PERSONAL FINANCIAL STATEMENT AS OF ___________

PERSONAL INFORMATION					
APPLICANT (NAME)			CO-APPLICANT (NAME)		
HOME ADDRESS			HOME ADDRESS		
CITY & STATE		ZIP	CITY & STATE		ZIP
PHONE	EMAIL		PHONE	EMAIL	
SOCIAL SECURITY NO		D.O.B	SOCIAL SECURITY NO		D.O.B
EMPLOYER			EMPLOYER		
EMPLOYER ADDRESS			EMPLOYER ADDRESS		
BUSINESS PHONE	NO. YRS WITH EMPLOYER	TITLE/POSITION	BUSINESS PHONE	NO. YRS WITH EMPLOYER	TITLE/POSITION
NAME OF PREVIOUS EMPLOYER (IF WITH CRRENT EMPLOYER LESS THAN 3 YRS)		NO YRS	NAME OF PREVIOUS EMPLOYER (IF WITH CRRENT EMPLOYER LESS THAN 3 YRS)		NO YRS
NAME, PHONE, OF YOUR ACCOUNTANT			NAME, PHONE, OF YOUR ACCOUNTANT		
NAME, PHONE, OF YOUR ATTORNEY			NAME, PHONE, OF YOUR ATTORNEY		
NAME, PHONE, OF YOUR INVESTMENT ADVISOR/BROKER			NAME, PHONE, OF YOUR INVESTMENT ADVISOR/BROKER		
NAME, PHONE, OF YOUR INSURANCE ADVISOR			NAME, PHONE, OF YOUR INSURANCE ADVISOR		

Cash Income & Expenditures Statement for year ended _______ (omit cents)

ANNUAL INCOME	AMOUNT ($)	ANNUAL EXPENDITURES	AMOUNT ($)
SALARY (APPLICANT)		FEDERAL INCOME & OTHER TAXES	
BONUSES & COMMISSIONS (APPLICANT)		STATE INCOME & OTHER TAXES	
SALARY (CO-APPLICANT)		RENTAL PAYMENTS, CO-OP, OR CONDO MAINT	
BONUSES & COMMISIONS (CO-APPLICANT)		MORTGAGE PAYMENTS (RESIDENTIAL)	
RENTAL INCOME		MORTGAGE PAYMENTS (INVESTMENT)	
INTEREST INCOME		PROPERTY TAXES (RESIDENTIAL)	
DIVIDEDN INCOME		PROPERTY TAXES (INVESTMENT)	
CAPITAL GAINS		INTEREST & PRINCIPAL PAYMENTS ON LOANS	
PARTNERSHIP INCOME		INSURANCE	
OTHER INVESTMENT INCOME		INVESTMENTS (INCLUDING TAX SHELTERS)	
OTHER INCOME (LIST BELOW)		ALIMONY/CHILD SUPPORT	
		TUITION	
		OTHER LIVING EXPENSE	
		MEDICAL EXPENSES	
		OTHER EXPENSE (LIST BELOW)	
TOTAL INCOME		**TOTAL EXPENDITURES**	

ANY SIGNIFICANT CHANGES EXPECTED IN THE NEXT 12 MONTHS? ☐ YES ☐ NO (IF YES, ATTACH INFORMATION.)

**INCOME FROM ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF APPLICANT OR CO-APPLICANT DOES NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPLAYING THIS OBLIGATION.

BALANCE SHEET AS OF ____________

ASSETS	AMOUNT ($)	LIABILITIES	AMOUNT ($)
CASH IN THIS BANK (NCLUDING MONEY MARKET ACCOUNTS & CD'S)		NOTES PAYABLE TO THIS BANK SECURED	
CASH IN OTHER FINANCIAL INSTITUTIONS (LIST) (INCLUDING MONEY MARKET ACCOUNTS & CD'S)		UNSECURED	
		NOTES PAYABLE TO OTHERS (SECHEDULE E) SECURED	
		UNSECURED	
		ACCOUNTS PAYABLE (INCLUDING CREDIT CARDS)	
		MARGIN ACCOUNTS	
READILY MARKETABLE SECURITIES (SCHEDULE A)		NOTES DUE: PARTNERSHP (SCHEDULE D)	
NON-READILY MARKERABLE SECURITIES (SCHEDULE A)		TAXES PAYABLE	
ACCOUNTS AND NOTES RECEIVABLE		MORTGAGE DEBT (SCHEDULE C)	
NET CASH SURRENDER VALUE OF LIFE INSURANCE (SCHEDULE B)		LIFE INSURANCE LOANS (SCHEDULE B)	
RESIDENTIAL REAL ESTATE (SCHEDULE C)		OTHER LIABILITIES (LIST)	
REAL ESTATE INVESTMENTS (SCHEDULE C)			
PARTMERSHIPS / PC INTEREST (SCHEDULE C)			
IRA, KEOGH, PROFIT-SHARING & OTHER VESTED RETIREMENT ACCTS.			
DEFERRED INCOME (NUMBER OF YEARS DEFERRED			
PERSONAL PROPERTY (INCLUDING AUTOMOBILES)			
OTHER ASSETS (LIST)			
TOTAL ASSETS		**TOTAL LIABILITIES** **NET WORTH**	

