



Credit Application

IMPORTANT: PLEASE TYPE OR PRINT INFORMATION CLEARLY AND GIVE DETAILS ON REVERSE SIDE. THE MORE COMPLETE THE APPLICATION, THE EASIER IT IS FOR US TO PROCESS.

APPLICANT				I was referred to your company by: _____ Amount requested: \$ _____ Loan purpose (describe briefly) _____ _____ _____ _____ Type of Loan: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Farm & Ranch <input type="checkbox"/> Recreational <input type="checkbox"/> Construction
FIRST NAME	MIDDLE INITIAL	LAST NAME		
DATE OF BIRTH	SOCIAL SECURITY NO.	HOME PHONE		
PRESENT ADDRESS			DATE MOVED IN MO: YR:	
CITY	STATE	ZIP		
PREVIOUS ADDRESS (IF AT PRESENT ADDRESS LESS THAN 4 YEARS)			DATE MOVED IN MO: YR:	
<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED				
DEPENDENTS		NO.	AGES	
<input type="checkbox"/> OWN/BUY <input type="checkbox"/> RENT <input type="checkbox"/> PARENTS <input type="checkbox"/> OTHER		<input type="checkbox"/> PAYMENT \$	<input type="checkbox"/> PAYMENT MADE TO:	
SUBJECT PROPERTY ADDRESS		CITY	STATE ZIP	
EMPLOYER		TYPE OF BUSINESS		
YOUR POSITION/TITLE				
EMPLOYER'S ADDRESS		BUSINESS PHONE#		
DATE STARTED MO: YR:	NET MONTHLY INCOME* \$	OTHER TOTAL INCOME* \$	TOTAL TAKE HOME INCOME \$	
PREVIOUS EMPLOYER (IF EMPLOYED IN CURRENT POSITION LESS THAN 2 YEARS)			DATE STARTED MO: YR:	
PREVIOUS EMPLOYER'S ADDRESS				
HAVE I HAD ANY JUDGEMENTS AGAINST ME? <input type="checkbox"/> NO <input type="checkbox"/> YES				
HAVE I EVER FILED BANKRUPTCY? <input type="checkbox"/> NO <input type="checkbox"/> YES AM I CONSIDERING BANKRUPTCY NOW? <input type="checkbox"/> NO <input type="checkbox"/> YES				
DO I OWE ANY BACK TAXES? <input type="checkbox"/> NO <input type="checkbox"/> YES				
WILL ANY INCOME BE REDUCED DURING LOAN TERM? <input type="checkbox"/> NO <input type="checkbox"/> YES				
(IF YES TO ANY OF THE QUESTIONS, PLEASE GIVE DETAILS ON REVERSE)				

* OTHER INCOME - INCLUDE ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE ONLY IF I WISH TO HAVE IT RELIED UPON FOR THIS APPLICATION.

SHORT TERM ASSETS	MARKET VALUE	SHORT TERM LIABILITES	BALANCE OWED	MO.PAYMENT
#1 CASH ON HAND AND IN BANKS		#1 CREDIT CARD	\$ _____	\$ _____
CHECKING BANK NAME ADDRESS ACCT. NO.		CREDIT CARD	\$ _____	\$ _____
SAVINGS BANK NAME ADDRESS ACCT. NO.				
#2 AUTO (YR., MAKE, MODEL)	\$	#2 AUTO LOAN	\$	\$
#3 AUTO (YR., MAKE, MODEL)	\$	#3 AUTO LOAN	\$	\$
#4 STOCKS AND BONDS (DETAILS ON REVERSE)	\$	#4 PERSONAL LOAN	\$	\$
#5 IRA, PENSIONS, OTHER LIQUID ACCTS.	\$	#5 PERSONAL LOAN	\$	\$
#6 LIFE INSURANCE FACE VALUE	(NOT FACE VALUE)	#6 OTHER DEBT	\$	\$
\$ CASH VALUE \$		#7 OTHER DEBT	\$	\$
#7 OTHER ASSETS AND PERSONAL PROPERTY	\$	(PLEASE GIVE DETAILS ON REVERSE)	\$	\$
(DETAILS ON REVERSE)		#8 TOTAL SHORT TERM LIABILITIES	\$	↓ ↓
#8 TOTAL SHORT TERM ASSETS	\$	(ADD LINE #1 THRU LINE #7)		
(ADD LINE #1 THRU LINE #7)		GIVE NAME AND ADDRESS OF CREDITORS		
LONG TERM ASSETS	MARKET VALUE	LONG TERM LIABILITES	BALANCE OWED	MO.PAYMENT
#9 RESIDENCE - VALUE ** (GIVE ADDRESS)	\$	#9 MORTGAGE OR LIENS ON RESIDENCE	\$	\$
#10 OTHER REAL ESTATE (TYPE OF PROPERTY AND ADDRESS)	\$	#10 MORTGAGES OR LIENS ON OTHER REAL	\$	\$
(PLEASE GIVE DETAILS ON REVERSE IF NECESSARY)		ESTATE (PLEASE GIVE DETAILS ON REVERSE)		
#11 LARGER EQUIPMENT, TRUCKS, MACHINERY	\$	#11 EQUIPMENT, TRUCK, MACHINERY LIENS	\$	\$
OTHER ASSETS (DESCRIBE ON REVERSE)		#12 ALL OTHER INDEBTEDNESS INCLUDING	\$	\$
#12 OTHER ASSETS (DESCRIBE)	\$	CHARGE CARDS NOT LISTED ABOVE AND BACK		
		TAXES (PLEASE GIVE DETAILS ON REVERSE)		
#13 OTHER ASSETS (DESCRIBE)	\$	#13 CO-SIGNER, GUARANTOR OR ENDORSER	\$	\$
#14 OTHER ASSETS (DESCRIBE)	\$	#14 AMOUNT I PAY FOR ALIMONY OR	\$	\$
		CHILD SUPPORT		
TOTAL LONG TERM ASSETS		TOTAL LONG TERM LIABILITIES		↓ ↓
(ADD LINE #9 THRU LINE #14)		(ADD LINE #9 THRU LINE #14)		
MY TOTAL ASSETS		MY TOTAL LIABILITIES		↓ ↓
(ADD LINES #8 & #14)		(ADD LINES #8 & #14)		
**USE COUNTY ASSESSED VALUE 1 ST , APPRAISED VALUE 2 ND , AND YOUR GUESSTIMATE 3 RD - CIRCLE WHICH ONE YOU USED.		AS OF _____ MY TOTAL MONTHLY PAYMENTS ARE \$ _____		
		(ADD LINES 1-7 AND 9-14)		
		AS OF _____ I ESTIMATE MY NET WORTH AS \$ _____		
		(TOTAL ASSETS - TOTAL LIABILITIES)		

