

# Personal Financial Statement

Date of Statement:



Leave no blanks, Insert "none" where necessary to complete form.

PERSONAL INFORMATION					
Applicant (Name)			Co-Applicant (Name)		
Home Address			Home Address		
Home Phone	Social Security No.	Date Of Birth	Home Phone	Social Security No.	Date Of Birth
Employer			Employer		
Employer Address			Employer Address		
Business Phone	Title/Position		Business Phone	Title/Position	
Name/Phone Number of your Accountant			Name/Phone Number of your Accountant		
Name/Phone Number of your Attorney			Name/Phone Number of your Attorney		
Name/Phone Number of your Investment Advisor/Broker			Name/Phone Number of your Investment Advisor/Broker		
Name/Phone Number of your Insurance Agent			Name/Phone Number of your Insurance Agent		

## PLEASE ANSWER THE FOLLOWING QUESTIONS

Number of dependents (excluding self) & relationship to applicant

Are you a United States Citizen?  Yes  No

If no, please briefly state your residency/immigration status?

Do you have a line of credit or unused credit facility at any other institution?  Yes  No

If yes, please indicate where, how much and name of Banker:

Income tax returns filed through (date):

Are any returns being audited or contested?  Yes  No

If Yes, what year(s)?

Have you or any firm in which you were a majority owner ever declared bankruptcy?  Yes  No

If Yes, please provide details

INCOME STATEMENT		For Year Ended: <input style="width: 100px;" type="text"/>	
INCOME		EXPENSES	
Salary (applicant)		Federal Taxes	
Salary (co-applicant)		State Taxes	
Bonuses & Commissions (applicant)		Rental, Co-op, or Condo Fees	
Bonuses & Commissions (co-applicant)		Residential Mortgage Payments	
Rental Income		Investment Mortgage Payments	
Interest Income		Residential Property Taxes	
Dividend Income		Investment Property Taxes	
Capital Gains		Interest and Principal Payments on Loans	
Partnership Income		Insurance (Life, Property, & Casualty)	
Other Investment Income		Investments	
Tax Exempt Income		Alimony/Child Support	
Other Income (List)*		Medical Expenses	
		Tuition	
		Other Expenses (List)	
<b>Total Income</b>		<b>Total Expenses</b>	

Last Year's Income  Are there any significant changes expected in the next 12 months?  Yes  No

If yes, explain

\* Income from alimony, child support or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

Fill in all the schedules which follow before completing the following balance sheet.

Where there is nothing to report indicate "none" on the schedule. Attach supplemental list if necessary.

<b>BALANCE SHEET</b>			
ASSETS		LIABILITIES	
Cash (schedule 1)		Margin Loans (schedule 2)	
Marketable Securities (schedule 2)		Consumer Debt (schedule 4)	
Non-Marketable Securities (schedule 3)		Mortgages On Personal Real Estate (schedule 5)	
Real Estate Personal Use (schedule 5)		Mortgages On Investment Real Estate (schedule 6)	
Real Estate Investments (schedule 6)		Loans Against Life Insurance (schedule 7)	
Cash Value Life Insurance (schedule 7)		Accounts/Notes/Taxes Payable (schedule 10)	
Privately Owned Businesses (schedule 8)		Other Liabilities (schedule 11)	
Accounts/Notes Receivable (schedule 9)		Total Liabilities	
Personal Effects (schedule 12)			
Other Assets (schedule 13)		Net Worth (Total Assets-Total Liabilities)	
<b>Total Assets</b>		<b>Total Liabilities And Net Worth</b>	
Contingent/Deferred Assets (schedule 14)		Contingent Liabilities	

Fill in all schedules which follow before completing the balance sheet above. When there is nothing to report indicate "none" on the schedule and "0" on the balance sheet form. Only those totals from the schedules with the heavy border should be included in the balance sheet.

**Details Relative To Assets And Liabilities (If space is insufficient, attach supplemental list)**

<b>SCHEDULE 1 - Cash in Bank Checking and Savings Accounts-Certificates of Deposit-Money Market Funds</b>				
Name of Bank/Money Market Fund	Owner	Type of Account	Balance	Account Number
<b>Total</b>				

<b>SCHEDULE 2 - Marketable Securities: Stocks, Bonds, Treasuries, Municipals, Mutual Funds, Annuities, etc.</b>						
No. of Shares/ Face Value	Description	Owner	Cost	Market Value	Pledged	Brokerage/ Margin Loans
<b>Total</b>						

<b>SCHEDULE 3 - Non-Marketable Securities: i.e. Oil and Gas Partnerships, Unlisted/Restricted Stocks. Do not include privately owned businesses.</b>						
No. of Shares/ Face Value	Description	Owner	Where Held	Cost	Book Value	Est. Market Value
<b>Total</b>						

<b>SCHEDULE 4 - Consumer Credit Debt: Installment Debt, Auto Loans, Credit Cards, Charge Accounts, Etc.</b>			
Creditor	Name of Borrower	Monthly Payments	Balance Outstanding
<b>Total</b>			

**SCHEDULE 5 - Real Estate: For Personal Use (Include Second Mortgage, if any)**

Property Address	Legal Owner	Purchase		Market Value	Present Balance	Monthly Payments	Original Amount	Maturity Date	Lender
		Date	Price						
<b>Total</b>									

**SCHEDULE 6 - Real Estate: For Investment (Include Second Mortgage, if any)**

Property Address	Legal Owner	Purchase		Market Value	Present Balance	Monthly Payments	Original Amount	Maturity Date	Lender
		Date	Price						
<b>Total</b>									

**SCHEDULE 7 - Life Insurance - Indicate Type: Whole Life, Term Life, Group Term Life, and Other**

Insurance Company	Type of Policy	Face Value	Annual Premium	Owner	Beneficiary	Cash Value	Amount Borrowed
<b>Total</b>							

Disability Insurance?  
Pledged?

