

FOR SECURITY PURPOSES, DO NOT RETURN THE COMPLETED STATEMENT VIA UNENCRYPTED E-MAIL

CONFIDENTIAL - PLEASE DO NOT LEAVE ANY QUESTIONS UNANSWERED

For the purpose of procuring and maintaining credit from time to time in any form whatsoever with the above named Bank, for claims and demands against the undersigned, the undersigned submits the following as being a true and accurate statement of his/her financial condition on the following date, and agree that if any change occurs that materially reduces the means or ability of the undersigned to pay all claims or demands against him/her, the undersigned will immediately and without delay notify the said Bank, and unless the Bank is so notified it may continue to rely upon the statement herein given as a true and accurate statement of the financial condition of the undersigned.

Statement of financial condition as of:

INDIVIDUAL 1		INDIVIDUAL 2	
Full Name	SSN	Full Name	SSN
Street Address		Street Address	
City, State, Zip		City, State, Zip	
Since	<input type="checkbox"/> Rented <input type="checkbox"/> Owned	Since	<input type="checkbox"/> Rented <input type="checkbox"/> Owned
Previous Address if < 5 years		Previous Address if < 5 years	
City, State, Zip		City, State, Zip	
Since	<input type="checkbox"/> Rented <input type="checkbox"/> Owned	Since	<input type="checkbox"/> Rented <input type="checkbox"/> Owned
Date of Birth	Dependents Excluding Self	Date of Birth	Dependents Excluding Self
Residence Phone	Work Phone	Residence Phone	Work Phone
E-Mail Address	Cell Phone	E-Mail Address	Cell Phone
Employer	Since	Employer	Since
Address		Address	
Position / Title		Position / Title	
Marital Status* :	<input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated	Marital Status* :	<input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated

* Do not provide this information if this form is being submitted in conjunction with an application for individual, unsecured credit.

PLEASE COMPLETE ATTACHED SCHEDULES 1-14

ASSETS		LIABILITIES	
Cash Schedule (Schedule 1)		Loans & Notes Due to Financial Institutions (Schedule 9)	
Securities (Schedule 2)		Loans & Notes Due to Others (Schedule 10)	
Life Insurance Cash Value (Schedule 3)		Credit Cards & Other Revolving Accounts (Schedule 11)	
Mortgages and Contracts Held by You (Schedule 4)		Other Debts - Lease Payments, Unpaid Taxes, Etc. (Schedule 12)	
Closely Held Business Investments (Schedule 5)		Insurance Loans (Schedule 3)	
Primary Residence (Schedule 6)		Mortgages on Primary Residence (Schedule 6)	
Other Real Estate (Schedule 7)		Mortgages on Other Real Estate (Schedule 7)	
Profit Sharing, Pension, IRA & Other Retirement (Schedule 8)		Profit Sharing, Pension and IRA Loans (Schedule 8)	
Vehicles (Schedule 13)		Other Liabilities (Schedule 13)	
Personal Property			
Other Assets (Schedule 13)			
TOTAL Assets \$		TOTAL Liabilities \$	
		Net Worth \$	

ANNUAL INCOME	Applicant	Co-Applicant
Salary		
Commissions		
Dividends		
Interest		
Rentals		
Alimony, Child support or Maintenance - need not be revealed if you do not wish to have it considered as a basis for repaying this obligation		
Other		
TOTAL INCOME		

Schedule 1 / Cash, Savings, & Certificates of Deposit

Name of Bank or Financial Institution	How Owned JT, IND, Trust	Type of Account	Account Balance
TOTAL \$			

Schedule 2 / Securities Owned or Attach Brokerage Statements

No. of Shares	Description	Registered in Name(s) of	Listed / Unlisted	Current Market Value
TOTAL \$				

Schedule 3 / Life Insurance

Insurance Company	Insured	Beneficiary	Face Value of Policy	Cash Value of Policy	Loans
TOTALS \$					

Schedule 4 / Receivables Due To Me on Mortgages and Contracts I Own

Name of Debtor	Description of Property	1st or 2nd Lien	Date of Maturity	Repayment Terms	Balance Due
TOTAL \$					

