

<b>CONSUMER LOAN APPLICATION</b>					Date of Application	
I hereby apply to Austin Bank for the following loan			Purpose of Loan		Amount of Loan	
You have the right to apply for credit separately from or jointly with another person: <b>If you intend to apply for joint credit, please initial here.</b>						
			<u>Applicant</u>		<u>Co-Applicant</u>	
You need not reveal income from alimony, child support or maintenance payments from a spouse or former spouse if you do not wish to disclose such income in applying for this credit, but if you do choose to disclose such income or are relying on such income as a basis for repayment of the credit please indicate such source and furnish the requested information below concerning your spouse or former spouse. If you are relying on community property (Texas being a community property state) or your spouses income as a basis for repayment of credit or if your spouse will be contractually liable (co-sign) for this loan furnish information on your spouse.						
<b>GENERAL INFORMATION</b>						
Applicant's Full Name			<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	Soc. Sec. No.	DL# and State	Date of Birth
Co-Applicant's Full Name			<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	Soc. Sec. No.	DL# and State	Date of Birth
Present Address ( Physical Address)		City	State	Zip	How Long	Home Phone
Mailing Address (if different )		City	State	Zip		
Previous Address		City	State	Zip	How Long	No. Dependents
<b>EMPLOYMENT AND INCOME</b>						
Applicant Employer		Address		Position	How Long	Employment Phone
Previous Employer		Address		How Long	Source of Other Income	Amt. Other Income
Co-Applicant's Employer		Address		Position	How Long	Employment Phone
<b>DEBTS AND PAYMENTS</b>						
Landlord or Mortgage Holder			<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Buying	Monthly Payment	Balance Owed	Market Value
Debt Owed To		Mo. Payment		Debt Owed to		Mo. Payment
Have you filed Bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes    If Yes, What Year _____ Chapter _____						
Names of 2 Relatives <b>NOT</b> living with you		Address		City	State	Zip
I/We owe the debts described herein and none other and affirm and represent that each of the answers to the foregoing questions are true and correct. I/We authorize you to contact creditors and employers listed herein and also any other creditors and employers of mine/our past or present, obtain reports from credit bureaus, and make any other inquiries you deem necessary in connection with this credit application or in the course of collection of any credit granted in reliance on my/our application.						
<input type="checkbox"/> Telephone Application: read applicant(s) the above disclosure, applicant(s) gave his/her permission			Employee's Name _____			
Applicant's Signature			Date	Co-Applicant's Signature		Date
Recording of ID: Applicant		Type of Document	Number	Place of Issuance	Date of Issuance	Exp. Date
Recording of ID: Co-Applicant		Type of Document	Number	Place of Issuance	Date of Issuance	Exp. Date

