



CONSUMER CREDIT APPLICATION

- IMPORTANT -
APPLICATION MUST BE SIGNED AND DATED BEFORE SUBMITTING.

Please check the appropriate box regarding your application for credit.

- ☐ Individual If you are applying for individual credit in your own name and are not relying on the income or assistance of another person as the basis for repayments of the credit request, do not complete the section regarding Spouse, Joint Applicant, User, or Other Party.
- ☐ Joint In all other situations, complete the section regarding Spouse, Joint Applicant, User or Other Party, or the person whose alimony, support, maintenance payments, income or assets on which you are relying.

AMOUNT REQUESTED	PURPOSE OF LOAN	TERM REQUESTED (MONTHS)	REQUESTED PAYMENT DATE
Repayment Type (How would you like to make payments?) <input type="checkbox"/> PAYMENT BOOK <input type="checkbox"/> AUTO DEBIT KCNB DDA # _____		Loan Disbursement Type (How would you like the loan disbursed?) <input type="checkbox"/> CASHIER'S CHECK <input type="checkbox"/> DEPOSIT TO KCNB DDA # _____	
NAME OF APPLICANT (LEGAL NAME)		AGE	DATE OF BIRTH (MM/DD/YYYY)
Mailing Address	City	State	Zip
Physical Address <input type="checkbox"/> Same As Mailing	City	State	Zip
Previous Address (if less than 5 years)	City	State	Zip
Primary Contact Number		Email Address	
Driver's License/State ID Number		Issuing State	Marital Status
			<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated
Current Employer	Job Title	Length of Employment	Current Salary and/or Commission
Employer Address		Name of Supervisor	Employer Phone Number
Previous Employer		Length of Employment	Ending Salary and/or Commission
Other Income Source*		Amount	*Other Income: Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repayment of this obligation
JOINT APPLICANT NAME (LEGAL NAME) (ONLY IF APPLYING WITH CO-APPLICANT)		AGE	DATE OF BIRTH (MM/DD/YYYY)
Mailing Address	City	State	Zip
Physical Address <input type="checkbox"/> Same As Mailing	City	State	Zip
Previous Address (if less than 5 years)	City	State	Zip
Primary Contact Number		Email Address	
Driver's License/State ID Number		Issuing State	Marital Status
			<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated
Current Employer	Job Title	Length of Employment	Current Salary and/or Commission
Employer Address		Name of Supervisor	Employer Phone Number
Previous Employer		Length of Employment	Ending Salary and/or Commission
Other Income Source*		Amount	*Other Income: Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repayment of this obligation

PERSONAL REFERENCES

Name	Relationship	Address	Phone Number
Name	Relationship	Address	Phone Number
Name	Relationship	Address	Phone Number

FINANCIAL REFERENCES

Financial Institution Name	Account Type	Account Balance	Account Number
Financial Institution Name	Account Type	Account Balance	Account Number
Financial Institution Name	Account Type	Account Balance	Account Number

MONTHLY INCOME

	Monthly Amount	Description
Wages	\$	
Wages	\$	
Other	\$	
Other	\$	
Total Monthly Income	\$	

MONTHLY EXPENSES

	Monthly Amount	Description / Company Name / Lender Name
Home Mortgage/Rent	\$	
Vehicle Payment 1	\$	
Vehicle Payment 2	\$	
Credit Card/Charge Account 1	\$	
Credit Card/Charge Account 2	\$	
Credit Card/Charge Account 3	\$	
Credit Card/Charge Account 4	\$	
Other Loan 1	\$	
Other Loan 2	\$	
Other Loan 3	\$	
Utilities	\$	
Insurance(s)	\$	
Taxes	\$	
Food & Household Expenses	\$	
Child Care	\$	
Medical/Prescriptions	\$	
Miscellaneous	\$	
Miscellaneous	\$	
Total Monthly Expenses	\$	

Have you ever had any suits, judgments, or other legal proceedings against you?

☐ YES ☐ NO

I certify the above information is correct to the best of my knowledge. I understand that KCNB will retain this application whether or not it is approved.

I authorize KCNB to check my credit and employment history, and to answer any questions that may arise from these inquiries.

Applicant's Signature

Date

Joint Applicant's Signature

Date

Member
FDIC301 E Calvert
Karnes City, Texas 78118

You can submit this application to any KCNB location.

If you have any questions, please call (830) 780-3317.

Rev. 09-11-2024

Internal Use Only		DATE RCD:
New Customers:	Type of Collateral Offered:	
<input type="checkbox"/> TX DL/State ID	<input type="checkbox"/> Vehicle	
<input type="checkbox"/> SS Card/W9	<input type="checkbox"/> Cash	
<input type="checkbox"/> OFAC	<input type="checkbox"/> Equipment	
	<input type="checkbox"/> None	
		OFFICER: