

# **CASTROVILLE STATE BANK**

To assure the continued privacy and confidentiality of your personal financial information, Castroville State Bank observes these practices and procedures:

## **Information We Collect**

We collect nonpublic information about you from some or all of the following sources:

- Information we receive from you on applications or other forms;
- Information about your transactions with us, our affiliates, or others; and,
- Information we receive from a consumer reporting agency.

## **Information We Disclose**

We do not disclose any nonpublic personal information about our customers and former customers to affiliates for nonaffiliated third parties except as permitted by law.

## **Our Security Measures**

We restrict access to nonpublic information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic and procedural

Customers and members of the public may receive copies of this notice of privacy practice by contacting:

**Compliance Department  
Castroville State Bank  
502 Paris Street  
Castroville, Texas 78009**

Notice: The Castroville State Bank is chartered under the laws of the State of Texas and by state law is subject to regulatory oversight by the Texas Department of Banking. Any Consumer wishing to file a complaint against the Castroville State Bank should contact the Texas Department of Banking through one of the means indicated below:

In Person or U.S. Mail: 2601 North Lamar Boulevard, Suite 300, Austin, Texas 78705-4294

Phone No.: 877/276-5554; Fax No.: 512/475-1313

E-mail: [consumer.complaints@banking.state.tx.us](mailto:consumer.complaints@banking.state.tx.us)

Website: [www.banking.state.tx.us](http://www.banking.state.tx.us)

**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 you or from any of your affiliates; or,
- 2.) My agreement not to obtain, or a prohibition on me from obtaining, an insurance product or annuity from an unaffiliated entity.

Further, it has been explained to me and I understand:

- 1.) The insurance product or annuity is not a deposit or other obligation of, or guaranteed by, the Bank or its affiliate;
- 2.) The insurance product or annuity is not insured by the Federal Deposit Insurance Corporation or any other agency of the United States, the Bank or its affiliate; and,
- 3.) In the case of an insurance product or annuity that involves an investment risk, there is investment risk associated with the product, including the possible loss of value;

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 orally.

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Consumer \_\_\_\_\_ Date \_\_\_\_\_      Consumer \_\_\_\_\_ Date \_\_\_\_\_

Regulation B Notice of Intent to Apply for Joint Credit

Lender:  
Castroville State Bank  
502 Paris Street  
Castroville, TX 78009

Applicant:

Date: Account Number:
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**Notice**

We intend to apply for joint credit.

**Acknowledgment**

By, signing below, we acknowledge the intention to apply for joint credit on today's date.

X \_\_\_\_\_

X \_\_\_\_\_

X \_\_\_\_\_

X \_\_\_\_\_

**Castroville State Bank  
Credit Application**

Return to: Main Bank: 502 Paris St., Castroville, TX 78009/ Fax: (830)931-3118

Branch: 115 County Road 4718, Castroville, TX 78009/ Fax: (830)538-9177

e-mail: loans@castrovillestatebank.com or call: (830)931-2201

Loan Information:			
Amount Requested:	Payment Date Desired:	No. of Months:	<input type="checkbox"/> Automatic Payments Account Number:
<input type="checkbox"/> Unsecured <input type="checkbox"/> Secured	Loan Purpose:		
Collateral Description:			
Primary-Borrower			
Name:		Social Security Number:	
Full Address:			
Date of Birth:	Phone Number:	Email:	
Employer Name:		Monthly Earnings: <input type="checkbox"/> Gross <input type="checkbox"/> Net	
Employer Phone Number:	No. of Years:	Position:	
Co-Borrower			
Name:		Social Security Number:	
Full Address:			
Date of Birth:	Phone Number:	Email:	
Employer Name:		Monthly Earnings: <input type="checkbox"/> Gross <input type="checkbox"/> Net	
Employer Phone Number:	No. of Years:	Position:	
Income			
<b>Other Sources of Income</b>	<b>Total</b>	<b>Monthly Expenses</b>	<b>Total</b>
Combined Monthly Salary (from above)	\$	Rent or Mortgage Payment	\$
Self-Employment (per month)	\$	#1 Car Payment	\$
Bonuses & Commissions	\$	#2 Car Payment	\$
Income From Rental Property (net)	\$	Credit Card Payments	\$
Investment Income	\$	Other Debts	\$
Other Income	\$		
<b>Total Monthly Income</b>	\$	<b>Total Monthly Expenses</b>	\$
Bank References			
Institution Name:		Institution Name:	
Checking Account Balance:		Checking Account Balance:	
General Information		Contingent Liabilities	
Are You a Defendant in Any Suits or Legal Actions?	Yes or No	As Endorser, Co-maker or Guarantor	\$
Have any business entity in which you are an officer or partner filed Bankruptcy?	Yes or No	Legal Claims & Judgements	\$
Have you ever filed Bankruptcy?	Yes or No	Federal-State Income Taxes	\$
Date of Last Income Tax Return Filed?		Total Contingent Liabilites	\$
<p>I certify that that everything I have stated in this application and on any attachments and any information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorized the financial institutions listed in this credit application to release necessary information to the institutions for which credit is being applied for in order to verify the information contained herein.</p>			

