



PERSONAL FINANCIAL STATEMENT

Please Complete All Information, Sign and Date Form.

Applicant

Applicant's Name			Email Address	Date of Birth
Street Address			Social Security No.	Home Telephone
City State Zip Code			How Long?	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Current Employer			Monthly Payment	Cell Phone
Address			Position	Business Telephone
Previous Employer			How Long?	Annual Salary (verifiable)
Address			Position	
			How Long?	Annual Salary (verifiable)

Joint Applicant

Applicant's Name			Email Address	Date of Birth
Street Address			Social Security No.	Home Telephone
City State Zip Code			How Long?	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Current Employer			Monthly Payment	Cell Phone
Address			Position	Business Telephone
Previous Employer			How Long?	Annual Salary (verifiable)
Address			Position	
			How Long?	Annual Salary (verifiable)

Financial Condition as of: (DATE) _____.

Assets:

Cash on Hand and in Bank **(A)** _____
Marketable Securities **(B)** _____
Accounts and Notes Receivable **(C)** _____
Real Estate Owned – Residence **(D)** _____
Real Estate Owned – Others **(D)** _____
Partial Interest in Real Estate **(E)** _____
Closely-Held Businesses _____
Automobiles _____
Cash Value – Life Insurance **(F)** _____
Retirement Account – IRA, 401K _____
Personal Property _____
Other Assets _____
TOTAL ASSETS: _____

Liabilities:

Notes Payable Bank _____
Notes Payable Others _____
Real Estate Mortgages – Residence _____
Real Estate Mortgages – Others _____
Home Equity Loans _____
Auto Loans _____
Credit Card Accounts (aggregate balance) _____
Other Debts _____
TOTAL LIABILITIES: _____
Contingent Liabilities: **Complete section (G)**
NET WORTH: _____
(= Total Assets – Total Liabilities)
TOTAL LIABILITIES AND NET WORTH: _____

Annual Income: (verifiable)

Applicant Salary _____
Commissions/Bonuses _____
Joint Applicant Salary _____
Commission/Bonuses _____
Dividend and Interest _____
Business Income _____
Gross Rental Income _____
Other Income* _____
TOTAL INCOME: _____

Annual Expenses:

Income Taxes (State and Federal) _____
Rent or Mortgage Payment _____
Auto Loan Payment _____
Credit Card Payments _____
Other Loan Payments _____
Medical and Dental Expenses _____
Living Expenses _____
All Other Expenses (Alimony, tuition, child support) _____
TOTAL EXPENSES: _____

*Alimony, child support or maintenance payments need not be indicated if the applicant does not choose to disclose such income.

Please complete Schedules below and on next page

(A) Banking Information

Bank/Credit Union	Address	Account Type	Account No.	Current Balance	Maturity
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(B) Marketable Securities/Mutual Funds

<u>Description</u>	<u>Legal Owner</u>	<u>No. of Shares</u>	<u>Cost</u>	<u>Market Value</u>	<u>Pledged? Y/N</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(C) Accounts and Notes Receivable

<u>Borrower</u>	<u>Address</u>	<u>Original Amount</u>	<u>Current Balance</u>	<u>When Due</u>	<u>Collateral</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(D) Real Estate Owned – Residence and Others

<u>Description & Location</u>	<u>Legal Owner</u>	<u>Date of Purchase</u>	<u>Market Value</u>	<u>Mortgage Balance</u>	<u>Monthly Payment</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(E) Partial Interest in Real Estate (State Percentage of Ownership)

<u>Description & Location</u>	<u>Legal Owner</u>	<u>% Interest</u>	<u>Cost</u>	<u>Market Value</u>	<u>Mortgage Balance</u>	<u>Monthly Payment</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

(F) Life Insurance

<u>Insurance Company's Name</u>	<u>Beneficiary</u>	<u>Face Value</u>	<u>Loans</u>	<u>Cash Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(G) Contingent Liabilities

Please provide the details of any contingent liabilities including guarantor or co-maker on loans, leases or contracts; legal claims pending; and outstanding federal and state tax obligations.

<u>Description</u>	<u>Amount of Contingent Liability</u>
_____	_____
_____	_____
_____	_____
_____	_____

The undersigned certifies that the information inserted in this document and any attachment has been carefully read and is true and correct. If any change occurs that materially reduces the means or ability of the undersigned to pay all claims or demands, the undersigned will immediately and without delay notify the said Bank, and unless the Bank is so notified it may continue to rely upon the statement herein given as a true and accurate statement of the financial condition of the undersigned as of the close of business.

I/We authorize you, and any duly authorized agents, to obtain and use credit reports and to exchange credit information in connection with my/our application and any update, renewal, account review, extension or as part of the bank's quality control program. It is understood that a photocopy of this form will serve as authorization.

I/We understand that I/We must update this credit information at your request and/or if my/our financial condition changes.

I/We acknowledge that the credit being applied for will be used for business purposes.

_____	_____
Dated Signed	Signature
_____	_____
Dated Signed	Signature