



CONSUMER LOAN APPLICATION - Please Print Clearly

Br # _____	Emp # _____
Contact _____	
Date App Recd _____	
App ID # _____	

LOAN REQUEST INFORMATION: Individual Joint Cosigner for (name) _____
 Total Amount Requested: \$ _____ Term (months): _____ Change my monthly payments to my ABT Account No. _____
 My preferred payment date is _____ (preferred payment date not available to lines of credit)

Purpose of Loan (check all that apply): Purchase a dwelling Refinance a dwelling-secured loan Other: _____
 Improve a Dwelling: _____ Address of dwelling to be improved _____ City _____ County _____ State _____ ZIP _____
 Description of improvements to be made: _____

PRODUCT INFORMATION: Home Refinance Loan Home Equity Loan Home Equity Line (HELOC) Home Improvement Loan (sec) Home Improvement Loan (unsec) Auto, RV, Truck or Boat
 Unsecured Personal Loan Certificate of Deposit Secured Reserve Checking OD Line Other (describe) _____

APPLICANT INFORMATION

First Name	M.I.	Last Name	St., Jr. or III.	Social Security No.	Date of Birth	Month / Day / Year
Home Address	Street	APT #	City	State	Zip Code	
No P.O. Boxes						
Mailing Address (if different than above)	Street	City	State	Zip Code		
Previous Address (if at current address < 2 yrs)	Street	APT #	City	State	Zip Code	
Name of your Employer	Position Held	Check if Self Employed	Business Phone ()	Rented <input type="checkbox"/> Other <input type="checkbox"/>	Owned <input type="checkbox"/>	How long? ___ Yrs ___ mo

OTHER INCOME: You need not disclose alimony, child support or separate maintenance payments unless you wish to have it considered as a basis for repaying this loan

Name of Previous Employer (if at current employer < 2 yrs)	Position Held	How long? ___ Yrs ___ mo	I receive \$ _____ per month from _____
Name of Applicant's Bank #1	Checking Savings	Name of Applicant's Bank #2	Checking Savings

CO-APPLICANT INFORMATION

First Name	M.I.	Last Name	St., Jr. or III.	Social Security No.	Date of Birth	Month / Day / Year
Home Address	Street	APT #	City	State	Zip Code	
No P.O. Boxes						
Mailing Address (if different than above)	Street	City	State	Zip Code		
Previous Address (if at current address < 2 yrs)	Street	APT #	City	State	Zip Code	
Name of your Employer	Position Held	Check if Self Employed	Business Phone ()	Rented <input type="checkbox"/> Other <input type="checkbox"/>	Owned <input type="checkbox"/>	How long? ___ Yrs ___ mo

OTHER INCOME: You need not disclose alimony, child support or separate maintenance payments unless you wish to have it considered as a basis for repaying this loan

Name of Previous Employer (if at current employer < 2 yrs)	Position Held	How long? ___ Yrs ___ mo	I receive \$ _____ per month from _____
Name of Co-Applicant's Bank #1	Checking Savings	Name of Co-Applicant's Bank #2	Checking Savings

COLLATERAL INFORMATION

Estimated Collateral Value: \$ _____	Occupancy: _____	Property Type: _____	First Mtdg. Balance: \$ _____	Second Mtdg. Balance: \$ _____	
For Real Estate or Dwelling Secured:	<input type="checkbox"/> Lion position for this loan <input type="checkbox"/> 1 st Lion <input type="checkbox"/> 2 nd Lion	<input type="checkbox"/> Primary Dwelling <input type="checkbox"/> Second/Vacation Home <input type="checkbox"/> Rental Property <input type="checkbox"/> Land/lot	<input type="checkbox"/> 1-4 Family <input type="checkbox"/> Condo <input type="checkbox"/> Town Home <input type="checkbox"/> Apartment <input type="checkbox"/> Land/lot <input type="checkbox"/> Manufactured Home	Property Address _____ City _____ County _____ ST _____ ZIP _____	<input type="checkbox"/> Check if collateral address is the same as home address and enter County Name: _____ County _____
Auto, RV, Truck, or Boat Secured:	Year: _____ Make: _____ Model: _____	CD Secured: _____		Account No. _____	

Everything you have stated in this application is correct to the best of your knowledge. You understand that the Bank will retain this application whether or not it is approved. The Bank is authorized to check your credit and employment history and to answer questions about its credit experience with you. You have read and understand the application form and agree to provide any additional information which may be legally required to determine creditworthiness. (NOTE: Falsification of credit information to a federally insured bank may be a federal offense and may result in exemption from discharge in the event a petition for bankruptcy is filed.)

Except as noted in this paragraph, applicant(s), (1) represents that it has no claims against, or defenses to obligations owing by applicant(s) to Amegy Bank or (II) waives all such claims and defenses to the extent allowed by law. This provision is subject to claims for performance or express contractual obligations owing to applicant(s) by Amegy Bank.

Applicant's Signature _____ Date _____ Co-Applicant's Signature _____ Date _____
 Acknowledged by: _____ (Amegy Bank Representative)
APPLICATION MUST BE SIGNED BY ALL APPLICANTS