CONSUMER CREDIT APPLICATION Type of Credit Requested Date of Application: ___ Secured, ____ Unsecured **Brenham National Bank** Amount: \$_____ How Long: Individual Credit relying on my income and assets. 2211 South Day Street Payment Date Desired: ___ **Individual Credit** relying on my income or assets P.O. Box 2568 as well as income and assets from other sources. Want to repay: ____ Monthly, ____ Other _ Brenham, Texas 77833 Joint Credit Purpose: _ Revised 6/1/2019 If you intend to apply for joint credit, please check **Joint Credit** in the upper left hand corner and initial here: **Applicant** ______, **Joint-Applicant** ______, SECTION A - INDIVIDUAL APPLICANT INFORMATION Birth Date: ____/___ Tel. #: __ Name: _ County: _____ Present Address: _ _ State: _____ Zip: ___ Previous Address: Citv: ______ State: _____ Zip: _____ County: ___ Have you applied for credit with us before? __ NO, __ YES - When: _ _ No. Dep.: __ Dep. Ages: __ Relationship: __ Name of nearest relative not living with you: Address: _ Tel. #: (___ Employer (Company Name & Address): __ Position/Title: _ _____ How often paid: ______ Take home pay/month: \$_ Previous Employer (Company Name & Address): 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/month: \$ SECTION B - JOINT APPLICANT OR OTHER PARTY INFORMATION Complete only if for joint credit, for individual credit relying on income or assets from other sources, or if applicant is married and resides in a community property state. __ Tel. #: ___ _ Soc. Sec. #: _ Name: _ Birth Date: _____/____ Present Address: _ State: ___ City: ___ Zip: ______ County: ___ How Long: __ Have you applied for credit with us before? __ NO, __ Yes - When: _____ _ No. Dep.: _____ Dep. Ages: _ Name of nearest relative not living with you: ___ _____ Relationship: ___ Address: __ Tel. #: (____ Employer (Company Name & Address): _ Position/Title: How often paid: Take home pay/month: \$ Bus. Tel.: 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 _ Amount/month: \$_ SECTION C - Marital Status Complete only if applying for joint or secured credit, or applicant resided in a community property state or is relying on property located in such a state. (Includes single, divorced and widowed) Other Party: Married, Separated, Unmarried Applicant: Married, Separated, Unmarried SECTION D - ASSET & DEBT INFORMATION If Section B has been completed, this section should be completed giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant related information with an "A". If Section B was not completed, only give information about the Applicant in this Section. **ASSETS OWNED** (Use separate sheet if necessary) Description of Asset Name in which the Account is carried Value \$ Checking Account Number(s) and Where Savings Account Number(s) and Where Other Assets (describe) **Total Assets** Outstanding Debts (include charge accounts, installment contracts, credit cards, rent, mortgages and other obligations. Use separate sheet if necessary) Present Balance \$ | Monthly Pmt. Amt. Original Amt \$ 1 Creditor Account Number Name the Account is under Landlord or Mortgage Holder Automobiles (Make, Model, Year) Other Debts **Total Debts** Complete the following information about both the Applicant and Joint Applicant or Other Person (If applicable) Are you obligated to make Alimony, Support or Maintenance Payments ____ No, ____ Yes Amount/Month \$ _ If YES, to (Name & Address) Are you a co-maker, endorser, or guarantor on any loan or contract? ___ NO, ___ YES, If YES for whom? ___ ___ To whom? _ Are there any unsatisfied judgments against you? ____ NO, ___ YES, If YES, to whom owed? _ _ Amount \$ _ Have you been declared bankrupt within the last 10 years? ____ NO, ___ YES, If YES where SECTION E - SECURED CREDIT Complete only if credit is to be secured. Briefly describe the property to be given as security and indicate of others have an ownership interest. Property Description:

Signatures - I certify that everything that I have stated in this application and on any attachment 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: ______ Date: _____ Joint Signature: _____

Names and Addresses of all co-owners of the property: _

MONTHLY BUDGET ESTIMATE

INCOME	
Take-Home Pay (Applicant):	\$
Overtime	\$
Take-Home Pay (Joint-Applicant)	\$
Overtime	\$
Other Income	\$
NET TAKE-HOME INCOME	\$
FIXED EXPENSES	
Rent or Mortgage Payment	\$
Car Loan	\$
Other Bank Loans	\$
Finance Companies	\$
Credit Cards	\$
Utilities	\$
Taxes (Other than Income Taxes)	\$
Other Fixed Payments	\$
TOTAL FIXED PAYMENTS	\$
VARIABLE EVENICES	
VARIABLE EXPENSES	dt .
Food Gasoline & Car Maintenance	\$
	\$
Insurance (Life, Home, Car, etc.)	\$
Clothing & Household Goods	\$
Medical	\$
Savings	\$
Other	\$
TOTAL VARIABLE EXPENSE	<u> </u>
FUNDS REMAINING	\$
Loan Administration Fee of \$35.00 may apply t	to this loan. Fee does not apply to CD Secured loans.
	Date:
	Date:

	RITE BELOW - CREDITOR WORKSHEET
	Received By:
	CER: APPROVED BY:
PRIMARY CUSTOMER CIF #:	
•	benefit of funds) CIF#:
LOAN INFORMATION:	
	Renewal Amount: \$
Administration Fee (\$35.00): \$	
	Renewal Note #:
Note Date: First Payment	
Interest Rate: % Term:	
	_ Quarterly Interest Only: YES, NO
	ort Code: Purpose Code:
COLLATERAL: Unsecured, A	uto/Property perfected by certificate of title, CD/Savings
DISRUPSEMENT METHOD: Renewal	Cashier's Check Deposit Account #:
-	Name:
	Joint Credit Life Accident & Health None
PURPOSE:	Joint Cledit Life Accident & Fleatin None
	ompany:
Does Note Have Automatic Funds Transfer? _	
Debit Account Number:	Debit Account Type: DDA SAVINGS
COMMENTS:	
LOCATION:	