CONTINGENT LIABILITES	YES	NO	AMOUNT ($)
ARE YOU A GUARANTOR, CO-MAKER, OR ENDORSER FOR ANY DEBT OF AN INDIVIDUAL, CORPORATION, OR PARTNERSHIP?			
DO YOU HAVE ANY OUTSTANDING LETTERS OF CREDIT OR SURETY BONDS?			
ARE THERE ANY SUITS OR LEGAL ACTIONS PENDING AGAINSTS YOU?			
ARE YOU CONTIGENTLY LIABLE ON ANY LEASE OR CONTRACT?			
ARE ANY OF YOUR TAX OBLIGATION PAST DUE?			
WHAT WOULD BE YOUR TOTAL ESTIMATED TAX LIABILITY IF YOU WERE TO SELL YOUR MAJOR ASSETS?			
IF YES FOR ANY OF THE ABOVE, GIVE DETAILS:			

SCHEDULE A – ALL SECURITIES (INCLUDING NON-MONEY MUTUAL FUNDS)

NO. OF SHARES (STOCK) OR FACE VALUE (BONDS)	DESCRIPITION	OWNER(S)	WHERE HELD	COST	CURRENT MARKET VALUE	PLEDGED	
						YES	NO
READILY MARKETABLE SECURITIES (INCLUDING U.S. GOVERNMENTS AND MUNICIPALS)***							
NON-READILY MARKETABLE SECURITIES (CLOSELY HELD, THINLY TRADED, OR RESTRICTED STOCK)							

***IF NOT ENOUGH SPACE, ATTACH A SEPARATE SCHEDULE OR BROKERAGE STATEMENT AND ENTER TOTALS ONLY.

SCHEDULE B – INSURANCE
LIFE INSURANCE (USE ADDITIONAL SHEET IF NECESSARY)

INSURANCE COMPANY	FACE AMOUNT OF POLICY	TYPE OF POLICY	BENEFICIARY	CASH SURRENDER VALUE	AMOUNT BORROWED	OWNERSHIP

DISABILITY INSURANCE	APPLICANT	CO-APPLICANT

SCHEDULE C – PERSONAL RESIDENCE & REAL ESTATE INVESTMENTS, MORTGAGE DEBT MAJORITY OWNERSHIP ONLY

PERSONAL RESIDENCE PROPERTY ADDRESS	LEGAL OWNER	PURCHASE		MARKET VALUE	PRESENT LOAN BALANCE	INTEREST RATE	LOAN MATURITY DATE	MONTHLY PAYMENT	LENDER
		YEAR	PRICE						
PERSONAL RESIDENCE PROPERTY ADDRESS	LEGAL OWNER	PURCHASE		MARKET VALUE	PRESENT LOAN BALANCE	INTEREST RATE	LOAN MATURITY DATE	MONTHLY PAYMENT	LENDER
		YEAR	PRICE						

SCHEDULE D – PARTNERSHIPS (LESS THAN MAJORITY OWNERSHIP FOR REAL ESTATE PARTNERSHIPS) **

TYPE OF INVESTMENT	DATE OF INITIAL INVESTMENT	COST	PERCENT OWNED	CURRENT MARKET VALUE	BALANCE DUE ON PARTNERSHIPS: NOTES, CASH CALL	FINAL CONTRIBUTION DATE

*NOTE: FOR INVESTMENTS WHICH REPRESENT A MATERIAL PORTION OF YOUR TOTAL ASSETS, PLEASE INCLUDE THE RELEVANT FINANCIAL STATEMENTS OF TAX RETURNS, OR IN THE CASE OF PARTNERSHIP INVESTMENTS OR S-CORPORATIONS, SCHEDULE K-1S.

SCHEDULE E – NOTES PAYABLE

DUE TO	TYPE OF FACILITY	AMOUNT OF LINE	SECURED		COLLATERAL	INTEREST RATE	MATURITY	UNPAID BALANCE
			YES	NO				

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Income tax returns filed through (date): _________________ Are any returns currently being audited or contested? ☐ YES ☐ NO
   1.1. If yes, what year(s)?____
2. Have (either of) your or any firm in which you were a major owner ever declared bankruptcy? ☐ YES ☐ NO
   2.1. If yes, please provide details: ____
3. Have you drawn a will? ☐ YES ☐ NO
   3.1. If yes, please furnish the name of the executor(s) and year will was drawn: ___________________________________
4. Number of Dependents (excluding self) and relationship to applicant: ____
5. Have you ever had a financial plan prepared for you? ☐ YES ☐ NO
6. Did you include two years federal and state tax returns? ☐ YES ☐ NO
7. Do (either of) you have a line of credit or unused credit facility at any other institution(s)? ☐ YES ☐ NO
   7.1. If so, please indicate where, how much, and name of banker:
   ____
   ____
   ____
8. Do you anticipate any substantial inheritances? ☐ YES ☐ NO
   8.1. If yes, please explain:
   ____
   ____
   ____

REPRESENTATIONS AND WARRANTIES:

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement and tax returns. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.

____ ________________________

Applicant's Signature Date

____ ________________________

Co-Applicant's Signature Date