

TYPE OF CREDIT REQUESTED					
<b>IMPORTANT:CHECK (✓) the appropriate boxes below and complete the applicable sections</b>					
	INDIVIDUAL CREDIT – relying solely on my income or assets		SECURED <small>Describe</small>		
	INDIVIDUAL CREDIT – relying on my income or assets as well as income or assets from other sources		UNSECURED		
	JOINT CREDIT – We intend to apply for joint credit <b>(applicants' initials:)</b>				
TERMS OF LOAN REQUESTED					
Amount: \$	No. of Months	Payment Date Desired	Proceeds to be used for:		
SECTION A - APPLICANT INFORMATION					
<small>If salaried, we'll need a pay stub or W-2. If self-employed, please provide your last two years' income tax returns.</small>					
Name (Last, First, Middle)					
Birth Date / /	Telephone No.	Driver's License No.	Social Security No.	No. Dependents	Ages of Dependents
Address (Street, City, State & Zip)				County	How Long
Previous Address (Street, City, State & Zip)				County	How Long
Employer (Company Name & Address)					How Long
Business Phone	Ext.	Position or Title	Salary Per Month Gross:\$	Net:\$	
Previous Employer (Company Name & Address)					How Long
Name & Address of Nearest Relative Not Living With You <small>Area Code</small>			Relationship	Telephone No. (Including	
<small>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.</small>					
<small>Alimony, child support, separate maintenance received under:</small> <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
Sources of Other Income					Amount Per Month \$
Is any income listed in this Section likely to be reduced before the credit request is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)				Have you previously received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?	
SECTION B - JOINT APPLICANT OR OTHER PARTY INFORMATION					
<small>Complete only if: for joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state. If salaried, we'll need a pay stub or W-2. If self-employed, please provide your last two years' income tax returns.</small>					
Name (Last, First, Middle)					
Birth Date / /	Telephone No.	Driver's License No.	Social Security No.	No. Dependents	Ages of Dependents
Address (Street, City, State & Zip)				County	How Long
Previous Address (Street, City, State & Zip)				County	How Long
Employer (Company Name & Address)					How Long
Business Phone	Ext.	Position or Title	Salary Per Month Gross:\$	Net:\$	
Previous Employer (Company Name & Address)					How Long
Name & Address of Nearest Relative Not Living With You <small>Area Code</small>			Relationship	Telephone No. (Including	
<small>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.</small>					
<small>Alimony, child support, separate maintenance received under:</small> <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
Sources of Other Income					Amount Per Month \$
Is any income listed in this Section likely to be reduced before the credit request is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)				Have you previously received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?	

**Section C - Marital Status**

Applicant     Married     Separated     Unmarried (including single, divorced, and widowed)  
 Other Party     Married     Separated     Unmarried (including single, divorced, and widowed)

**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.

DESCRIPTION OF ASSETS OWNED	NAME IN WHICH THE ACCOUNT IS CARRIED	SUBJECT TO DEBT?	VALUE
Checking Account Number(s) (where)			\$
Savings Account Number(s) (where)			
Certificate of Deposit(s) (where)			
Marketable Securities (issuer, type, no. of shares)			
Real Estate (Location, date acquired)			
Life Insurance (Issuer, face value)			
Automobiles (make, model, year)			
Other (list)			
<b>TOTAL ASSETS</b>			\$

**OUTSTANDING DEBTS (Include charge accounts, installment loans, credit cards, rent, mortgages, and other obligations. Use separate sheet if necessary.)**

CREDITOR	ACCOUNT NUMBER	NAME IN WHICH THE ACCOUNT IS CARRIED	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENTS
First Mortgage Holder			\$	\$	\$
Second Mortgage Holder					
Automobiles (describe)					
<b>TOTAL DEBTS</b>			\$	\$	\$

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 If yes, to \_\_\_\_\_ Amt. per mo. \$ \_\_\_\_\_

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 in the last 10 years?  No  Yes If yes, where? \_\_\_\_\_ Year? \_\_\_\_\_

Signatures - 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Signature (Where Applicable)

**TO BE COMPLETED BY LENDER**

**DATE APPLICATION RECEIVED**

**LENDER INITIALS**

**Approved**     **Denied**     **Withdrawn - Reason:** \_\_\_\_\_    **Action Date:** \_\_\_\_\_



## SCHERTZ BANK & TRUST

<b>As of:</b>	<b>PERSONAL CASH FLOW STATEMENT</b>	
<input type="checkbox"/> Individual Income <i>Check above if relying solely on individual income.</i>	<input type="checkbox"/> Joint Income <i>Check above if relying on joint income.</i>	
<b>Applicant Name:</b>	<b>Co-Applicant Name:</b>	
<b>Gross Monthly Income (Sources of Cash)</b>	<b>Amount (Rounded to the nearest \$100.00)</b>	
	<b>Applicant:</b>	<b>Co-Applicant (If applicable):</b>
Salary/Wages/Bonuses/Commission		
Social Security Military Pay		
Pension/Retirement Income		
Interest/Dividends		
*Alimony/Child Support		
Rental/ Royalty Income		
Unemployment		
Food Stamps		
Other		
Other		
<b>Total Gross Monthly Income (Sources of Cash)</b>		
<b>Total Joint Gross Monthly Income</b>		
<b>Monthly Expenses (Uses of Cash)</b>		<b>Amount</b>
Mortgage/Rent Payments		
Vehicle Payments		
Credit Card Payments		
Student Loans		
Household Expenses (Food, Utilities, etc.)		
Insurance (Vehicle, Life, etc.)		
Vehicle (Gasoline, Maintenance, etc.)		
**Travel/Entertainment		
**Contributions		
**Savings		
Other Debt Payments Other		
Debt Payments Proposed New		
Debt Payments		
<b>Total Monthly Expenses</b>		
<b>Debt to Income Ratio (Total Monthly Expenses ÷ Total Gross Monthly Income)</b>		

\*Alimony, child support or separate maintenance payments need not be disclosed if you do not wish to have it considered and counted toward your total income.

\*\*Not included in calculation of Debt to Income Ratio

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Co-Applicant Signature Date

## Military Service Statement

Federal law provides important protections to active duty members of the Armed Forces and their dependents. To ensure that these protections are provided to eligible applicants, we require you to sign on of the following statements as applicable:

I AM a regular or reserve member of the Army, Navy, Marine Corps, Air Force, or Coast Guard serving on active duty under a call or order that does not specify a period of 30 days or fewer.

\_\_\_\_\_ Date: \_\_\_\_\_

I AM a dependent of a member of the Armed Forces on active duty as described above, because I am the member's spouse, the member's child under the age of eighteen years old, or I am an individual for whom the member provided more than one-half of my financial support for 180 days immediately preceding today's date.

\_\_\_\_\_ Date: \_\_\_\_\_

-OR-

I AM **NOT** a regular or reserve member of the Army, Navy, Marine Corps, Air Force, or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer (or a dependent of such a member).

\_\_\_\_\_ Date: \_\_\_\_\_