



**General Questions:**

- Circle Y or N. On this page, the term “you,” refers to and includes both you and your spouse.
1. Y - N Have you lived anywhere other than Texas in the last two years (730 days)? If yes, where and when:  
\_\_\_\_\_
  2. Y - N Do you have any dependants living at home? If yes, list their ages, and relationship to you \_\_\_\_\_
  3. Y - N Are you behind on child support or alimony? If yes, how much do you owe? \_\_\_\_\_  
How much are your monthly court ordered child support or alimony payments? \_\_\_\_\_
  4. Y - N Have you ever filed bankruptcy? If yes, when and what chapter? \_\_\_\_\_  
Did you receive a discharge or was your case dismissed? \_\_\_\_\_
  5. Y - N Have you transferred property to anyone in the past two years? (“Transfer” means to sell, give, or trade any real property (i.e., land, home, etc.) or personal property (i.e., vehicle, furniture, gun, etc.) to any person)  
If yes, what property? \_\_\_\_\_ To whom? \_\_\_\_\_
  6. Y - N Is there anyone who already has or could sue you? If yes, who? \_\_\_\_\_  
Why? \_\_\_\_\_
  7. Y - N Is there anyone you could sue for money damages? If yes, who? \_\_\_\_\_  
Why? \_\_\_\_\_
  8. Y - N Does anyone owe you money? If yes, who? \_\_\_\_\_ How much? \$ \_\_\_\_\_  
Why? \_\_\_\_\_
  9. Y - N Do you have an injury claim, auto accident claim, class action claim, medical malpractice claim, etc.?  
If yes, against whom? \_\_\_\_\_ Why? \_\_\_\_\_
  10. Y - N Are you currently the beneficiary of a trust? If yes, explain: \_\_\_\_\_
  11. Y - N Are you an heir or beneficiary under any person’s will? If yes, is it in probate? \_\_\_\_\_
  12. Y - N Are both of your parents living? If no, did the deceased parent(s) have a will? \_\_\_\_\_  
If yes, is there anything in the estate of the deceased parent(s) that has not been distributed? \_\_\_\_\_
  13. Y - N Is anyone in possession of any property or thing that you own or have a claim of ownership to?  
If yes, what property? \_\_\_\_\_ Why is the person holding it? \_\_\_\_\_
  14. Y - N Do you owe any debt to any family members or friends?  
If yes, to whom? \_\_\_\_\_ How much? \_\_\_\_\_ Date of debt? \_\_\_\_\_
  15. Y - N Have you made any payments to any family members or friends within one year of today?  
If so, to whom? \_\_\_\_\_ How much? \_\_\_\_\_ Date(s) of payment (s)? \_\_\_\_\_
  16. Y - N Within the past 90 days have you charged \$500.00 or more on a single credit card?
  17. Y - N Within the past 90 days have you taken cash advances or written convenience checks totaling more than \$750? If yes, how much? \$ \_\_\_\_\_, Why? \_\_\_\_\_
  18. Y - N Do you own, or have an interest in ANYTHING, other than your home, the content of your home, your vehicles, tools of your trade, and your retirement accounts?  
If yes, what and how much is it worth? \_\_\_\_\_
  19. Y - N In the last seven months have you received or withdrawn any money form any retirement accounts such as IRA, 401(k), etc? If yes, how much? \_\_\_\_\_ What date(s)? \_\_\_\_\_
  20. Y - N In the last seven months have you received any financial assistance of any kind from any person or source?  
If yes, the person or source? \_\_\_\_\_ Form of assistance? \_\_\_\_\_ How much? \_\_\_\_\_
  21. Y - N Do you owe any money because of credit cards, signature loans, lines of credit etc., to the financial institution in which you have your checking or savings account?
  22. Y - N Are you listed on any checking or savings account that belongs to someone else?
  23. Y - N Have you made any payments on your home from any source other than your income in the past 10 years?  
If yes, where did the funds come from? \_\_\_\_\_ How much? \_\_\_\_\_
  24. Y - N **Is First National Bank of Burleson one of your creditors?**

**Income information:**

You must bring a copy of your last year's income tax return and a copy of your most two recent pay stubs. If you are self-employed, please provide a year-to-date Profit and Loss Statement for your business and complete the Self-Employed and Business Related Questionnaire on page 6.

Circle Y or N. On this page, the term "you," refers to and includes both you and your spouse.

