



PERSONAL FINANCIAL STATEMENT

DATED _____, 20____

Important: Please read these directions before completing this statement. This financial statement is useful in your financial planning. We encourage you to copy it for your permanent records. **Please begin by completing SCHEDULES on pages 2, 3 & 4.**

INITIAL NEXT TO THE APPLICATION TYPE

____ INDIVIDUAL APPLICATION - If you are applying for individual credit in your own name and YOU are SOLELY relying on your OWN income and/or assets and not the JOINT income and/ or assets of another person as the basis for repayment of the credit requested, complete all Sections except Section 2. PLEASE ENSURE ALL ASSETS ARE INDIVIDUALLY OWNED.

____ JOINT APPLICATION - If you are applying for joint credit with another person, complete all Sections providing information in Section 2 about joint applicant.

____ OTHER APPLICATION - If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets another person as a basis for repayment of the credit requested, complete all Sections, providing information in Section 2 about the person on who alimony, support or maintenance payments or income or assets you are relying.

SECTION 1 INDIVIDUAL			SECTION 2 OTHER PARTY		
Name(First,Middle,Last)	Date of Birth	Education Yrs.	Name(First,Middle,Last)	Date of Birth	Education Yrs.
Present Address: Street	Number of Years:		Present Address: Street	Number of Years:	
City/State/Zip			City/State/Zip		
Former address if less than 2 years at present address Street			Former address if less than 2 years at present address Street		
City/State/Zip			City/State/Zip		
Years at former address _____ Own _____ Rent _____			Years at former address _____ Own _____ Rent _____		
Marital ___ Married ___ Separated Status ___ Unmarried (incl. Single,Divorced,Widowed)	Dependents other than listed by other party No. _____ Ages _____		Marital ___ Married ___ Separated Status ___ Unmarried (incl. Single,Divorced,Widowed)	Dependents other than listed by other party No. _____ Ages _____	
Name and Address of Employer	Years employed in this line of Work or Profession? _____ yrs. Years on this job _____ Self Employed _____		Name and Address of Employer	Years employed in this line of Work or Profession? _____ yrs. Years on this job _____ Self Employed _____	
Position/Title	Type of Business		Position/Title	Type of Business	
Social Security Number	Home Phone ()	Business Phone ()	Social Security Number	Home Phone ()	Business Phone ()
SECTION 3 ASSETS (DO NOT INCLUDE JOINTLY HELD ASSETS, EXCEPT IF SECTION 2 IS COMPLETED)			LIABILITIES		
Cash on Deposit	Sch A		Notes Payable to Financial Institutions & Others	Sch J	
Notes and Loans Receivable	Sch B		Loans Secured by Real Estate	Sch F	
Other Accounts Due Me	Sch B		Life Insurance Policy Loans	Sch E	
Gov't Securities,Stocks,Bonds,Mutual Fund	Sch C		Credit Card & Other Open-end Debt	Sch K	
Other Stocks and Bonds	Sch C		Other Accounts & Bills Payable	Sch L	
Partnership and Proprietorship Interests	Sch D		Due to Brokers in Margin Accounts	Sch L	
Cash Surrender Value Life Insurance	Sch E		Taxes (Federal,State,Local) Due and Unpaid		
Real Estate Fair Market Value	Sch F		Others		
Partial Interest in Real Estate Equities	Sch G				
Vested Pension,Retirement Funds	Sch H				
IRA,Keough,SEP Plans	Sch H				
Other Personal Assets	Sch I				
Miscellaneous					
			TOTAL LIABILITIES		
			NET WORTH		
TOTAL ASSETS			TOTAL LIABILITIES and NET WORTH		

ALL CONTINGENT LIABILITIES (Please utilize a separate schedule if necessary)

NATURE OF LIABILITY	DESCRIPTION	AMOUNT
Liabilities as General/Managing Partner		
Liabilities as Co Maker		
Liabilities as Endorser or Guarantor		
Liabilities on Leases and Contracts		
Liabilities on Letters of Credit		
Contested Tax Lien		
Involvement in pending Legal Actions, Claims, Judgements, Etc.		

SUPPLEMENTARY SCHEDULES (TRANSFER TOTALS TO FRONT, SECTION 3)

SCHEDULE A : CASH ON DEPOSIT (DO NOT INCLUDE ANY IRA'S,KEOUGHs,SEPS OR PENSION PLANS)

Name of Financial Institution	Jointly/ Solely Held? (J/S)	Acct in Name of:	Type of acct (DDA, Savings, MMA, CD)	% CONTROL	Current Balance
TOTAL:					

SCHEDULE B: NOTES AND LOANS RECEIVABLE AND OTHER ACCOUNTS DUE ME (WHICH ARE COLLECTIBLE)

Original Amount	Due From	Balance Owing	Payment Schedule	Maturity	Collateral
TOTAL:					

SCHEDULE C: GOVERNMENT SECURITIES,STOCKS,BONDS,MUTUAL FUNDS, AND OTHER STOCKS

Issuing Company	Registered in the Name of	No of Shares or Face Amt of Bonds	Market Value		If Pledged,Amount and to Whom?	PUBLICLY TRADED?
			Per Share	Total		
STOCK	Common (C)	Preferred (P)	TOTAL			

SCHEDULE D: PARTNERSHIP AND OR PROPRIETORSHIP INTERESTS (Do not include real estate: see Sch G)

Name of Partnership or Proprietorship	Percent of Ownership	Original Cost/Date	Present Value	If Pledged, to Whom?
		/		
		/		
		/		
		/		
TOTAL:				

SCHEDULE E: LIFE INSURANCE

Insurance Co.	Policy #	Policy Owner	Beneficiary	Type Policy	Face Amt	Cash Value	Loans against policy

