

FINANCIAL STATEMENT

Dated as of

Name	Social Security No.	Date of Birth	<input type="checkbox"/> Unmarried * <input type="checkbox"/> Married <input type="checkbox"/> Separated		#Of Dependents
Spouse's Name	Social Security No.	Date of Birth	<input type="checkbox"/> Joint Statement <input type="checkbox"/> Individual Statement		
Home Address	City	State	Zip	Phone	How Long
Employer	Business Address		Phone	How Long	Position

Section A: Assets (Schedules)	
Cash	1) \$
Marketable Securities	2) \$
Non-Marketable Securities	3) \$
Investments In Partnerships	4) \$
Real Estate (Homestead)	5) \$
Real Estate (Other)	5) \$
IRA's Keoghs, & Other Qualified Plans	6) \$
Other Assets	7)
Personal Property	\$
Automobiles	\$
Notes Receivable	\$
Interests In Trusts	\$
Misc.	\$
Total Assets	\$

Section B: Liabilities (Schedules)	
Real Estate/Mortgages Payable	5) \$
Note Payable	8) \$
Margin Debt Due Brokers	2) \$
Partnership Related Debt	4) \$
Taxes Payable	
Credit Card Debt	\$
Other Liabilities	\$
Total Liabilities	\$
Net Worth	\$
Total Liabilities Plus Net Worth	\$

Section C: Cash Income and Cash Expense Information **			
Cash Income **		Cash Expense	
	Annual		Annual
Gross Wages or Salaries	\$	Real Estate/Mortgage Payments	\$
Commissions, Bonuses, etc.	\$	Regularly Scheduled Installments	
Partnership Draws, etc.		Income Taxes	\$
Partnership Distributions		Partnership Contributions	
Interest & Dividends		Other Taxes (Real Estate, etc)	\$
Rental Income		Living Expenses & Misc.	\$
Trust Distributions		Rental Expenses	\$
Other		Other Anticipated Payments	
Total Cash Income	\$	Total Cash Expenses	\$
		Net Cash Flow	\$

*Includes single, divorced, and widowed

**List all assumptions on page 4 under Additional Comments and describe any significant expected changes in your cash income or your cash expenses.

Section D - Contingent Liabilities			
Instructions: State Total Amount By Type of Liability and Describe: If none, then type none on this section			
A. As Guarantor or Endorser	\$	E. Letters of Credit	\$
B. On Leases or Contracts	\$	F. Future Capital Contributions	\$
C. For Legal Claims or Judgments	\$	G.	\$
D. Income Tax Claim or Dispute	\$	Total A-G	\$

Describe (A-G Above) Include Beneficiary Party, Amount Obligated and When Obligated, Purpose, and Maturity Date

Schedule 1- Cash				
Account Name	Bank/Branch Name & Address	Balance	Account Type/Number	Pledged Y or N
Total		\$		

Schedule 2 - Marketable Securities (Stocks, Bonds, Gov't Issues, Mutual Funds, etc.)					
Description of Securities	Face Value/ # of Shares	Market Value	Yearly Dividends	Margin Debt	Pledged Y or N
Total		\$	\$	\$	
Name of Brokerage Firm/Broker					

Schedule 3 - Non-Marketable Securities					
Description of Securities	Face Value/ # of Shares	Current Market Value	Cost		Pledged Y or N
Total		\$	\$	\$	

Schedule 4- Investments In Partnership				Partnership Related				
Partnership Name	General Limited or Other	% Owned	Current Market Value	Cost	Balance	Yearly Pay Terms	Yearly Distribution	Yearly Contribution
Total			\$	\$	\$		\$	\$

Schedule 5 - Real Estate				Related Debt			
Location (Address, Property Desc. Homestead first)	% Owned	Lien Holder	Yearly Pay Terms	Current Balance	Market Value	Cost Date Acquired	Yearly Rental Income
Total				\$	\$		\$

Schedule 6 - IRA'S, Keogh's & Other Qualified Plans				
Type	% Vested	Current Balance	Loans	Net Value
				\$
				\$
				\$
				\$
Total		\$	\$	\$

Schedule 7 - Other Assets

Description	Current Market Value	Cost	Pledged Y or N
Total	\$	\$	

Section 8 - Notes Payable
(exclude mortgage, partnership, and real estate related debt)

Name & Address of Financial Inst.	Purpose	Original Date	Original Amount	Balance	Maturity	Yearly Pay. Terms	Collateral
Total			\$	\$			

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

I have given you this financial statement, and attachments, if any, in order to obtain credit or services from you. I understand that you will rely on this information in connection with any decision you make in providing credit or service to me. I warrant and represent to you that this financial statement and any other information I may supply to you is correct and fully and accurately discloses all of my assets and liabilities, including, but not limited to, my contingent liabilities, cash income, and cash expenses as of the date I provide this information to 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. You may assume that my financial condition is at least as good as shown on this statement until I provide to you another updated financial statement. You may request credit information about me from others including an investigative consumer report and you may request a consumer credit report about me in connection with this statement for credit or services. If I ask you, you will tell me whether or not a consumer report was requested and will also tell me the name and address of the reporting agency. I give you my permission to obtain additional consumer credit reports and investigative consumer reports without telling me should you update, renew, extend, or review my credit or other service arrangements with you. You may also share credit information about me with your affiliates, subsidiaries, parent company, other creditors, and all others permitted or required by law. I understand that, in the event any information contained in this statement is incorrect, false, or misleading and you incur a loss, I may be held liable. I also understand that knowingly providing false or misleading information in this financial statement is a federal offense that may subject me to fine, imprisonment or both (18 USC Section 1014).

Signature	Date	Signature	Date
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Insurance		
Auto	Home/Real Estate	Life
Insurance Co.	Insurance Co.	Insurance Co.
Policy No.	Policy No.	Policy Co.
Coverage	Coverage	Coverage
Agent Name	Agent Name	Agent Name
Phone No.	Phone No.	Phone No.
Name of Personal Attorney	Personal Reference or Relative	Phone No.

- Are you a defendant in any suits or legal actions: No Yes, if yes, describe on Page 4 under additional comments.
- Income Tax returns filed through (date) _____ Are any returns being audited or contested? No Yes, if yes, what years.
- Have you drawn a will? No Yes, if yes, year drawn _____ Executor/trix _____
- Do you have a line of credit or unused line of credit at any other institution? No Yes, if yes, indicate how much and where
- Have you ever filed a petition in bankruptcy or has one been filed involuntarily against you? No Yes, if yes explain on Page 4 under additional comments.
- Are you an Executive Officer, Director or Principal Shareholder of a bank? No Yes, Name of Bank _____

Additional Comments