1. Y - N Have you received wages, salary, tips, overtime, commissions within the last six months?  
If yes, enter the total GROSS income for the last six months (Do not deduct anything for taxes or other items)  
You: \$ \_\_\_\_\_ Your Spouse: \$ \_\_\_\_\_

2. Y - N Do you own now or have owned any interest in a business or farm within the last year?  
If yes, please complete page six. If no, skip and do not complete page six.

3. Y - N Do you own any rental property or other real estate?  
If yes, what was the total GROSS income for the last six months? \$ \_\_\_\_\_  
What was the total GROSS expenses for the past six months? \$ \_\_\_\_\_

4. Y - N Have you received interest, dividend, or royalty income in the last six months?  
If yes, enter the total GROSS (a) interest, (b) dividend, or (c) royalty income received in the last six month  
(a)\$ \_\_\_\_\_ (b)\$ \_\_\_\_\_ (c)\$ \_\_\_\_\_

5. Y - N Have you received REGULAR contributions towards your household expenses from anyone in the last six months? If yes, from whom? \_\_\_\_\_ How much over the last six months? \_\_\_\_\_  
Please explain why you are receiving or have received these contributions: \_\_\_\_\_  
\_\_\_\_\_

6. Y - N Except for payments from the Social Security Administration, have you received any governmental help within the last six months? If, yes state the name of the governmental source: \_\_\_\_\_  
The total received in the past six months: \$ \_\_\_\_\_

7. Y - N Have you received any unusually high or low wages, salary, tips, overtime, commissions, business income, rental income, interest, dividend, royalty, or other source of income within the last six months?  
If yes, please circle the source name above, give amount and give reason: \_\_\_\_\_  
\_\_\_\_\_

Briefly, what caused you to get into your current financial situation? (Loss of employment, drop in income, illness, relationship problem, business problem, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Questions regarding your debts:**

**Home Mortgage Company Name (1<sup>st</sup> lien):** \_\_\_\_\_ How much is the pay-off? \_\_\_\_\_ Interest Rate? \_\_\_\_\_  
 Monthly Payment? \_\_\_\_\_ How many acres? \_\_\_\_\_ What's the value of your Home? \_\_\_\_\_  
 How did you arrive at the value? \_\_\_\_\_ Are you behind? \_\_\_\_\_ If yes, how many months? \_\_\_\_\_  
 Are taxes and insurance included in your home payment? \_\_\_\_\_ Do you want to keep your home? \_\_\_\_\_  
 Is your home posted for foreclosure? \_\_\_\_\_ If yes, enter the foreclosure date: \_\_\_\_\_  
 Is your home a manufactured home? \_\_\_\_\_ If yes, do rent or own the land? \_\_\_\_\_  
 If you own the land, are you buying it under a mortgage, a contract for deed, or other? \_\_\_\_\_

**Home Mortgage Company Name (2<sup>nd</sup> lien):** \_\_\_\_\_ How much is the pay off? \_\_\_\_\_ Interest Rate? \_\_\_\_\_  
 Monthly Payment? \_\_\_\_\_ Are you behind? \_\_\_\_\_ If yes, how many months? \_\_\_\_\_

**1<sup>st</sup> Vehicle:** Creditor Name: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Miles: \_\_\_\_\_ Pay off: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Purchase Date: \_\_\_\_\_  
 # of pymts by contract? \_\_\_\_\_ Are you behind? \_\_\_\_\_ If yes, how many months? \_\_\_\_\_ Do you want to keep car/truck? Y /N

**2<sup>nd</sup> Vehicle:** Creditor Name: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Miles: \_\_\_\_\_ Pay off: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Purchase Date: \_\_\_\_\_  
 # of pymts by contract? \_\_\_\_\_ Are you behind? \_\_\_\_\_ If yes, how many months? \_\_\_\_\_ Do you want to keep car/truck? Y /N

**3<sup>rd</sup> Vehicle:** Creditor Name: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Miles: \_\_\_\_\_ Pay off: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Purchase Date: \_\_\_\_\_  
 # of pymts by contract? \_\_\_\_\_ Are you behind? \_\_\_\_\_ If yes, how many months? \_\_\_\_\_ Do you want to keep car/truck? Y /N

Do you own any other vehicles that are paid for? Y - N If yes, provide:  
 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Fair market value: \_\_\_\_\_  
 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Fair market value: \_\_\_\_\_

**Do you have any creditors whose claims are secured by a collateral such as recreational vehicle, furniture, appliances, above ground pool, stocks, bonds, etc.?** Y - N If yes, for each creditor provide:

