



First American

First American Title Insurance Company
27775 Diehl Road
Warrenville, IL 60555
Phone: 877-295-4328
Fax: 866-933-APLD
Email: apld.il@firstam.com

A closing is scheduled on _____ for the borrower _____, FATIC file # _____. The land subject to this closing lies within the boundaries of Cook County, Illinois and is subject to the Predatory Lending Database Program (765 ILCS 77/70 ET SEQ). First American Title requires the following affidavit to be completed by the originating lender so we may input the accurate data in the Anti-Predatory Lending Act Database and issue the appropriate certificate on the mortgage.

Check applicable box in Exempt Certificate Request or complete Certificate of Compliance Request

Lender Name: _____

Lender Loan #: _____ Is there a 2nd mortgage closing in conjunction with this loan? ☐ Yes ☐ No

EXEMPT CERTIFICATE REQUEST

- | | |
|---|---|
| ☐ Application taken by exempt entity – entity not required to be licensed under the Residential Mortgage License Act | ☐ Reverse mortgage |
| ☐ Application taken before 7/1/08 | ☐ Commercial property |
| ☐ Residential more than four units | ☐ Vacant land - residential |
| ☐ Investment, non-owner occupied | ☐ Government property |
| ☐ Secondary home | ☐ Stand-Alone HELOC (Home Equity Line of Credit) |

CERTIFICATE OF COMPLIANCE REQUEST

All loans that do not meet the criteria for an exempt certificate will require an application to be created in the Anti-Predatory Lending Database by the loan originator. Include a copy of the Truth in Lending and Good Faith Estimate when returning this affidavit so the closing may be expedited.

Collateral Description: (check one)	☐ Single Family Residence	Loan Purpose: (check one)	☐ Primary Residence
	☐ 2-Unit		☐ Secondary Residence
	☐ 3-Unit		☐ Investment
	☐ 4-Unit		
Pin # _____			

Provide pin number if application is created under different number: _____

The undersigned hereby certifies the above information is true and accurate and specifically relates to the aforementioned real property and participant(s). The undersigned further indicates he/she is authorized to release such data and may verify such information on behalf of the Lender/Borrower.

Signature: _____

Printed Name and Title: _____

Company: _____

Date: _____

PLEASE FAX/EMAIL COMPLETED AFFIDAVIT. Contact Customer Solutions with any questions.
phone (877) 295-4328 · fax (866) 933-APLD · apld.il@firstam.com Thank you for your cooperation and assistance.