumer reporting agencies and credit information from other financial institutions and extenders of credit, references, present and former employers, merchants, landlords and creditors. Each applicant consents that, upon denial of the application based on a consumer report or information received from a person other than a consumer reporting agency on any applicant, creditor may make appropriate Fair Credit Reporting Act disclosures to all applicants.

\_\_\_\_\_, 20\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_, 20\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
ADDITIONAL SIGNATURE

## STATEMENT OF JOINT INTENT

If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only the Sections that apply to Borrower, and check here \_\_\_\_\_

If you are applying for joint credit with another person or entity, complete all sections. If appropriate, the co-borrower may complete a separate personal financial statement and the applications may be submitted together. We intend to apply for joint credit:

\_\_\_\_\_  
Borrower

\_\_\_\_\_  
Co-Borrower



# DEVON BANK

6445 North Western Avenue  
Chicago, Illinois 60645-5494  
773-465-2500  
[www.DevonBank.com](http://www.DevonBank.com)

*THIS DISCLOSURE APPLIES TO 1<sup>ST</sup> LIENS SECURED BY ONE TO FOUR RESIDENTIAL PROPERTY*

## **Notification of Right to Receive a Copy of the 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.

You may request a reconsideration of value (ROV) if you have concerns regarding the accuracy of your appraisal or written valuation report.

Contact your lender for information about the reconsideration of value (ROV) process.

By signing below, you acknowledge receipt of this Appraisal Notice.

Applicant(s):

X \_\_\_\_\_ Date: \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_



### INFORMATION FOR GOVERNMENT MONITORING

Borrower's Name: \_\_\_\_\_

Co-Borrower's Name: \_\_\_\_\_

**COMPLETE THE FOLLOWING ONLY IF THE LOAN BEING APPLIED FOR IS FOR THE PURCHASE, REFINANCE OR HOME IMPROVEMENT OF A RESIDENTIAL PROPERTY OR A MIXED USE PROPERTY IF APPLICABLE.**

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the lender's compliance with the equal credit opportunity, fair housing laws and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. (Lender must review)

**Ethnicity**

- Hispanic or Latino
  - Mexican
  - Puerto Rican
  - Cuban
  - Other Hispanic or Latino – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on:

\_\_\_\_\_  
 Not Hispanic or Latino

I do not wish to provide this information

**Race: Check one or more**

- American Indian or Alaska Native – Print name of enrolled or principal tribe:

\_\_\_\_\_  
 Asian

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakastani, Cambodian, and so on:

\_\_\_\_\_  
 Black or African American

Native Hawaiian or Pacific Islander

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on:

\_\_\_\_\_  
 White

**Ethnicity**

- Hispanic or Latino
  - Mexican
  - Puerto Rican
  - Cuban
  - Other Hispanic or Latino – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on:

\_\_\_\_\_  
 Not Hispanic or Latino

I do not wish to provide this information

**Race: Check one of more**

- American Indian or Alaska Native – Print name of enrolled or principal tribe:

\_\_\_\_\_  
 Asian

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakastani, Cambodian, and so on:

\_\_\_\_\_  
 Black or African American

Native Hawaiian or Pacific Islander

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on:

\_\_\_\_\_  
 White

I do not wish to provide this information

I do not wish to provide this information

**Sex**

- Male
- Female

**Sex**

- Male
- Female

I do not wish to provide this information

I do not wish to provide this information

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\* **For Bank Use Only** \*\*\*\*\*

To Be Completed by Financial Institution (for an application taken in person):

Was the ethnicity of the applicant collected on the basis of visual observation or surname?

- Yes
- No

Was the ethnicity of the co-applicant collected on the basis of visual observation or surname?

- Yes
- No

Was the race of the applicant collected on the basis of visual observation or surname?

- Yes
- No

Was the race of the co-applicant collected on the basis of visual observation or surname?

- Yes
- No

Was the sex of the applicant collected on the basis of visual observation or surname?

- Yes
- No

Was the sex of the co-applicant collected on the basis of visual observation or surname?

- Yes
- No

Application Taken:  **Face to Face**       Telephone Application       Mail or Internet Application

Note: was applicant asked to provide GMI **circle one**: YES/ NO

Co-Applicant Absent/Information Provided by Applicant

If the government information is not provided by the applicant(s) in a **face to face** application **only**, the loan officer must complete the ethnicity, race & sex of the applicants above on the basis of visual observation or surname and note the basis for the determination by checking the appropriate box below.

Loan Officer: \_\_\_\_\_

Date: \_\_\_\_\_



## Certification of Beneficial Owner(s)

Beneficial Ownership Not Applicable to this Entity\*

**Person opening an account on behalf of a legal entity must provide the following information:**

Name and Title of Natural Person Opening Account: \_\_\_\_\_

Name of Legal Entity for Which the Account is Being Opened: \_\_\_\_\_

*\*Reason Beneficial Ownership is **Not Applicable**:* \_\_\_\_\_

**Beneficial Ownership:**

this definition, please check the box above.

Name (Print)	Date of Birth	Address (Residential or Business Street Address)	U.S. Persons SSN/iTIN:	Foreign Persons: Passport Number & Country of Issuance,**	% Ownership

**Control – Account Manager:**

Complete the following information for **one** individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, general Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

If appropriate, an individual listed under the Beneficial Owners above may also be listed in this section.

Name (Print)	Date of Birth	Address (Residential or Business Street Address)	U.S. Persons SSN/iTIN:	Foreign Persons: Passport Number & Country of Issuance,**	% Ownership

I, \_\_\_\_\_ (*name of natural person opening account*), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph.**

# **Change of Ownership Attestation**

## **CD & Loan Accounts ONLY**

Legal Entity Name & Account #

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I, \_\_\_\_\_ (name of natural person opening account) agree to notify Devon Bank of any changes in Beneficial Ownership information for the duration that the account is open; including any future renewals of the account.

By: \_\_\_\_\_ Date: \_\_\_\_\_

Certification as to status of U.S. Citizenship or Residency (Individual)

The undersigned individual, having applied for credit from Devon Bank, certifies that he/she is:  
(Please check the appropriate boxes)

- Certified copy of Birth Certificate
  - Valid U.S. Passport (Expiration Date: \_\_\_\_\_)
  - Certificate of U.S. Citizenship (INS Form N-560 or N-561)
  - Certificate of Naturalism (INS Form N-550 or N-570)
- A legal permanent resident of the United States. Evidence of permanent residency can be furnished, on request, in the following form:
    - Alien Registration Receipt Card (INS Form I-151)
    - Alien Registration Receipt Card (Resident Alien Card) (INS Form I-551) showing permanent residency with no expiration date.
  - A legal temporary resident of the United States. Evidence of temporary residency can be furnished, on request, in the following form:
    - Alien Registration Receipt Card (Resident Alien Card) or Alien Registration Receipt Card (Conditional Resident Alien Card) (INS Form I-551) showing an expiration date on the front or the reverse side of the card.
    - Employment Authorization Card (INS Form I-688B) with expiration date on front of card.
    - Unexpired Refugee Travel Document (INS Form I-571).

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**For Devon Bank use:**

Individual Name: \_\_\_\_\_

Primary I.D. Type: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Secondary I.D. Type: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Address of Applicant on I.D.: \_\_\_\_\_

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Initials of Officer Completing this Section: \_\_\_\_\_