

as of \_\_\_\_\_

- Individual Financial Statement  
 Joint Financial Statement

NAME	SOCIAL SECURITY NO.	EMPLOYER	HOW LONG
HOME ADDRESS	PHONE	DATE OF BIRTH	HOW LONG
BUSINESS ADDRESS	PHONE	SPOUSE'S NAME	SOCIAL SECURITY NO # OF DEPENDENTS

ASSETS		(omit cents)	LIABILITIES		(omit cents)
Cash (Schedule 1)	In this Bank	\$ -	Mortgage Payable (Schedule 7)	Primary Residence	\$ -
	In Other Institutions	\$ -		Other Wholly-Owned R/E	\$ -
Securities (Schedule 2)	Marketable	\$ -	Notes Payable (Schedule 6)	Partially Owned R/E	\$ -
	Not Publicly Traded	\$ -		To This Bank	\$ -
Accounts Receivable		\$ -	Taxes Owning	Other Notes Payable	\$ -
Notes Receivable (Schedule 3)		\$ -		Income Tax	\$ -
Net Cash Value of Ins. & Annuities (Schedule 4)		\$ -	Estimated Credit Card Balances	Other Taxes	\$ -
Deferred Comp & Retirement Plans (Schedule 5)		\$ -		Unrealized Appreciation	\$ -
Real Estate (Schedule 7)	Primary Residence	\$ -	Accounts Payable		\$ -
	Other Wholly-Owned R/E	\$ -	Other Liabilities (Itemize on pg. 1 or an attachment)		
	Partially Owned R/E	\$ -	Contingent Liabilities	\$ -	
Other Business Assets & Trusts (Schedule 8)		\$ -	Total Liabilities		
Other Partnership Interest		\$ -	Net Worth (Assets Less Liabilities)		
Equipment		\$ -			
Other Assets (Itemize on page 1 or attachment)		\$ -			
	Personal Effects	\$ -			
	Autos	\$ -			
<b>Total Assets</b>		<b>\$ -</b>			

Sources of Cash	Last Year	Projected This Yr	Uses of Cash	Last Year	Projected This Yr
Recurring	\$ -	\$ -	Expenses	\$ -	\$ -
Salary & Wages (Net)	\$ -	\$ -	Income Taxes & FICA	\$ -	\$ -
Commission, Bonus, Etc.	\$ -	\$ -	Other Payroll Deductions	\$ -	\$ -
Interest & Dividends	\$ -	\$ -	Living Expenses, Misc	\$ -	\$ -
Real Estate Income	\$ -	\$ -	Real Estate Expense	\$ -	\$ -
Trust Income	\$ -	\$ -	Planned Investments	\$ -	\$ -
Other Business Income	\$ -	\$ -	Alimony, Child Support	\$ -	\$ -
Other: Tax-Free Inc.	\$ -	\$ -	Other	\$ -	\$ -
<b>Sub Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>Sub Total</b>	<b>\$ -</b>	<b>\$ -</b>
Non-Recurring	\$ -	\$ -	Debt Service	\$ -	\$ -
Commission, Bonus, Etc.	\$ -	\$ -	Primary Residence Pmt	\$ -	\$ -
Sales of Assets	\$ -	\$ -	Scheduled Prin & Int. Pmt	\$ -	\$ -
Tax Refund	\$ -	\$ -	Other Interest Payments	\$ -	\$ -
Other	\$ -	\$ -	Other Principal Payments	\$ -	\$ -
			Total Cash Uses	\$ -	\$ -
<b>Total Cash Sources</b>	<b>\$ -</b>	<b>\$ -</b>	<b>Net Cash Flow</b>	<b>\$ -</b>	<b>\$ -</b>

In the following statement, the words, "I", "me", and "my" mean anyone signing below. "You" and "your" refer to bank

I give the Bank permission to obtain additional consumer credit reports and investigate consumer reports without telling me should the bank update, extend, or review my credit or other service arrangements with you. All appraisals and similar indications of value relating to my assets which are available to me as of this date are attached for your review. I understand that in the event any information contained in this statement is incorrect, false, or misleading and you incur loss, you may file a Criminal Referral Form as may be requested or required by your supervisory agency. I also understand that knowingly providing false or misleading information in this financial statement is a federal offense that may be subject to fine, imprisonment, or both (18 USC Section 1014).

ATTENTION: CONTINGENT OBLIGATIONS SCHEDULE MUST BE COMPLETED. IF NONE, THEN CHECK BOX ON THIS SCHEDULE

Signature	Date	Signature	Date
-----------	------	-----------	------

Schedule I - Deposit Accounts\*

Name on Account	Depository Institution & Location	Balance	Type	Account #	Pledged	
<b>Total This Bank to Page I</b>		\$	-	Total in Other Institutions to Page I		

Schedule 2 - Stocks and Bonds

Name of Issuer	Where Traded	Shares	Market Value	Cost	Pledged	Restricted
<b>Total Marketable to Page I</b>			\$	-	Total Not Traded to Page I	

Schedule 3 - Notes Receivable

Due From	Original Amount	Balance	Rate	Maturity	Term	Collateral
<b>Total to Page I</b>		\$	-			

**Schedule 4 - Life Insurance and Annuities** (Including Employer Provided)

Company	Death Benefit	Beneficiary	Cash Value	Policy Loan	Net Cash Value	Insured
<b>Total to Page I</b>						\$ -

**Schedule 5 - Deferred Compensation & Retirement Plans\*\***

Trustee or Admin	Type of Account	Beneficiary	Value	Plan Loan	Net Plan Value	In Name Of
<b>Total to Page I</b>						\$ -

**Schedule 6 - Notes Payable** (Excluded Mortgages Listed In Schedules 7 & 8)\*\*

Due To	Original Amount	Present Balance	Rate	Maturity	Payment Terms	Current Y/N	Collateral
						Yes <input type="checkbox"/> No <input type="checkbox"/>	
						Yes <input type="checkbox"/> No <input type="checkbox"/>	
						Yes <input type="checkbox"/> No <input type="checkbox"/>	
						Yes <input type="checkbox"/> No <input type="checkbox"/>	
						Yes <input type="checkbox"/> No <input type="checkbox"/>	
						Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Total</b>		\$ -					

**Schedule 7 - Real Estate Owned** (Including Partnership Interest)

Description	Year Acquired	Cost & Investment	Market Value	Present Loan Balance	Lienholder	Maturity	Interest Rate	Annual Payments	% Owned	Personal Equity	Annual Rental Income	Projected Annual Rental Income	Recourse	Notes
<b>Total This Bank</b>		\$ -	\$ -	\$ -				\$ -		\$ -				

**Schedule 8 - Other Business Assets and Trusts**

Description	Year Acquired	Date of Valuation	Market Value	Present Loan Balance	Lienholder	Maturity	Interest Rate	Annual Payments
<b>Total This Bank</b>			\$ -	\$ -				\$ -

**Schedule 9 - Contingent Liabilities** (debt obligations that you have co-signed or personally guaranteed and lease obligations)

Due To	Original Amount	Present Balance	Rate	Maturity	Payment Terms	Current Y/N	Collateral	Annual Payments	Compliant w/ loan covenants
						Yes <input type="checkbox"/> No <input type="checkbox"/>			
						Yes <input type="checkbox"/> No <input type="checkbox"/>			
						Yes <input type="checkbox"/> No <input type="checkbox"/>			
						Yes <input type="checkbox"/> No <input type="checkbox"/>			
						Yes <input type="checkbox"/> No <input type="checkbox"/>			
						Yes <input type="checkbox"/> No <input type="checkbox"/>			
						Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Total This Bank</b>		\$ -	\$ -					\$ -	

\* Excludes IRA, 401K, & Retirement Accounts

\*\*Includes I.R.A. Accounts, KEOGH, 401(k), Fully Vested Benefit Plans, etc.

**Declarations**

If you answer “yes” to any questions a through e, please use continuation sheet for explanation.

Question	Borrower	Co-Borrower
a. Are there any outstanding judgments against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Have you been declared bankrupt within the past 10 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Have you had property foreclosed upon or given title or deed in lieu thereof in the last 10 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Are you a party to a lawsuit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
f. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee? If “Yes”, give details as described in the preceding question.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
g. Are you obligated to pay alimony, child support, or separate maintenance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
h. Is any part of the down payment borrowed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
i. Are you a co-maker or endorser on a note?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
j. Are you a U.S. citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
k. Are you a permanent resident alien?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>