

## PERSONAL FINANCIAL STATEMENT

As of \_\_\_\_\_

Name	Business Phone:
Address:	Residence Phone:
City, State & Zip:	Primary Banking Relationship:
Business Name of Applicant/Borrower:	Personal tax Returns files for:

<i>ASSETS (Omit Cents)</i>	<i>LIABILITIES (Omit Cents)</i>
Cash on hand & in Banks _____	Accounts Payable _____
Savings Accounts _____	Notes Payable to Banks and Others (See Section 2) _____
IRA or Other Retirement Account _____	Installment Account (Auto) (Mo. Payments \$ _____)
Accounts & Notes Receivable _____	Installment Account (Mo. Payments \$ _____)
Life Insurance-Cash Surrender Value Only (Complete Section 8) _____	Loans on Life Insurance _____
Stock and Bonds (describe in section 3) _____	Mortgages on Real Estate (Describe in Section 4) _____
Real Estate (Describe in Section 4) _____	Unpaid Taxes (Describe in Section 6) _____
Automobile-Present Value _____	Other Liabilities (Describe in Section 7) _____
Other Personal Property (Describe in Section 5) _____	Total Liabilities _____
Other Assets (Describe in Section 5) _____	Net Worth _____
Total	Total

<i>Section 1. Source of Income</i>	<i>Contingent Liabilities</i>
Salary _____	As Endorser or Co-Maker _____
Net Investment Income _____	Legal Claims & Judgments _____
Real Estate Income _____	Provision for Federal Income Tax _____
Other Income (Describe below)* _____	Other Special Debt _____

*Description of Other Income*

\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Are any assets pledged? No \_\_\_ Yes X Provide detail below

<b>Employer:</b>		
Are you a defendant in any suits or legal action?	<b>No</b> ___ <b>Yes</b> ___	<b>If so, explain:</b>
Have you ever taken bankruptcy?	<b>No</b> ___ <b>Yes</b> ___	<b>If so, explain:</b>
Do you have a will?	<b>No</b> ___ <b>Yes</b> ___	<b>With whom?</b>
Do you have a trust	<b>No</b> ___ <b>Yes</b> ___	<b>With whom?</b>
Number of dependants	_____	<b>Names:</b>

**Section 2. Notes Payable to Bank and Others. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)**

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (mthly,etc.)	How Secured or Endorsed Type of Collateral

**Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)**

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**Section 4. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of the statement and signed.)**

	Property A	Property B	Property C	Property D
Type of Property Residential, Commercial, raw land, etc.				
Name & Address of Title Holder				
Date Purchased				
Original Cost				
Present Market Value				
Name & Address of Mortgage Holder				
Mortgage Account Number				
Mortgage Balance				
Amount of Payment per Month/Year				
Status of Mortgage				

**Section 5. Other Personal Property and Other Assets.** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency).

**Section 6. Unpaid Taxes.** (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attached).

**Section 7. Other Liabilities.** (Describe in detail).

None

**Section 8. Life Insurance Held.** (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries).

I authorize financial provider and/or it's assignees to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 USC 1001).

Signature:	Date	Social Security Number:
Signature:	Date	Social Security Number:

