



Patient Accounts
1813 2nd Avenue
Sterling, IL 61081

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Sterling, IL 61081-1279
(815) 625-6065
Fax: (815)626-2896
Website: www.cghmc.com

LOAN APPLICATION

Date: _____ Taken by: _____ Amount Requested: _____

Applicant:

Name: (Last) _____	(First) _____	(Middle Initial) _____
Date of Birth: ____/____/____	Social Security Number: _____	
Home Address: (Street or PO Box): _____		
(City) _____	(State) _____	(Zip Code) _____
How Long at Current Address? _____	Number of Dependents: _____	
Home Phone Number: () _____	Work Phone Number: () _____	
Employer Name: _____		
Occupation: _____	How long at current employer: _____	
Employer Address: _____		
Employer Phone: () _____		
Salary (Gross) \$ _____ (monthly)	Other Income Source: (Social Security)	\$ _____ (monthly)
(Net) \$ _____ (monthly)	(Pensions)	\$ _____ (monthly)
	(Unemployment)	\$ _____ (monthly)
	(Alimony)	\$ _____ (monthly)
	(Others)	\$ _____ (monthly)

Co-Applicant:

Name: (Last) _____	(First) _____	(Middle Initial) _____
Date of Birth: ____/____/____	Social Security Number: _____	
Home Address: (Street or PO Box): _____		
(City) _____	(State) _____	(Zip Code) _____
How Long at Current Address? _____	Number of Dependents: _____	
Home Phone Number: () _____	Work Phone Number: () _____	
Employer Name: _____		
Occupation: _____	How long at current employer: _____	
Employer Address: _____		
Employer Phone: () _____		
Salary (Gross) \$ _____ (monthly)	Other Income Source: (Social Security)	\$ _____ (monthly)
(Net) \$ _____ (monthly)	(Pensions)	\$ _____ (monthly)
	(Unemployment)	\$ _____ (monthly)
	(Alimony)	\$ _____ (monthly)
	(Others)	\$ _____ (monthly)

Financial Information:

Bank Name: _____	
Checking: \$ _____	Real Estate: \$ _____
Savings: \$ _____	Market Value: \$ _____
Stocks: \$ _____	Amount Owed: \$ _____
CD's \$ _____	Rental Property Owned: \$ _____

Monthly Expenses:

Rent or House Payment: \$ _____ (monthly)	Car Insurance: \$ _____ (monthly)
Lights and Heat: \$ _____ (monthly)	Medical Insurance: \$ _____ (monthly)
Water and Sewer: \$ _____ (monthly)	Life Insurance: \$ _____ (monthly)
Telephone: \$ _____ (monthly)	Charities: \$ _____ (monthly)
Cable TV: \$ _____ (monthly)	Entertainment: \$ _____ (monthly)
Food: \$ _____ (monthly)	Periodicals: \$ _____ (monthly)
Car Payment: \$ _____ (monthly)	Recreations Vehicle: \$ _____ (monthly)
	Other: \$ _____ (monthly)
Car Make and Model _____	\$ _____ (monthly)
Car Make and Model _____	\$ _____ (monthly)

Outstanding Debt:

Name and Address of Creditor:	Purchased:	Amount:	Unpaid:	Payment:
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

I/We hereby certify that I/We are of legal age and that the forgoing statements are true and complete and are made for the purpose of determining my/our eligibility for credit and financial assistance. I/We agree that this statement shall remain your property, whether or not the application is accepted. I/We agree to provide the necessary verification of my/our income and authorize you to make all inquiries that you deem necessary to verify the accuracy of the statements made herein, and to determine my/our credit worthiness, including, but not limited to, procuring consumer reports from consumer reporting agencies, present and former employees, merchants, landlords, and creditors.

Date: _____ Signature of Applicant: _____
 Signature of Co-applicant: _____

IMPORTANT INFORMATION ABOUT PRODUCERS FOR OPENING A NEW CREDIT/LOAN ACCOUNT:

To help Government fight the funding of terrorism and money laundering activities, Federal Law requires all banks to obtain, verifying and record information that identifies each person who applies for credit/financial assistance.

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