Signature - Primary Borrower

Date

Signature - Co-Borrower

Date

## FINANCIAL STATEMENT

**CASTROVILLE STATE BANK**  
**P.O. BOX 519**  
**CASTROVILLE, TX 78009**  
 Creditor's Name and Address

**TYPE OF CREDIT - CHECK THE APPROPRIATE BOX**

- Individual - Provide your financial information only  
 Joint, with \_\_\_\_\_  
 Information on separate financial statement Relationship

Applicant's Name and Address

**INDIVIDUAL INFORMATION**

Business or Occupation \_\_\_\_\_  
 Employer's Name and Address \_\_\_\_\_  
 \_\_\_\_\_  
 Length of Employment \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ S.S./Taxpayer I.D.# \_\_\_\_\_

**JOINT PARTY INFORMATION**

Business or Occupation \_\_\_\_\_  
 Employer's Name and Address \_\_\_\_\_  
 \_\_\_\_\_  
 Length of Employment \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ S.S./Taxpayer I.D.# \_\_\_\_\_

**ASSETS**

Note: Complete SCHEDULES first

**LIABILITIES**

Cash On Hand and In Banks	Sched. A		Notes Due to Banks	Sched. A	
Cash Value of Life Insurance	Sched. B		Notes Due to Relatives and Friends	Sched. H	
U.S. Gov. Securities	Sched. C		Notes Due to Others	Sched. H	
Other Marketable Securities	Sched. C		Accounts and Bills Payable	Sched. H	
			Loans on Life Insurance Policies	Sched. B	
			Contract Accounts Payable	Sched. H	
			Cash Rent Payable		
<b>TOTAL LIQUID ASSETS</b>			Other Liabilities Due within 1 Year - Itemize		
Real Estate Owned	Sched. E				
Mortgages and Contracts Owned	Sched. F				
Notes and Accounts Receivable - current	Sched. D				
Notes and Accounts Receivable - over 90 days	Sched. D		<b>TOTAL SHORT TERM LIABILITIES</b>		
Notes Due From Relatives and Friends	Sched. D		Real Estate Mortgages Payable	Sched. E	
Other Securities - Not Readily Marketable	Sched. C		Liens and Assessments Payable		
Personal Property	Sched. G		Other Debts - Itemize		
IRA and Tax Deferred Accounts			<b>TOTAL LONG TERM LIABILITIES</b>		
Other Assets - Itemize <input type="checkbox"/> (see attached Itemization)			Total Liabilities		
<b>TOTAL PRODUCTIVE ASSETS</b>			Net Worth (Total Assets Minus Total Liabilities)		
<b>TOTAL ASSETS</b>			<b>TOTAL LIABILITIES AND NET WORTH</b>		

**ANNUAL INCOME**

**ESTIMATE OF ANNUAL EXPENSES**

Salary Bonuses and Commissions	\$		Income Taxes	\$	
Dividends and Interest	\$		Other Taxes	\$	
Rental and Lease Income (Net)	\$		Insurance Premiums	\$	
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.			Mortgage Payments	\$	
Other Income - Itemize	\$		Rent Payable	\$	
Provide the following information only if Joint Credit is checked above.					
Other Person's Salary, Bonuses and Commissions	\$		Other Expenses	\$	
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.					
Other Income of Other Person - Itemize	\$				
<b>TOTAL</b>			<b>TOTAL</b>		

**GENERAL INFORMATION**

**CONTINGENT LIABILITIES**

Are any Assets Pledged Other Than Described on SCHEDULES <input type="checkbox"/> yes <input type="checkbox"/> no	As Endorser, Co-maker or Guarantor <input type="checkbox"/> yes <input type="checkbox"/> no
Are You a Defendant in Any Suits or Legal Actions? <input type="checkbox"/> yes <input type="checkbox"/> no	On Leases or Contracts <input type="checkbox"/> yes <input type="checkbox"/> no
Income Tax Return Filed Through What Date?	Legal Claims <input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever been declared Bankrupt in the last 10 years? <input type="checkbox"/> yes <input type="checkbox"/> no	Federal - State Income Taxes <input type="checkbox"/> yes <input type="checkbox"/> no
Are you a Partner or Officer in any other Venture? <input type="checkbox"/> yes <input type="checkbox"/> no	Other

