



PERSONAL FINANCIAL STATEMENT

CONFIDENTIAL INFORMATION

Personal Financial Statement as of: _____
(Date)

APPLICANT'S NAME(S): _____

HOME ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

BUSINESS PHONE: _____

E-MAIL: _____

IMPORTANT: DIRECTIONS TO APPLICANT

Read directions before completing Financial Statement. Please check appropriate box:

- Individual Credit** If relying on your own income and assets and not the income and assets of a spouse or another person as a basis or extension or repayment or credit, complete the Financial Statement below only as it applies to you, individually. Do not provide any information about a spouse or other person. Sign the Financial Statement.
- Joint Credit** If applying for joint credit or for individual credit relying on income or assets of a spouse or another person for extension and repayment of credit request, complete the Financial Statement below. Include information about income, assets and liabilities of the spouse or other person. Both Applicant and Spouse or Co-Applicant signs this statement.
- Individual relying upon income or assets of spouse or other person** If applying for joint credit or for individual credit relying on income or assets of a spouse or another person for extension and repayment of credit request, complete the Financial Statement below. Include information about income, assets and liabilities of the spouse or other person. Both Applicant and Spouse or Co-Applicant signs this statement.

Please do not leave any questions unanswered. Use "no" or "none" where necessary.

ASSETS		LIABILITIES AND NET WORTH	
Cash on hand and in Banks (Schedule A)	\$	Notes Payable: This Bank (Schedule A)	\$
Government Securities (Schedule B)		Notes Payable: Other Institutions (Schedule A)	
Listed Securities (Schedule B)		Notes Payable - Relatives	
Unlisted Securities (Schedule B)		Notes Payable - Others	
Other Equity Interests (Schedule B)		Accounts and Bills Due	
Accounts and Notes Receivable		Unpaid Taxes	
Real Estate Owned (Schedule C)		Real Estate Mortgages Payable (Schedule C or D)	
Mortgages and Land Contracts Receivable (Schedule D)		Land Contracts Payable (Schedule C or D)	
Cash Value Life Insurance (Schedule E)		Life Insurance Loans (Schedule E)	
Other Assets:		Other Liabilities:	
Retirement Accounts:			
		TOTAL LIABILITIES:	
		NET WORTH:	
TOTAL ASSETS:		TOTAL LIABILITIES AND NET WORTH:	

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

Description of Property or Address	Title in Name Of	Date Acquired	Cost	Present Market Value	Mortgage or Land Contract Payable			
					Balance Owning	Monthly Payment	Maturity	Holder
TOTAL:								

Schedule D: Real Estate Mortgages & 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 Land Contract Payable		
					Balance Owning	Monthly Payment	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 foregoing information provided on all three pages of this statement to the Bank named above. The information is presented as a 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) occur(s) in my/our financial condition that I/we will immediately notify said Bank of said change(s) and unless said Bank is so notified it may continue to rely upon this financial 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 connection with this financial statement. I/we authorize and instruct any person or consumer reporting agency to furnish to the Bank any information that it may 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, if "NONE" so state.

I/we fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts.

Applicant's Signature

Date Signed

Social Security Number

Spouse's or Co-Applicant's Signature

Date Signed

Social Security Number