

# Citizens State Bank

## Non Real Estate Loan Application

### Type of Credit Requested

**IMPORTANT:** Check the appropriate boxes below and complete the application sections.

Secured

Individual Credit - *Relying solely on my income or assets*

Unsecured

Joint Credit - *Relying on my income or assets as well as income or assets from other sources*

### Loan Information

Amount: \$

Length of Loan:

Payment Date Desired:

Want to Repay: Monthly Other

Proceeds of Loan to be Used for:

### Individual Applicant Information

Name (Last, First Middle):

Phone:

Date of Birth:

S.S.N.:

Email:

Number of Dependents:

Dependent(s)' Age(s):

Address

Address Line 1:

City:

State:

Address Line 2:

Zip:

County:

Do You: Own Rent

How Long Have You Lived at Your Current Residence:

Employer (Company Name):

Position/Title:

Business Phone:

Ext:

Employer Address

Address Line 1:

City:

State:

Address Line 2:

Zip:

County:

How Long Have You Been Employed by this Employer:

Salary Per Month: Gross: \$

Net: \$

Alimony, Child Support, Separate Maintenance Received Under: *(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.):*

Court Order Written Agreement Oral Understanding

Sources of Other Income:

Amount Per Month: \$

Have you Previously Received Credit From Us? Yes No If Yes, When:

Marital Status: Married Separated Unmarried *(Including: Single, Divorced, and Widowed)*

**Are You Obligated to Make Alimony, Support or Maintenance Payments?** Yes No  
 If Yes, to Whom: Amt. Per Month: \$  
 Address Line 1: City: State:  
 Address Line 2: Zip: County:

**Are You a Co-Maker, Endorser, or Guarantor on Any Loan or Contract?** Yes No  
 If Yes, for Whom? To Whom?

**Are There Any Unsatisfied Judgments Against You?** Yes No  
 If Yes, to Whom? Amount: \$

**Have You Been Declared Bankrupt in the Last 10 Years?** Yes No  
 If Yes, Where? Year:

## Joint Applicant or Other Party Information

**Relationship to Applicant** (If any):  
**Name** (Last, First Middle): **Phone:**  
**Date of Birth:** **S.S.N.:** **Email:**  
**Number of Dependent(s):** **Dependent(s)' Age(s):**  
**Address**  
**Address Line 1:** **City:** **State:**  
**Address Line 2:** **Zip:** **County:**  
**Do You:** Own Rent **How Long Have You Lived at Your Current Residence:**  
**Employer** (Company Name):  
**Position/Title:** **Business Phone:** **Ext:**  
**Employer Address**  
**Address Line 1:** **City:** **State:**  
**Address Line 2:** **Zip:** **County:**  
**How Long Have You Been Employed by this Employer:**  
**Salary Per Month: Gross: \$** **Net: \$**  
**Alimony, Child Support, Separate Maintenance Received Under:** *(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.):*  
 Court Order Written Agreement Oral Understanding

**Sources of Other Income:** **Amount Per Month: \$**  
**Have you Previously Received Credit From Us?** Yes No **If yes, when:**  
**Marital Status:** Married Separated Unmarried *(Including: Single, Divorced, and Widowed)*  
**Are you Obligated to make Alimony, Support or Maintenance Payments?** Yes No  
 If Yes, to Whom: Amt. Per Month: \$  
 Address Line 1: City: State:  
 Address Line 2: Zip: County:  
**Are You a Co-Maker, Endorser, or Guarantor on Any Loan or Contract?** Yes No  
 If Yes, for Whom? To Whom?

**Are There Any Unsatisfied Judgments Against You?** Yes No  
 If Yes, to Whom? Amount: \$

**Have You Been Declared Bankrupt in the Last 10 Years?** Yes No  
 If Yes, Where? Year:

## Secured Credit

### Collateral Description:

**FEDERAL CREDIT APPLICATION INSURANCE DISCLOSURE:** I have applied for an extension of credit with you. You are soliciting, offering, or selling me an insurance product or annuity in connection with this extension of credit. **FEDERAL LAW PROHIBITS YOU FROM CONDITIONING THE EXTENSION OF CREDIT ON EITHER:** 1) My purchase of an insurance product or annuity from your or from any of your affiliates; 2) My agreement not to obtain, or a prohibition on me from obtaining, an insurance product or annuity from an unaffiliated entity. By signing, I acknowledge that I have received a copy of this form on today's date. Unless this disclosure is provided electronically or I have applied for credit by mail, I also acknowledge that you have provided this disclosure to me verbally.

**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 submitting this application in person or through Citizens State Bank's secure messages, 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.

*When you have completed the application, please submit it to use by either:*

- 1) Contact us at [lending@citizensbank.net](mailto:lending@citizensbank.net) for a Secure Email link,
- 2) Print and bring it to a Citizens State Bank Branch,
- 3) Print it and mail it to:

Citizens State Bank  
C/O Centralized Processing & Underwriting  
102 W. Bluff  
Woodville, TX 75979