



Personal Financial Statement

CONFIDENTIAL

Name(s): _____ Email: Home: _____
 _____ Email: Work: _____
 Home Address: _____ Social Security #: _____
 _____ Spouse SS#: _____

 Home Phone: (_____) _____ Work Phone: (_____) _____

<u>ASSETS</u>	<u>IN EVEN DOLLARS</u>	<u>LIABILITIES & NET WORTH</u>	<u>IN EVEN DOLLARS</u>
Cash on hand & in Banks – See Schedule A	\$	Notes Payable: This Bank – See Schedule A	\$
US Gov. Securities - See Schedule B		Notes Payable: Other Institutions – See Schedule A	
Listed Securities – See Schedule B			
Unlisted Securities – See Schedule B		Notes Payable -Relatives	
Other Equity Interest – See Schedule B		Notes Payable - Others	
Accounts and Notes Receivable		Accounts and Bills Due	
Real Estate Owned – See Schedule C		Unpaid Taxes	
Mortgages and Land Contracts Receivable – See Schedule D		Real Estate Mortgages Payable – See Schedule C or D	
Cash Value Life Insurance – See Schedule E		Land Contracts Payable – See Schedule C or D	
Other Assets: Itemize		Life Insurance Loans – See Schedule E	
		Other Liabilities	
		Total Liabilities	\$
		Net Worth	\$
Total Assets	\$	Total Liabilities and Net Worth	\$

<u>Sources OF Income</u>	<u>In Even Dollars</u>	<u>General Information</u>
Salary	\$	Employer:
Bonus and Commissions		Position/Profession:
Dividends		# of Years:
Real Estate Income		Employer's Address:
*Other Income: Itemized		
		Phone #:
TOTAL	\$	Partner/Officer or Owner in any other venture? (<input type="checkbox"/>) No (<input type="checkbox"/>) Yes. If yes, please explain:
		Are any assets pledged? (<input type="checkbox"/>) No (<input type="checkbox"/>) YES Detail in Schedule A
*Alimony, Child Support or separate maintenance payments need not be disclosed unless relied upon as a basis for extension of credit. If Disclosed payments received under (please select) (<input type="checkbox"/>) Court Order, (<input type="checkbox"/>) Written Agreement (<input type="checkbox"/>) Oral understanding		Income taxes settled through (date) ____/____/____

<u>Contingent Liabilities</u>	<u>In Even Dollars</u>	<u>General Information (Continued)</u>
As Endorser, co-maker or guarantor	\$	Are you a defendant in any suits or legal action?
On Leases		(<input type="checkbox"/>) No (<input type="checkbox"/>) Yes If so, explain:
Legal Claims		Have you ever taken bankruptcy? (<input type="checkbox"/>) No (<input type="checkbox"/>) Yes If so, explain:
Provision for federal income taxes		Do you have a will? (<input type="checkbox"/>) No (<input type="checkbox"/>) Yes with whom?
Other special debit, e.g., recourse or repurchase liability		Do you have a trust? (<input type="checkbox"/>) No (<input type="checkbox"/>) Yes with whom?
		# Of Dependents?
TOTAL	\$	Ages of Dependents



Schedule A: Banks, Brokers, Savings & Loans Associations, Finance Companies or Credit Unions. List the names of all the institutions at which you maintain a deposit account and/or where you have obtained loans:

Name of Institution	Name on Account	Balance on Deposit	High Credit	Amount Owing	Monthly Payment	Secured by What Assets
TOTAL:		\$	TOTAL:	\$	\$	

Schedule B: U.S. Governments, Stocks, (Listed & Unlisted) Bonds (Government & Community) and Partnership Interests (General & Ltd.)

Number of Shares, Face Value (Bonds) or % of Ownership	Indicate: 1. Agency or name of company issuing security of name of partnership 2. Type of investment or equity classification 3. # of Shares bonds or % of Ownership Held 4. Basis of Valuation*	In Name of	*Market Value	Pledged	
				YES	NO
TOTAL:			\$		

* If unlisted security or partnership interest, provide current financial statements to support basis for valuation.



Schedule C: Real Estate Owned (and related to debt if applicable)

Description of Property or Address	Title in Name of	Date Acquired	Cost & Improvements	Present Market Value	Mortgage or Lane Contract Payable		
					Bal. Owning	Mo. Payment & Interest Rate	Holder
TOTAL:			\$	\$	\$	\$	

Schedule D: Real Estate: Mortgage & Land Contracts Receivable (and related debt, if applicable)

Description of Property or Address	Title in Name of	Date Acquired	Balance Receivable	Monthly Payment	Mortgage or Lane Contract Payable		
					Bal. Owning	Mo. Payment & Interest Rate	Holder
TOTAL:			\$	\$	\$	\$	



Schedule E: Life Insurance Carried

Name of Company	Face Amount	Cash Surrender Value	Loans	Beneficiary
TOTAL:	\$	\$	\$	

I/We have carefully read and submitted the forgoing information provided on all five (5) pages of this statement to The Bank named above. The information is presented as true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of obtaining and maintaining credit with said Bank. I/we agree that if any material change(s) in my/our financial condition statement and the representations made herein as a true and accurate statement of my/our financial condition.

I/We authorize The Bank to make whatever credit inquiries it deems necessary in condition with this financial statement. I/We authorize and instruct any person or consumer reporting agency to furnish to The Bank and information that it me have or obtain in response to such credit inquiries.

I/We also hereby certify that no payment requirements listed herein are delinquent or in default except as follows; in "NONE or so state.

I/We fully understand that it is federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, pursuant to 18 U.S.C. Section 1014.

Applicant's Name (Please Print): _____

Applicant's Signature: _____

Date Signed: _____ Date of Birth: _____

Spouse's or Co-Applicant's (Please Print): _____

Spouse's or Co-Applicant's Signature: _____

Date Signed: _____ Date of Birth: _____