CONSUMER CREDIT APPLICATION
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Type of Credit Requested						
Secured,	Unsecured					
_ Individual Credit relying on my income and assets.						

Joint Credit

**Individual Credit** relying on my income or assets as well as income and assets from other sources.

Revised 1/31/2025

Brenham National Bank 2211 South Day Street P.O. Box 2568 Brenham, Texas 77833

Payment Date Desired: \_\_\_\_

Date of Application:

Want to repay: \_\_\_\_ Monthly, \_\_\_\_ Other \_ Purpose: \_\_\_\_\_

Amount: \$\_\_\_\_\_ How Long: \_

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	N A	- INDIVIDUAL	. APP	LICAN	T INFOR	MATION	
Name:	Birth	Date:	//	_ Tel. #:			Soc. Sec. #:	
Present Address:								
Previous Address:	Ci	ity:		_ State: _	Zip	o:	_ County:	How Long:
Have you applied for credit with us b								
Name of nearest relative not living w								
Address: Employer (Company Name & Address								How Long:
	Bus. Tel.:  Position/Title:  How often paid:  Take home pay/month: \$    Previous Employer (Company Name & Address):  How Long:  How Long:							
Alimony, child support, or separate n	naintenance income need i	not be	revealed if you do not v	vish to h	ave it cons	sidered as a ba	sis for repaying this obli	gation.
	eparate maintenance recei	ved un	der: Court Order,	Wr	itten Agre		-	
Sources of other Income:							_ Amount/month: \$	
S	ECTION B - JO	INT	APPLICANT O	R OT	HER F	PARTY IN	FORMATION	
Complete only if for joint credit, for individ	ual credit relying on income or	assets f	from other sources, or if app	plicant is r	narried and	resides in a com	munity property state.	
Name:		Birth	Date: / /	-	Tel #·		Soc Sec #1	
Present Address:								
Relationship to applicant (If any):								
Name of nearest relative not living w								
Address:								
Employer (Company Name & Addres: Bus. Tel.: Pos								
Alimony, child support, or separate n								
	eparate maintenance recei		•					gadom
Sources of other Income:							Amount/month: \$	
		S	SECTION C - M	/larita	I Stati	us		
Complete only if applying for joint or secur	ed credit, or applicant resided	in a con	nmunity property state or is	relying or	n property k	ocated in such a	state. ( Includes single, divo	rced and widowed)
Applicant: Married, Separa	ted, Unmarried		Other Party	: Ма	rried,	_ Separated,	Unmarried	
	SECT	ION	D - ASSET &	DFB1	T TNFC	RMATIC	)N	
If Section B has been completed, this section								ted information with an "A" If
Section B was not completed, only give info	ormation about the Applicant ir							
ASSETS OWNED (Use separate	e sheet if necessary)		Name in which	the Acc	ount is a	arriad	Value \$	
Description of Asset						ameu	value ş	
Checking Account Number(s) and Wi	nere							
Savings Account Number(s) and Whe	ere							
Other Assets (describe)								
Total Assets								
Autotanding Dahta (include -	aarda accounte linetellie	aont -	optracto prodit as al-		mortene	oc and other	obligations lies are	arata chaot if passage i)
Outstanding Debts (include ch Creditor	arge accounts, installn i Account Number		ame the Account is u			inal Amt \$	Present Balance \$	
Landlord or Mortgage Holder					0.1.9			
Automobiles (Make Medal Year)								
Automobiles (Make, Model, Year)								
Other Debts								
Total Debts								
Complete the following information a	about both the Applicant a	nd Join	t Applicant or Other Per	rson (If a	applicable)	1		
Are you obligated to make Alimony,	Support or Maintenance Pa	ayment	ts No, Yes					
If YES, to (Name & Address) Amount/Month \$								
Are you a co-maker, endorser, or gu	Are you a co-maker, endorser, or guarantor on any loan or contract? NO, YES, If YES for whom? To whom? To whom?							iom?
Are there any unsatisfied judgments								
Have you been declared bankrupt wi								
· ·	·							
SECTION E - SECURED CREDIT								
Complete only if credit is to be secured. B	riefly describe the property to	be giver	n as security and indicate of	others ha	ive an owne	ership interest.		
Property Description:								
Names and Addresses of all co-owne								
If the security is Real Estate, give the	e full name of your spouse	(if an						
Cimeshanan Tarakif at the state of the	Those stated to the second		SIGNATURE					elemine holes: Travel
<b>Signatures</b> - I certify that everything that check my credit and employment history a								
changes.								
Applicant:		Date	: J	Joint Signa	ature:			Date:

## 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 EXPENSES Food	\$						
Gasoline & Car Maintenance	Գ \$	_					
Insurance (Life, Home, Car, etc.)	ቅ ዮ	—					
Clothing & Household Goods	ቅ ድ	—					
Medical	ቅ ድ	—					
	ቅ ድ	—					
Savings Other	ቅ ድ	—					
	¢						
TOTAL VARIABLE EXPENS	<u>25</u>	۵ <u> </u>					
FUNDS REMAINING		\$					
Loan Administration Fee of \$40.00 may apply	to this loan. Fee does not	apply to CD Secured loans.					
Applicant Cignatura		Data					
Applicant Signature:							
Joint Applicant Signature:		Dale :********************************					
	RITE BELOW - CREDITO						
Date Application Received:							
		APPROVED BY:					
PRIMARY CUSTOMER CIF #:							
SECOND BORROWER OR CO-SIGNOR (Has no							
LOAN INFORMATION:							
Amount Requested (New Money): \$	Renewal A	mount: \$					
Administration Fee (\$40.00): \$							
Total Note Amount: \$							
Note Date: First Paymer							
Interest Rate: % Term:							
		-					
Payment Interval: Single,Monthly,Quarterly  Interest Only:YES,NO    Collateral Code:   Call Report Code:							
COLLATERAL: Unsecured,							
		, ,					
		Deposit Account #:					
Distribute to Others: \$							
<b>CREDIT LIFE INSURANCE:</b> Credit Life	Joint Credit Life   A	ccident & Health   None					
	· · · · · · · · · · · · · · · · · · ·						
INSURANCE VERIFIED: Y   N   C	ompany:						
Does Note Have Automatic Funds Transfer?							
Debit Account Number:							
COMMENTS:							

LOCATION: