CONSUMER CREDIT APPLICATION

TYPE OF CREDIT REQUESTED Date of Application ____ FIRST NATIONAL BANK ____ How Long __ Amount \$ □ Secured □ Unsecured Payment Date Desired **OF BOSQUE COUNTY** ☐ Individual Credit – relying on my income or assets Want to Repay □ Monthly □ _ ☐ Individual Credit – relying on my income or assets **PO Box 278** Purpose _ as well as income or assets from other sources Valley Mills, TX 76689 ☐ Joint Credit INDIVIDUAL APPLICANT INFORMATION ______ Birth Date ____/____ Soc. Sec. No. ______ DL#___ Mailing Address _____ City ____ State __ Zip ___ County ___ How Long ___ ______ City _____ State ____ Zip _____ County _____ How Long __ Street Address ___ _____ Home # ____ ____ Cell #____ Email Address_ Employer (Company Name & Address) _____ Position/Title How Often Paid? Gross Salary Per Month \$_ Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Alimony, child support, separate maintenance received under: Court Order Written Agreement ☐ Oral Understanding Sources of Other Income Amount Per Month \$__ Name of Nearest Relative Not Living With You Relationship ____ Tel. No. ____ Relative's Address **MARITAL STATUS** Complete only if: for joint or secured credit, or applicant resides in a community property state or is relying on property located in such a state. Applicant: Married Separated Unmarried NAME IN WHICH THE ACCOUNT IS CARRIED VALUE DESCRIPTION OF ASSETS Checking Account Number(s) Savings Account Number(s) (where) TOTAL ASSETS DESCRIPTION OF DEBTS NAME THE ACCT. IS UNDER ORIGINAL AMT. PRESENT BAL. MO. PMTS. Landlord or ☐ Rent Payment (Omit Rent) (Omit Rent) \$ Mortgage Holder □ Mortgage Owner Financed Credits Are you obligated to make Alimony, Support or Maintenance Payments? ☐ No ☐ Yes If yes, to (Name & Address) Amount Per Month \$___ Are you a comaker, endorser, or guarantor on any loan or contract? ☐ No ☐ Yes If yes, for whom? ___ To whom? ___ SIGNATURE -- I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes. Applicant's Signature Date **NOTICE – JOINT CREDIT**

I intend to apply for joint credit. (Initial) _____

DEBT SERVICE RATIO WORKSHEETBank Use Only

BORROWER GROSS MONTHLY INCOME:		
		\$
CO-BORROWER GROSS MONTHLY INCOME:		\$
Total Gross income:		\$
THIS REQUEST: PRINCIPAL & INTEREST		\$
IF MORTGAGETAXES		
INSURANCE		
TOTAL		\$
DEBT SERVICE RATIO THIS REQUEST	%	
OTHER MONTHLY OBLIGATIONS:		
RENT/MORTGAGE WITH TAXES & INSURANCE	Ε	\$
AUTOMOBILE PAYMENT		
CREDIT CARDS (TOTAL MINIMUM)		
OTHER LOAN PAYMENTS		
STUDENT LOANS		
CHILD SUPPORT / SEPARATE MAINTENANCE		
JOB RELATED EXPENSES (CHILD CARE, DUES)	1	
Total monthly:		\$
TOTAL DSR: BEFORE THIS REQUEST:	% WITH THIS REQU	JEST:%
OFFICER INITIALS:		