

**IMPORTANT: Read these Directions before completing this Application.**

Check Appropriate Box:  If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections A and C. If the requested credit is to be secured, also complete Section D.

If you are applying for joint credit with another person, complete all Sections, providing information in B about the joint applicant. If the requested credit is to be secured, complete D.

We intend to apply for joint credit. \_\_\_\_\_

Applicant

Co-Applicant

AMOUNT REQUESTED	FOR HOW LONG	PAYMENT DATE DESIRED	WANT TO REPAY <input type="checkbox"/> Monthly <input type="checkbox"/> _____	LOAN PROCEEDS TO BE USED FOR:
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## SECTION A: INDIVIDUAL APPLICATION INFORMATION

NAME (Last, First, Middle): \_\_\_\_\_

BIRTHDATE	TELEPHONE NO.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced, and widowed)		NO. DEPENDENTS	AGES OF DEPENDENTS
ADDRESS (Street, City, State & Zip)		COUNTY	DO YOU <input type="checkbox"/> Rent or <input type="checkbox"/> Own
PREVIOUS ADDRESS (Street, City, State & Zip) (Complete if less than 3 years at present address)		COUNTY	DO YOU <input type="checkbox"/> Rent or <input type="checkbox"/> Own
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 AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	TELEPHONE NO. (Include Area Code)
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	TELEPHONE NO. (Include Area Code)

**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 PER MONTH \$ \_\_\_\_\_

Is any income listed in this Section likely to be reduced before the credit request is paid off?  
 No  Yes (Explain) \_\_\_\_\_

Have you previously received credit form us?  
 No  Yes When? \_\_\_\_\_

## 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 applicant is married and resides in a community property state.

NAME (Last, First, Middle): \_\_\_\_\_ RELATIONSHIP TO APPLICANT (If Any) \_\_\_\_\_

BIRTHDATE	TELEPHONE NO.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced, and widowed)		NO. DEPENDENTS	AGES OF DEPENDENTS
PRESENT ADDRESS (Street, City, State & Zip)		COUNTY	DO YOU <input type="checkbox"/> Rent or <input type="checkbox"/> Own
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 AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	TELEPHONE NO. (Include Area Code)
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	TELEPHONE NO. (Include Area Code)

**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 PER MONTH \$ \_\_\_\_\_

Is any income listed in this Section likely to be reduced before the credit request is paid off?  
 No  Yes (Explain) \_\_\_\_\_

Has Joint Applicant or Other Party ever received credit form us?  
 No  Yes When? \_\_\_\_\_

REMARKS:

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**SECTION C: ASSET & DEBT INFORMATION**

If Joint Applicant or Other Party Information 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".

ASSETS OWNED (Use separate sheet if necessary)

DESCRIPTION OF ASSETS	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)			
AUTOMOBILES (Make, Model, Year)			
OTHER (List)			
OTHER (List)			
<b>TOTAL ASSETS</b>			\$

OUTSTANDING DEBTS (Including charge accounts, installment contracts, 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 PAYMENT
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		(\$ OMIT RENT) \$	(\$ OMIT RENT) \$	\$
AUTOMOBILES (Describe)					
<b>TOTAL DEBTS</b>			\$	\$	\$

Complete the following information about the Applicant and Joint Applicant or Other Persons (if applicable):

Are you obligated to make Alimony, Support or Maintenance Payments?  No  Yes

If yes, to (Name & Address) \_\_\_\_\_ Amount per Month \$ \_\_\_\_\_

Are you a co-maker, endorser, or guarantor on any loan or contract?  No  Yes - If yes, to whom owed? \_\_\_\_\_ Amount \$ \_\_\_\_\_

Are there any unsatisfied judgements against you?  No  Yes - If yes, to whom owed? \_\_\_\_\_ Amount \$ \_\_\_\_\_

Have you declared bankruptcy in the last 10 years?  No  Yes - If yes, where? \_\_\_\_\_ Year? \_\_\_\_\_

**SECTION D: SECURED CREDIT** Complete only if credit is to be secured. Briefly describe the property to be given as security:

PROPERTY DESCRIPTION \_\_\_\_\_

NAME & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY \_\_\_\_\_

IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (If Any) \_\_\_\_\_

**Bank of the Rio Grande may not condition an extension of credit to you on either: (1) your purchase of an insurance product from Bank of the Rio Grande or any of its affiliates; or (2) your agreement not to obtain, or a prohibition on your obtaining an insurance product from an unaffiliated entity. You are free to purchase an insurance product from another sources.**

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

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

**FOR BANK USE ONLY:**

DECLINED  
 APPROVED  QUALIFIED \$ \_\_\_\_\_

LOAN OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_

CONDITIONS OR REASONS FOR DECLINE:

\_\_\_\_\_

\_\_\_\_\_