**SCHEDULES**

**A CASH IN BANKS AND NOTES DUE TO BANKS** (List all Real Estate Loans in Schedule E)  Additional Information Requested

NAME OF BANK	Type Of Account	Type Of Ownership	On Deposit	Notes Due Banks	Collateral (if Any) and Type Of Ownership
			\$	\$	
<input type="checkbox"/> See Attached Itemization			<b>TOTALS</b>		

B. LIFE INSURANCE (List only those Policies that you own)					
COMPANY	Face Of Policy	Cash Surrender Value	Policy Loan From Insurance Co.	Other Loans Policy As Collateral	BENEFICIARY
<input type="checkbox"/> See Attached Itemization		<b>TOTALS</b>	\$	\$	

C. SECURITIES OWNED (Including U.S. Govt. Bonds and all other Stocks and Bonds)							
Face Value-Bonds No. Of Shares Stock	DESCRIPTION Indicate those Not Registered in Your Name	Type of Ownership	COST	Market Value U.S. Gov. Sec.	Market Value Marketable Sec.	MARKET VALUE Not Readily Marketable	Amount Pledged To Secured Loan
<input type="checkbox"/> See Attached Itemization		<b>TOTALS</b>	\$	\$	\$		

D. NOTES AND ACCOUNTS RECEIVABLE (Money Payable or owed to You Individually. Indicate % of your Ownership Interest)							
MAKER/DEBTOR	%	When Due	Original Amount	Balance Due Current Accounts	Balance Due Over 90 Days	Bal. Due Notes Rel. and Friends	Security (If Any)
			\$	\$	\$	\$	
<input type="checkbox"/> See Attached Itemization		<b>TOTALS</b>	\$	\$	\$	\$	

E. REAL ESTATE OWNED (Indicate % of your Ownership Interest)									
TITLE IN NAME OF	%	Description and Location	Date Acquired	Original Cost	Present Value of Real Estate	Amount of Ins. Carried	MORTGAGE OR CONTRACT PAYABLE		
							Bal. Due	Payment	Maturity
				\$	\$	\$			
<input type="checkbox"/> See Attached Itemization		<b>TOTAL</b>	\$	\$	\$	\$			

F. MORTGAGES AND CONTRACTS OWNED (Indicate % of your Ownership Interest)										
Cont.	Mtg.	%	MAKER		PROPERTY COVERED	Starting Date	Payment	Maturity	Balance Due	
			Name	Address						
							\$			
<input type="checkbox"/> See Attached Itemization		<b>TOTALS</b>								\$

G. PERSONAL PROPERTY (Indicate % of your Ownership Interest)							LOANS ON PROPERTY	
DESCRIPTION	%	Date When New	Cost When New	Value Today	Balance Due	To Whom Payable		
<input type="checkbox"/> See Attached Itemization		<b>TOTALS</b>	\$					

H. NOTES, ACCOUNTS AND BILLS AND CONTRACTS PAYABLE							COLLATERAL (If Any) Payable
PAYABLE TO	Other Obligors (If Any)	When Due	Notes Due To Rel. and Friends	Notes Due "Others" (Not Banks)	Accounts and Bills	Contracts Payable	
<input type="checkbox"/> See Attached Itemization		<b>TOTALS</b>					

This information and the information provided on all accompanying financial statements and schedules is provided for the purpose of obtaining credit for the Applicant(s) or for the purpose of Applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this Statement will be relied on by Creditor in its decision to grant such credit. This Statement is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the date given below. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this Statement. Creditor is further authorized to answer any questions about Creditor's credit experience with Applicant(s). Applicant(s) are aware that any knowing or willful false statements regarding the value of the above property for purposes of influencing the actions of Creditor can be a violation of federal law 18 U.S.C. sec. 1014 and may result in a fine or imprisonment or both.

In addition, each individual signing below authorizes the Creditor to check their individual credit account and employment history and have a credit reporting agency prepare a credit report on them.

The undersigned declares that he/she has read and understands the statements above.

Date Signed \_\_\_\_\_ Signature \_\_\_\_\_ Signature \_\_\_\_\_ Other Person (If Applicable)