

## Consumer Credit Application

**IMPORTANT APPLICANT INFORMATION:** Federal Law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

<p>Date of Application: _____</p> <p>Amount \$ _____</p> <p>Payment Date Desired: _____</p> <p>Want to repay <input type="checkbox"/> Monthly <input type="checkbox"/> _____</p> <p>Purpose _____</p> <p>Have you applied for credit with us before?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, - When? _____</p>	<p><i>Lender's Name and Address:</i></p> <p><b>Rio</b> BANK</p> <p>701 E. Expressway 83 McAllen TX 78501 (956) 631-7890</p>	<p><b>Type of Credit Requested:</b></p> <p><input type="checkbox"/> Unsecured <input type="checkbox"/> Secured</p> <p><input type="checkbox"/> Individual Credit - relying on my income or assets</p> <p><input type="checkbox"/> Individual Credit - relying on my income or assets as well as income or assets from other sources.</p> <p><input type="checkbox"/> Joint Credit - We intend to apply for joint credit.</p> <p>_____ (initials) _____ (initials)</p>
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## SECTION A - Individual Applicant Information

Name:	Social Security Number:	Date of Birth:	Day time Phone #:	Alternate Phone #:
Present Address:	City St:	Zip:	County:	How Long:
Previous Address:	City St:	Zip:	County:	How Long:
Name and address of nearest relative	Relative's Address:		Phone #:	Relationship:
Employer (Company Name)	Employer Address:		Phone #:	Position :
How often paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	Gross Monthly Income		Net Monthly Income	Length of Employment:

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:
Previous Employer (Company Name)	Previous Employer Address:	Phone #:	Position :

## SECTION B - Joint Applicant or Other Party Information

Name:	Social Security Number:	Date of Birth:	Day time Phone #:	Alternate Phone #:
Present Address:	City St:	Zip:	County:	How Long:
Previous Address:	City St:	Zip:	County:	How Long:
Name and address of nearest relative	Relative's Address:		Phone #:	Relationship:
Employer (Company Name)	Employer Address:		Phone #:	Position :
How often paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	Gross Monthly Income		Net Monthly Income	Length of Employment:

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:
Previous Employer (Company Name)	Previous Employer Address:	Phone #:	Position :

## SECTION C - Marital Status

**Complete only if: for joint or secured credit, or applicant resides in a community property state or is relying on property located in such state.**

<b>Applicant</b>	<input type="checkbox"/>	Married	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Unmarried (includes single, divorced and widowed)
<b>Other Party</b>	<input type="checkbox"/>	Married	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Unmarried (includes 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.

Assets Owned		Outstanding Debts / Monthly Obligations	
Cash on hand		Housing: <input type="checkbox"/> Rent <input type="checkbox"/> Own	
Checking Account:		Automobile:	
Savings/Deposit Acct:		# Credit Cards: Total mo. Pmt:	
Homestead/Residence:		# Personal Loans: Total mo. Pmt:	
Other Real Estate:			
Personal Property:			
Other:		Alimony, Support or Maintenance Payment:	
<b>Total:</b>		<b>Total:</b>	

Are you obligated to make Alimony, Support or Maintenance Payments?	<input type="checkbox"/> No	<input type="checkbox"/> If Yes, to whom: _____
Are you a comaker, endorser, or guarantor on any loan or contract?	<input type="checkbox"/> No	<input type="checkbox"/> If Yes, to whom: _____
Are there any unsatisfied judgments against you?	<input type="checkbox"/> No	<input type="checkbox"/> If Yes, to whom: _____
Have you been declared bankrupt in the last 10 years?	<input type="checkbox"/> No	<input type="checkbox"/> If Yes, where: _____ Year: _____

**SECTION E: Secured Credit (Complete only if the loan is to be secured)**

Briefly describe the property to be given as security and indicate if other have an ownership interest:

Property Description: \_\_\_\_\_

Names and addresses of all co-owners of the property: \_\_\_\_\_

SIGNATURES - I certify that everything I have stated on this application and on any attachments is correct. Lender may keep this application whether or not it is approved. By signing below, I authorize Lender to check my credit and employment history and to answer questions others may ask Lender about my credit record with Lender. I understand that I must update credit information at Lender's request if my financial condition changes.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_