Yes  No  
 Yes  No

DISABILITY INSURANCE	Applicant	Co-Applicant
Monthly Distribution if Disabled		
Number of Years Covered		

**SCHEDULE 8 - Privately Owned Business**

Business Name and Address	Type of Business	Owner	Cost of Investment	Percentage of Ownership	Date of Investment	Present Net Book Value of Investment
<b>Total</b>						

**SCHEDULE 9 - Accounts & Notes Receivable**

Due From	Date of Acct.	Original Amount	Present Balance	Repayment Terms
<b>Total</b>				

**SCHEDULE 10 - Accounts, Notes & Taxes Payable**

Due To	Date of Acct.	Original Amount	Present Balance	Repayment Terms
<b>Total</b>				

**SCHEDULE 11 - Other Liabilities (include Alimony or Child Support )**

Item	Amount Due
<b>Total</b>	

**SCHEDULE 12 - Personal Effects: List any items which you feel are significant enough to note, such as jewelry, furs, art, etc.**

Item	Owner	Cost	Estimated Present Value
<b>Total</b>			

**SCHEDULE 13 - Other Major Assets: List any other items not already included such as airplanes, boats, etc.**

Item	Owner	Cost	Estimated Present Value
<b>Total</b>			

**SCHEDULE 14 - Contingent or Deferred Assets: Trusts, Vested Pensions, Deferred Income, Stock Options, 401-K, IRA, etc.**

Item	Owner	Cost	Estimated Present Value
<b>Total</b>			

CONTINGENT LIABILITIES	Amount
Are you a guarantor, co-maker, or endorser for any debt (individual or corporate). <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Do you have any outstanding letters of credit or surety bonds? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Are there any legal or equitable actions filed or pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Are you contingently liable on any lease or contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Are any of your tax obligations past due? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
What would be your total estimated tax liability if you were to sell your major assets? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Are you an insider or control person in any of the investments listed in Schedule 2? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes for any of the above, please give details _____	
_____	

**Important Information About Procedures For Opening A New Account**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents.

The undersigned represents that all information in this Financial Statement is complete and accurate and that there is no bankruptcy or similar proceeding in progress or anticipated involving the undersigned. The undersigned authorizes any consumer credit reporting agency to compile and furnish to the Bank consumer credit report(s) to be used in connection with a credit application for the undersigned or any credit account granted to the undersigned. The undersigned also authorizes the Bank to verify the undersigned's employment history. The undersigned acknowledges and agrees that the Bank is not obligated to grant credit to the undersigned or any other party and the Bank may retain this Financial Statement even if credit is not granted. The undersigned authorizes the Bank to provide information to others about the Bank's experience with the undersigned in accordance with the Fair Credit Reporting Act or other similar laws.

Applicant Signature: \_\_\_\_\_  
Date

Co-Applicant Signature: \_\_\_\_\_  
Date

Personal Financial Statement



Additional Financial Overflow Sheet

Leave no blanks, Insert "none" where necessary to complete form.

SCHEDULE 1 Cash in Bank Checking and Savings Accounts-Certificates of Deposit-Money Market Funds				
Name of Bank/Money Market Fund	Owner	Type of Account	Balance	Account Number
<b>Total</b>				

SCHEDULE 2 Marketable Securities: Stocks, Bonds, Treasuries, Municipals, Mutual Funds, Annuities, etc.						
No. of Shares/ Face Value	Description	Owner	Cost	Market Value	Pledged	Brokerage/ Margin Loans
<b>Total</b>						

SCHEDULE 4 Consumer Credit Debt: Installment Debt, Auto Loans, Credit Cards, Charge Accounts, Etc.			
Creditor	Name of Borrower	Monthly Payments	Balance Outstanding
<b>Total</b>			

SCHEDULE 6 Real Estate: For Investment (Include Second Mortgage, if any)									
Property Address	Legal Owner	Purchase		Market Value	Present Balance	Monthly Payments	Original Amount	Maturity Date	Lender
		Date	Price						
<b>Total</b>									

SCHEDULE 7 Life Insurance Indicate Type: Whole Life, Term Life, Group Term Life, and Other							
Insurance Company	Type Policy	Face Value	Annual Premium	Owner	Beneficiary	Cash Value	Amount Borrowed
<b>Total</b>							

SCHEDULE 14 Contingent or Deferred Assets: Trusts, Vested Pensions, Deferred Income, Stock Options, 401 K, IRA, etc.			
Item	Owner	Cost	Estimated Present Value
<b>Total</b>			