Creditor: \_\_\_\_\_ Collateral: \_\_\_\_\_ Total Debt: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Interest: \_\_\_\_\_ Want to Keep? \_\_\_\_\_  
 Creditor: \_\_\_\_\_ Collateral: \_\_\_\_\_ Total Debt: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Interest: \_\_\_\_\_ Want to Keep? \_\_\_\_\_  
 Creditor: \_\_\_\_\_ Collateral: \_\_\_\_\_ Total Debt: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Interest: \_\_\_\_\_ Want to Keep? \_\_\_\_\_

**Taxes owed:** (circle where appropriate)

<b>Creditor</b>	<b>Type of tax</b>	<b>Year/Quarter</b>	<b>Amount Due</b>	<b>Lien filed</b>
IRS	1040, 940, 941, other	_____	\$ _____	Yes - No
IRS	1040, 940, 941, other	_____	\$ _____	Yes - No
IRS	1040, 940, 941, other	_____	\$ _____	Yes - No
State	sales, other	_____	\$ _____	Yes - No
County/City/ISD	real, personal, other	_____	\$ _____	Yes

Have you filed all income tax returns that are due? \_\_\_\_\_ If no, what years have you not filed? \_\_\_\_\_

**Total of all other debts:** Credit cards: \$ \_\_\_\_\_ Judgments: \$ \_\_\_\_\_ Student Loans: \$ \_\_\_\_\_  
 Medical bills: \$ \_\_\_\_\_ Signature loans: \$ \_\_\_\_\_ Personal loans from Friends & Family: \$ \_\_\_\_\_  
 ANY other debts or claims against you not listed above? Please list the amount and explain the debt/claim. \_\_\_\_\_

**Questions about your expenses:**

1. How often do you get paid? (Circle one)                      Weekly                      Biweekly                      Monthly                      Other
- 1a. How often does your spouse get paid? (Circle one)   Weekly                      Biweekly                      Monthly                      Other
2. Amount of federal tax withheld from your paycheck each pay period: \$ \_\_\_\_\_
- 2a. Amount of federal tax withheld from your spouses's paycheck each pay period: \$ \_\_\_\_\_
3. Amount of social security tax withheld your paycheck each period: \$ \_\_\_\_\_
- 3a. Amount of social security tax withheld your spouses's paycheck each period: \$ \_\_\_\_\_
4. Amount of Medicare taxes withheld from your paycheck: \$ \_\_\_\_\_
- 4a. Amount of Medicare taxes withheld from your spouse's paycheck: \$ \_\_\_\_\_
5. Other mandatory payroll deductions such as mandatory retirement contributions, union dues, uniform costs, etc., taken from your paycheck (explain each item and give amount): \_\_\_\_\_ \$ \_\_\_\_\_
- 5a. Other mandatory payroll deductions such as mandatory retirement contributions, union dues, uniform costs, etc., taken from your spouse's paycheck (explain each item and give amount): \_\_\_\_\_ \$ \_\_\_\_\_
6. Monthly voluntary retirement contributions for you: \$ \_\_\_\_\_
- 6a. Monthly voluntary retirement contributions for your spouse: \$ \_\_\_\_\_
7. Monthly deduction from your pay for the repayment of your retirement loan: \$ \_\_\_\_\_
- 7a. Monthly deduction from your spouse's pay for the repayment of spouse's retirement loan: \$ \_\_\_\_\_
8. Life insurance monthly premium deduction or payment for you: \$ \_\_\_\_\_
- 8a. Life insurance monthly premium deduction or payment for your spouse: \$ \_\_\_\_\_
9. Health insurance monthly premium deduction or payment for you: \$ \_\_\_\_\_
- 9a. Health insurance monthly premium deduction or payment for your spouse: \$ \_\_\_\_\_
10. Health Savings Account deduction or payment for you: \$ \_\_\_\_\_
- 10a. Health Savings Account deduction or payment for your spouse: \$ \_\_\_\_\_
11. Disability insurance monthly premium deduction or payment for you: \$ \_\_\_\_\_
- 11a. Disability insurance monthly premium deduction or payment for your spouse: \$ \_\_\_\_\_
12. Other insurance monthly premium deduction or payment for you: \$ \_\_\_\_\_ Type of insurance: \_\_\_\_\_
- 12a. Other insurance monthly premium deduction or payment for your spouse: \$ \_\_\_\_\_ Type of Insurance: \_\_\_\_\_
13. Court ordered monthly spousal or child support payments: \$ \_\_\_\_\_
14. Monthly expenses for physically or mentally challenged dependant(s): \$ \_\_\_\_\_
14. Monthly child care expense: \$ \_\_\_\_\_
15. Monthly out-of-pocket medical expenses not covered by insurance (co-pays for visits, co-pays for prescriptions, over the counter medicine, co-pays for therapy, etc.): \$ \_\_\_\_\_
16. Monthly: (a) cell phone, (b) pager, (c) call waiting, (d) caller ID, (e) special long distance or (f) internet services (circle each that applies): (a)\$ \_\_\_\_\_ (b)\$ \_\_\_\_\_ (c)\$ \_\_\_\_\_ (d)\$ \_\_\_\_\_ (e)\$ \_\_\_\_\_ (f)\$ \_\_\_\_\_
17. Monthly payments for care and support of an elderly, chronically ill, or disabled member of your immediate family. Please describe \_\_\_\_\_, the monthly amount you pay:\$ \_\_\_\_\_
18. Monthly school/education expenses for your child(ren): \$ \_\_\_\_\_ Explain the expense(s): \_\_\_\_\_
19. Monthly religious and/or charitable contributions:\$ \_\_\_\_\_
20. List and describe any monthly expenses, not otherwise listed in this form, that are required for the health and welfare of you and your family: \_\_\_\_\_
- \_\_\_\_\_

