

Personal Financial Statement

Name:		Social Security Number:	
Name:		Social Security Number:	
Address:		Home Phone:	
City, State Zip:		Cell Phone:	
Email:		Fax:	

Date of Birth: _____ Number of dependents _____

Business or Occupation: _____ Partner or Officer in any other venture? yes ☐ no ☐

Are any assets pledged? _____

Have you ever made a composition settlement or taken bankruptcy? Please explain. Yes _____

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 its financial condition on the following as being a true and accurate statement of its 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 it, the undersigned will immediately and without delay notify the said Bank, and unless 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 as of the close of business _____.

ASSETS		LIABILITIES	
Cash on Hand and in Banks	(Schedule A)	Notes Payable to Central Bank	(Schedule A)
U.S. Government Securities	(Schedule B)	Notes Payable to Other Institutions	(Schedule A)
Listed Securities	(Schedule B)	Notes Payable – Credit Cards	(Schedule A)
Unlisted Securities	(Schedule B)	Notes Payable to Relatives, Others	
Other Equity Interests	(Schedule B)	Other Accounts or Bills Due	
Deferred Compensation/Retirement Plan	(Schedule B)	Loans Against Retirement Plan	
Accounts, Loans and Notes Receivable	(Schedule C)	Unpaid Taxes	
Cash Surrender Value Life Insurance	(Schedule D)	Life Insurance Loans	(Schedule D)
Real Estate	(Schedule E)	Lien on Real Estate	(Schedule E)
• Homestead		• Homestead	
• Wholly Owned		• Wholly Owned	
• Partially Owned		• Partially Owned	
Automobiles – Number ()		Automobile Loans	
Other Assets (Itemize)		Other Liabilities (Itemize)	
		TOTAL LIABILITIES	\$ 0.00
		NET WORTH	\$ 0.00
TOTAL ASSETS	\$ 0.00	TOTAL LIABILITIES AND NET WORTH	\$ 0.00

INSURANCE COVERAGE		CONTINGENT LIABILITIES - Please list all guaranties & amounts	
Fire Insurance – Buildings		To whom as guarantor, co-maker, claims, etc.	Dollar Amount
- Household Effects and Autos			
Liability Insurance – Automobiles			
- Personal			
- General Public			
Other Insurance			

NAME:

SCHEDULES

Schedule A: Banks, Brokers, Savings & Loan Association, Finance Companies or Credit Unions. List here the names of all the institutions at which you maintain a deposit account and/or where you have obtained loans.

Name of Institution	Name on Account	Balance on Deposit	High Credit	Amount Owning	Monthly Payment	Secured by What Assets
TOTAL		\$ 0.00	TOTAL	\$ 0.00	\$ 0.00	

Schedule B: U.S. Governments, Stocks (Listed & Unlisted), Bonds (Gov't & Comm.), and Partnership Interests (General & Ltd.) Deferred Compensation, Retirement Plan

Number of Shares, Face Value (Bonds), or % of Ownership	Indicate: 1. Agency or name of company issuing security or name of partnership 2. Type of investment or equity classification 3. Number of shares, bonds or % of ownership held 4. Basis of valuation*	In Name of	*Market Value	Pledged	
				Yes (☐)	No (☐)
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
TOTAL			\$ 0.00		

*If unlisted security or partnership interest, provide current financial statements to support basis for valuation.

Schedule C: Accounts, Loans and Notes Receivable. (A list of the largest amounts owing.)

Name and Address of Debtor	Amount Owning	Age of Debt	Description or Nature of debt	Description of Securities Held	Date Payment Expected

Schedule D: Life Insurance Carried

Name of Company	Face Amount	Cash Surrender Value	Loans	Beneficiary
TOTAL	\$ 0.00	\$ 0.00	0	

Schedule E: Real Estate Owned (and related debt, if applicable)

Description of Property or Address	Title in Name Of	Date Acquired	Cost + Improvements	Present Mkt. Value	Mortgage or Land Contract Payable		
					Bal. Owning	Mo. Payt.	Holder
TOTAL			\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	

CASH FLOW STATEMENT

Name: _____
Address: _____
City, State Zip: _____

SOURCES OF CASH	Current Year	Next Years Estimate
Salaries, Wages, Commissions, Bonuses, or Other Income From Employment		
Dividends		
Interest		
Royalties		
Distribution from Estates and Trust		
Cash Received from Individuals, Business, Partnerships, Joint Ventures		
Other Sources of Cash		
TOTAL CASH RECEIVED	\$ 0.00	\$ 0.00
CASH OUTLAYS		
Personal Expenses (Rent and Household, etc.)		
Credit Card Payments		
Bank Loans (Principal & Interest)		
Vehicle Loans		
Insurance Payments (Vehicle, Medical, & Life)		
Property Taxes		
Income taxes not covered by withholding		
Other Uses of Cash		
TOTAL CASH OUTLAYS	\$ 0.00	
CASH FLOW SURPLUS (DEFICIT)	\$ 0.00	

I/we have carefully read and submitted the foregoing information provided on all three pages of this statement to the Bank named above. The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of obtaining and maintaining credit with said Bank. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify said Bank of said change(s) and unless said Bank is so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition.

I/we authorize the Bank to make whatever credit inquiries it deems necessary in connection with this financial statement. I/we authorize and instruct any person or consumer reporting agency to furnish to the Bank any information that it may have or obtain in response to such credit inquiries.

I/we also hereby certify that no payment requirements listed herein are delinquent or in default except as follows; if "NONE" so state.

I/we fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, pursuant to 18 U.S.C. Section 1014.

Are there any unsatisfied judgments against you? Yes ☐ No ☐
Have you ever been declared bankrupt? Yes ☐ No ☐
If Yes? _____ Where _____ Year? _____

Applicant's _____ Date _____
Signature _____ Signed _____

Co-Applicant's _____ Date _____
Signature _____ Signed _____

Any Information you deem necessary for the application process should be attached.