

**STATE OF ILLINOIS
PERSONAL INFORMATION FORM**

TO: Director of Division of Financial Institutions
Consumer Credit Section

DebtMgmt-PersonalInfoForm

The following personal information is furnished as a part of the application for a license under the Debt Management Services Act. This information should be completed by the owner, if applicant is a sole proprietorship; the partners, if a partnership; the chairman, president, or executive director, if a corporation. If this application is for a branch location, the information should be completed by the person in charge of the branch.

All answers must be typewritten or legibly printed:

Full Name of Business: _____

Business Address: (No. & Street) _____ (Suite #) _____
(City) _____ (State) _____ (Zip) _____

Branch Name: (If different from name given above) _____

Business Address of branch location: (No. & Street) _____ (Suite #) _____
(City) _____ (State) _____ (Zip) _____

Name of Individual(s) completing application: _____

Home address: (No. & Street) _____ (City) _____
(State) _____ (Zip) _____ (Area Code & Telephone No.): _____

Social Security # _____ Date of Birth: _____

EDUCATION: Name of High School _____
Name of College _____
Degree _____
Other _____

Courses taken that have prepared you for performing Debt Management Services: _____

WORK EXPERIENCE: Company Name _____ Years: From _____ TO _____
Address (No. & Street) _____ (City, State, Zip) _____
Position _____
Held _____
Principle _____
Duties _____

PERSONAL REFERENCES: Show the names of two persons not related to you, nor employers, with whom you are well acquainted and who can attest to your character.

Name _____ Telephone No. (Area) _____ (No.) _____
Address _____ City _____
State _____ Zip _____ Occupation _____
Name _____ Telephone No. (Area) _____ (No.) _____
Address _____ City _____
State _____ Zip _____ Occupation _____

Have you ever been indicted and/or convicted of any offence (other than minor traffic violations)? Yes _____ No _____
If yes, give details on a separate sheet.

Have you ever been involved in a civil suit? Yes _____ No _____ **If yes, give details on a separate sheet.**

Have you ever had a State or local business license suspended or revoked? Yes _____ No _____ **If yes, give details on a separate sheet.**

Have you ever filed personal or business bankruptcy? Yes _____ No _____ **If yes, give details on a separate sheet.**

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Department of Financial Institutions to investigate and verify any information contained in my Debt Management Services application or any other information relevant to my qualifications for licensure.

Signature _____ Date _____

Signature: _____

Date: _____