



5140 West Parkway  
Groves, TX 77619  
409.963.1191  
800.448.5328

# CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

ACCOUNT NUMBER – APPLICANT	ACCOUNT NUMBER – CO-APPLICANT	DATE
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**Applicant Information** PRINT OR TYPE ALL INFORMATION

1. If You live in a community property state, are You:  
 Married  Separated  Unmarried (Includes Single, Divorced and Widowed)

2. Married applicants can apply for individual credit. Indicate if You would like:  
 Individual Credit  Joint Credit with Your Spouse/Co-Applicant

3. Method of Payment:  Payroll Deduction  Automatic Share Transfer  Cash Payment

4. Frequency of Payment:  Weekly  Bi-Weekly  Semi-Monthly  Monthly

**Spouse/Co-Applicant Information**

5. Complete Spouse/Co-Applicant Information only if:  
 a. This is for joint credit with Your Spouse or other Co-Applicant;  
 b. Your Spouse will use Your Account;  
 c. You are relying on Your Spouse's income as a source of repayment for the credit requested; or  
 d. You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (or Puerto Rico).

6. Definitions:  
 Whenever used in this application, the words "You" and "Your" refer to the Applicant(s) or Spouse/Co-Applicant and the words "We," "Us," and "Our" refer to the Lender.

**Credit Applied For:**

Type of credit \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_ Refinanced Amount \$ \_\_\_\_\_ Total Request \$ \_\_\_\_\_

Purpose \_\_\_\_\_ Collateral Offered \_\_\_\_\_ Value: \$ \_\_\_\_\_

**APPLICANT OR CO-SIGNER**

FIRST NAME	INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER		BIRTHDATE	
CURRENT STREET ADDRESS	APT. NO.	YEARS THERE	
CITY	STATE	ZIP	
MOTHER'S MAIDEN NAME	EMAIL ADDRESS		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)			YEARS THERE
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD	HOME TELEPHONE	NO. OF DEP.	AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST REFERENCE NOT LIVING WITH YOU			
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU			

**SPOUSE/CO-APPLICANT**

FIRST NAME	INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER		BIRTHDATE	
CURRENT STREET ADDRESS	APT. NO.	YEARS THERE	
CITY	STATE	ZIP	
MOTHER'S MAIDEN NAME	EMAIL ADDRESS		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)			YEARS THERE
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD	HOME TELEPHONE	NO. OF DEP.	AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST REFERENCE NOT LIVING WITH YOU			
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU			

**EMPLOYMENT AND INCOME** If self-employed, attach financial statement or income tax returns.

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)	EMPLOYMENT DATE	
ADDRESS/CITY/STATE/ZIP		
WORK TELEPHONE	POSITION	MO. GROSS SALARY
FORMER EMPLOYER	POSITION	YEARS THERE

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)	EMPLOYMENT DATE	
ADDRESS/CITY/STATE/ZIP		
WORK TELEPHONE	POSITION	MO. GROSS SALARY
FORMER EMPLOYER	POSITION	YEARS THERE

**OTHER INCOME** Alimony, child support, or separate maintenance income need not be revealed if You do not choose to have it considered. (Proof Required)

TYPE OF OTHER INCOME	MONTHLY AMOUNT
NAME AND ADDRESS OF PAYER	

TYPE OF OTHER INCOME	MONTHLY AMOUNT
NAME AND ADDRESS OF PAYER	

**ASSETS AND DEPOSITS** Attach a separate sheet if necessary.

TYPE	BANK (OR OTHER) NAME & ADDRESS	ACCOUNT NO.	INTEREST RATE	APPROX. BAL.
CAR 1 - YR. - MAKE - MODEL			VALUE	
CAR 2 - YR. - MAKE - MODEL			VALUE	
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED		PURCHASE PRICE	APPROX. VALUE	

TYPE	BANK (OR OTHER) NAME & ADDRESS	ACCOUNT NO.	INTEREST RATE	APPROX. BAL.
CAR 1 - YR. - MAKE - MODEL			VALUE	
CAR 2 - YR. - MAKE - MODEL			VALUE	
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED		PURCHASE PRICE	APPROX. VALUE	

**CREDIT INFORMATION** Please list all open accounts with or without a balance. Attach separate sheet if necessary.

**A=Applicant C=Spouse/Co-Applicant**  
**D=Debts to be paid off if loan is granted.**

PLEASE CHECK			LENDER (OR OTHER) NAME & ADDRESS LIST ALL OBLIGATIONS, INCLUDING CREDIT UNION LOANS	ACCOUNT NUMBER	INTEREST RATE	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENT
A	C	D						

<b>Please answer the following questions.</b> <b>If a yes answer is given, explain on attached sheet.</b>		<b>A</b> YES NO		<b>C</b> YES NO		<h1>TOTALS</h1>					
1. Have You filed a petition for bankruptcy in the last 14 years?				Please Check: A=Applicant/Co-Signer C=Co-Applicant				<b>A</b> YES NO			
2. Have You ever had any auto, furniture or property repossessed?				6. Have You any Obligations not listed?				<b>C</b> YES NO			
3. Are You a co-maker or co-signer on any loan? For Whom _____ Amount \$ _____				7. Do You have any past due bills?							
4. Have You ever had credit in any other name? What name _____				8. Is any income You have listed likely to reduce in the next two years?							
5. Have You any suits pending, judgments filed, alimony or support awards against You?				9. Indicate immigration status:							
				Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____ Co-Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____							

**OPTIONAL DEBT PROTECTION**

The total cost premium will be calculated and disclosed to You separately.

You are interested in Debt Protection coverage   
 You are not interested in Debt Protection coverage

**SIGNATURES**

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Credit Line Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Federal Disclosure Statement. You will receive a copy of such Agreement and Disclosure no later than the time of Your first credit advance and You promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature. **If You are issued a debit or ATM card, You grant and consent to a lien on Your shares with Us (except IRA and Keogh accounts) and any dividends due or to become due to You from Us to the extent You owe on any unpaid Overdraft Line of Credit balance created through the use of Your debit or ATM card.**

You hereby acknowledge Your intent to apply for joint credit \_\_\_\_\_  
Applicant's Initials    Co-Applicant's Initials

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Signature of Applicant or Co-Signer                      Date                      Signature of Spouse/Co-Applicant                      Date

**LOAN OFFICER**
**OTHER APPROVING SIGNATURES**

ADVANCE APPROVED YES <input type="checkbox"/> NO <input type="checkbox"/> REFERRED TO CC <input type="checkbox"/> COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED		ADVANCE APPROVED YES <input type="checkbox"/> NO <input type="checkbox"/> COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED	
DESCRIBE COUNTER OFFER			
SPECIFIC REASON(S) FOR REJECTION/APPROVAL			
LOAN OFFICER SIGNATURE	DATE	CREDIT LIMIT \$	ADDITIONAL INFORMATION
CREDIT MANAGER OR OTHER	DATE		

ECOA NOTICE AND REASON FOR REJECTION OR UNACCEPTED COUNTER-OFFER SENT OR DELIVERED ON \_\_\_\_\_ (DATE) BY \_\_\_\_\_