**SELF-EMPLOYED AND BUSINESS RELATED QUESTIONNAIRE**

**Business Information: This page is only for self-employed individuals or for individuals with an interest in a business. (complete a separate sheet for each business).**

You MUST disclose all non-public entities that you operate.

Type of legal entity (circle one):    Professional Association                      General Partnership                      Sole Proprietorship                      d/b/a  
 Limited Liability Company                      Professional Corporation                      Limited Partnership                      Corporation                      Other

Name of Legal Entity/Business: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Business Fax Number: \_\_\_\_\_

Physical Location (address) of Business: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Date Business Started: \_\_\_\_\_ Do you Rent or Own the location? \_\_\_\_\_ If you rent is there a lease? \_\_\_\_\_

If the Business terminated more than six months ago it is not necessary to complete the rest of this form, just give the date of termination of the business: \_\_\_\_\_ If business terminated within the past 6 months, give date: \_\_\_\_\_

Do you receive:    Commissions? Yes No    Rental Income? Yes No    Bonus? Yes No    Royalty? Yes No

Attach a copy of any agreement for commission, bonus, rental income, royalty or other compensation, or explain on a separate sheet and attach to this questionnaire.

Number of employees: full time: \_\_\_\_\_ part time: \_\_\_\_\_ contract laborers (non-family members): \_\_\_\_\_

Do you regularly obtain trade credit in the operation of your business which is not paid in full each month? Yes No

List the total amount of trade debt: \$ \_\_\_\_\_ The number of trade creditors: \_\_\_\_\_

Do you sell or serve liquor at your business? Yes No                      TABC license number and licensee's name: \_\_\_\_\_

Enter the total **gross** receipts for the business for the last six months. \$ \_\_\_\_\_

Enter the total business expenses for the last six months. \$ \_\_\_\_\_

What is the cost of your current inventory? \$ \_\_\_\_\_

What is the value of your equipment? \$ \_\_\_\_\_

What is the current balance of your accounts receivable? \$ \_\_\_\_\_

What is the currant balance on your accounts payables? \$ \_\_\_\_\_

Are there any liens on the business furniture/fixtures/equipment? Yes No    If yes, who is the creditor/lienholder? \_\_\_\_\_

The total amount owed: \$ \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_

Are there any liens on the business inventory? Yes No    If yes, who is the creditor/lienholder? \_\_\_\_\_

The total amount owed: \$ \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_

Have all required tax returns been filed? Yes No

If no, specify the type and the year of the tax returns that have not been filed: \_\_\_\_\_

Do you have any business tax liabilities? Yes No    If yes, complete the table below. Examples of types of taxes are: income, sales, withholding, property, fuel, heavy vehicle, etc.

Creditor	Type of tax	Year/Quarter	Amount Due	Lien filed
IRS	_____	_____	\$ _____	Yes - No
IRS	_____	_____	\$ _____	Yes - No
IRS	_____	_____	\$ _____	Yes - No
State	_____	_____	\$ _____	Yes - No
County/City/ISD	_____	_____	\$ _____	Yes - No
County/City/ISD	_____	_____	\$ _____	Yes - No

Do you have the ability to generate a Profit and Loss Statement for the business? Yes No

Do you have the ability to generate a current Balance Sheet for the business? Yes No