PERSONAL FINANCIAL STATEMENT

IMPORTANT: DIRECTIONS TO APPLICANT

Income taxes settled through (Date)

To:		ead directions before completing Financial Statement.			
Address:	ln	Please check appropriate box Individual credit—If relying on your own income and assets and not the ncome and assets of a spouse or another person as a basis for			
Personal Financial Statement as of	e) or at Jo	extension or repayment or credit, complete the Financial State only as itapplies to you, individually. Do not provide any inform bout a spouse or other person. Sign the Financial Statement on income or joint credit or for individual of on income or assets of a spouse or another for extension and repayment of credit required. It is applying for joint credit or for individual of on income or assets of a spouse or another for extension and repayment of credit required. It is applying for joint credit or for individual of on income or assets of a spouse or another for extension and repayment of credit required. It is applying for joint credit or for individual of on income or assets of a spouse or another for extension and repayment of credit required. It is applying for joint credit or for individual of on income or assets of a spouse or another for extension and repayment of credit required.	ment below nation credit relying er person uested, Include		
HOME ADDRESS	as	ssets of spouse spouse or other person. Both Applicant at			
HOME PHONE		r other person. or Co-Applicant sign this statement. se do not leave any questions unanswered. Use "no" or "none sary.	e" where		
Assets	In Even Dollars	Liabilities and Net Worth	In Even Dollars		
Cash on hand and in Banks—See Schedule A	\$	Notes Payable: This Bank—See Schedule A	\$		
U.S. Government Securities—See Schedule B		Notes Payable: Other Institutions—See			
Listed Securities—See Schedule B		Schedule A			
Unlisted Securities—See Schedule B		Notes Payable—Relatives			
Other Equity Interests—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—		Real Estate Mortgages Payable—See			
See Schedule D		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			
0.1.10.7.100010.		Other Liabilities: Itemize			
		TOTAL LIABILITIES	\$		
		NET WORTH	\$		
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$		
			·		
Sources of Income	In Eve Dolla	rs General Information			
Salary	\$	Employer			
Bonus and Commissions		Position or Profession No. Year	rs		
Dividends		Employer's Address			
Real Estate Income		Phone No.			
*Other Income: Itemize		Partner, officer or owner in any other venture? If so, explain:	lo □ Yes		
TOTAL	\$				
*Alimony, child support or separate maintenance paym	ents need not	t			
be disclosed unless relied upon as a basis for extensio	n of credit. If	Are any assets pledged? ☐ No ☐ Yes Detail in S	chedule A		
disclosed, payments received under □ court order □ w	/ritten				

agreement □ oral understanding.

Contingent Liabilities	In Even Dollars	General Information (continued)
As endorser, co-maker or guarantor	\$	Are you a defendant in any suits or legal action? ☐ No ☐ Yes
On leases		If so, explain:
Legal claims		Have you ever taken bankruptcy? ☐ No ☐ Yes
Provision for federal income taxes		If so, explain:
Other special debt, e.g., recourse or repurchase liability		Do you have a will? ☐ No ☐ Yes With whom?
		Do you have a trust? ☐ No ☐ Yes With whom?
TOTAL	\$	Number of dependents Ages

Schedule A: Banks, Brokers, Savings & Loan Association, Finance Companies or Credit Unions. List here 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 (Gov't & Comm.), and Partnership Interests (General & Ltd.)

Number of	Indicate:			Plea	lged
Shares, Face Value (Bonds), or % of Ownership	 Agency or name of company issuing security or name of partnership Type of investment or equity classification Number of shares, bonds or % of ownership held Basis of valuation* 	In Name of	*Market Value	Yes (II)	No (≣)
		TOTAL			

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

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

Description of	Title in	Date	Cost +	Present	Mortgage or L	and Contract	t Payable
Property or Address	Name Of	Acq.	Improvements	Mkt. Value	Bal. Owing	Mo. Payt.	Holder
	•	TOTAL					

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

Description of	Title in	Date	Balance	Monthly	Mortgage or Land Contract Paya		t Payable
Property or Address	Name Of	Acq.	Receivable	Payment	Bal. Owing	Mo. Payt.	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, pursuant to 18 U.S.C. Section 1014.

Applicant's Signature	Date	Social	Date of
	Signed	Security No	Birth
Spouse's or Co-Applicant's Signature	Date Signed	Social Security No	Date of Birth