Schedule 5 / Closely Held Business Investments (attach additional schedule if necessary)

Company Name	Description of Business / Investment	Ownership (%)	Source of Value	Value
Attached Schedule				
TOTAL \$				

Schedule 6 / Primary Residence

Year Acquired	Name of Creditor	Purchase Price	Mortgage Balance	Maturity Date	How Owned JT, IND, Trust	Repayment Terms	Current Market Value
Address							

Insurance Company _____ Agent _____ Phone _____

Schedule 7 / Other Real Estate Owned (attach additional schedule if necessary)

Property Type Address	Year Acquired	Name of Creditor	Purchase Price	Mortgage Balance	Maturity Date	How Owned JT, IND, Trust	Repayment Terms	Current Market Value
Attached Schedule					Attached Schedule			
TOTAL \$					TOTAL \$			

Schedule 8 / Profit Sharing, Pension, IRA Accounts & Other Retirement Accounts

Name of Institution	Type of Account	Account Balance	Vested Balance	Loans
TOTALS \$				

Schedule 9 / Loans & Notes Due to Financial Institutions

Name of Creditor	Collateral	Maturity Date	Repayment Terms	Balance Due
TOTAL \$				

Schedule 10 / Loans & Notes Due to Others

Name of Creditor	Collateral	Maturity Date	Repayment Terms	Balance Due
TOTAL \$				

Schedule 11 / Credit Cards & Other Revolving Accounts

Name of Creditor	Collateral	Maturity Date	Repayment Terms	Balance Due
TOTAL \$				

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Schedule 12 / Other Debts - Lease Payments, Unpaid Taxes, Etc.

Description	Repayment Terms	Balance Due
TOTAL \$		

Schedule 13 / Vehicles, Other Assets, and Other Liabilities

Vehicles (Describe)	Value	Other Assets (describe)	Value	Other Liabilities (describe)	Balance
TOTAL \$		TOTAL \$		TOTAL \$	

Schedule 14 / Contingent Liabilities - Endorser, Grantor, Lawsuits, For Taxes, Other (attach additional schedule if necessary)

Contingent Liabilities (Describe)	Amount
Attached Schedule	
TOTAL \$	

Name of Accountant _____

Attorney _____

- | | Yes | No |
|--|--------------------------|--------------------------|
| In the last 7 years, have you had any unsatisfied judgments or declared bankruptcy ?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| In the last 7 years, have you had property foreclosed upon or given title or deed in lieu thereof ?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any unused credit facilities at any other institutions ?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you prepared a will and / or estate plan ? What Year ?..... | <input type="checkbox"/> | <input type="checkbox"/> |

You certify that the information provided in this statement is true and correct. So long as you owe any sums to the bank, you agree to give the bank prompt written notice of any material change in your financial condition and upon request, you agree to provide the bank with an updated personal financial statement. The bank is authorized to retain this personal financial statement whether or not credit is approved and is further authorized to verify by whatever means it deems necessary your credit and employment history or any other information in this statement. The submission of this form does not obligate the bank to make any loan even if you meet the normal standards the bank considers in determining whether to approve or deny an extension of credit.

Individual 1 Signature _____ Date _____

Individual 2 Signature _____ Date _____

Statement of financial condition as of:

INDIVIDUAL 1		INDIVIDUAL 2	
Full Name	SSN	Full Name	SSN

Schedule 5 / Closely Held Business Investments (continuation from main schedule)

Company Name	Description of Business / Investment	Ownership (%)	Source of Value	Value
SUBTOTAL \$				

Schedule 7 / Other Real Estate Owned (continuation from main schedule)

Property Type Address	Year Acquired	Name of Creditor	Purchase Price	Mortgage Balance	Maturity Date	How Owned JT, IND, Trust	Repayment Terms	Current Market Value
SUBTOTAL \$				SUBTOTAL \$				

Schedule 14 / Contingent Liabilities - Endorser, Grantor, Lawsuits, For Taxes, Other (continuation from main schedule)

Contingent Liabilities (Describe)	Amount
SUBTOTAL \$	