PERSONAL FINANCIAL STATEMENT AS OF

	SUBMITT	ED TO:			Date						
			1	PERSONAL I	NFORMATION		***************************************				
APPLICANT (NAME)				CO-APPLICANT (NAME)						
Employer			h-17-		Employer						
Address of Employer		Address of Employe	Г								
Business No. of Yes Phone No.	No. of Years with Employer Title/Position Business Phone No. of Years with Employer No.							Title/Position			
Name of previous employer &	No. of Yrs.	Name of previous employer & position (if with current employer less than 3 yrs.) No. of Yrs.									
Home Address		Home Address									
Home Phone No. Social Security No. Date of Birth					Home Phone No.		Social Security No. Date of Birth				
Name, Phone No. of your Acc		Name, Phone No. of your Accountant									
Name, Phone No. of your Atto	Name, Phone No. of your Attorney										
Name, Phone No. of your lave	Name, Phone No. of your Investment Advisor/Broker										
Name, Phone No. of your Insu	Name, Phone No. of your Insurance Advisor										
					·						

Cash Income & Expenditures Statement For Year Ended ______(Omit cents)

ANNUAL INCOME	AMOUNT (\$)
Salary (applicant)	\$
Salary (co-applicant)	
Bonuses & Commissions (applicant)	
Bonuses & Commissions (co-applicant)	
Rental Income	
Interest Income	
Dividend Income	
Capital Gains	
Partnership Income	
Other Investment Income	
Other Income (List)**	
TOTAL INCOME >	\$

ANNUAL EXPENDI	AMOUNT (\$)				
Federal Income and Other	\$				
State Income and Other Ta	axes	\$			
Rental Payments, Co-op, o	or				
Condo Maintenance					
Mortgage Payments	Residential				
	Investment				
Property Taxes	Residential				
	Investment				
Interest & Principal					
Payments on Loans					
Insurance					
Investments (including tax	shelters)				
Alimony/Child Support					
Tuition					
Other Living Expenses					
Medical Expenses					
Other Expense (List)					
TOTAL EXPE	NDITURES >	\$			

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 the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

Balance She	et as of	.					
	ASSETS		AMOUNT (\$)		LIABILITIES		AMOUNT (\$)
Cash in this Ba	ank			Notes Payable to this Bank			XXX
(including	money market accounts, CD's)		\$	Secured Secured			\$
	Financial Institutions (List)			Unsecure	d		¥
	money market accounts, CD's)			L	to Others (Sched	hulo E)	XXX
(, , , , , , , , , , , , , , , , , , , ,			Secured	to others footier	idio L/	_ ^ ^ ^ _
				Unsecure	2d		
			1.1	Accounts Paya			
				Margin Accoun		dit cards)	
Readily Market	table Securities (Schedule A)				rtnership (Schedi	ıle D)	
	arketable Securities (Schedule A)			Taxes Payable			
	Notes Receivable			Mortgage Debt			
Net Cash Surre	ender Value of Life Insurance (Sch	edule B)			Loans (Schedule	B)	
Residential Re	al Estate (Schedule C)	,		Other Liabilities			
Real Estate Inv	restments (Schedule C)				Δ=:5,7/		
Partnership / P	C Interests (Schedule D)						
	ofit-Sharing & Other Vested Retire	ment Accts.					
	ne (number of years deferred)				······································	
Personal Prope	erty (including automobiles)						-
Other Assets (I	_ist):						
					TOT	AL LIABILITIES	
·						NET WORTH	
			\$				\$
CONTINGENT	I IADII ITIES				VE0.		ANOUNT
CONTINGENT	LIADILITIES				YES	NO	AMOUNT
Are you a guara	antor, co-maker, or endorser for an	y debt of an inc	dividual, corporatio	n, or partnership	? 🗍	□ \$	
	ny outstanding letters of credit or su		•	, , ,			
•	uits or legal actions pending again:	•		<u> </u>	<u> </u>		
·							
Are you contingently liable on any lease or contract?							
Are any of your tax obligations past due?							
What would be	your total estimated tax liability if y	ou were to sell	your major assets	?			
if yes for any of	the above, give details:						· · · · · · · · · · · · · · · · · · ·
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					···		
Schodula A	All Securities (including non-mo	mait manufact man	ifinal funda-1				
No. of Shares	Mit Securities (Including non-mo	ney market mt	ituai iunas)				PLEDGED
(Stock) or Face	DESCRIPTION	OWNER(S)	WHE	ERE HELD	COST	CURRENT	PLEDGED
Value (Bonds)		, ,				MARKET VALU	YES NO
READILY MARKETA	BLE SECURITIES (including U.S. Governments a	nd Municipals)*					1.25
				···	,		
NON-READILY MARK	KETABLE SECURITIES (closely held, thinly trade	d, or restricted stock)			-		

^{*}If not enough space, attach a separate schedule or brokerage statement and enter totals only.

Insurance Company	Face Amount of e Company Policy Type of Policy		В	Beneficiary		Cash Surrender Value	Amount Borrowed		Ownership		
Disability Insurance Monthly Distribution if Disabled		Ар	plicant		Co-Appl	licant					
Number of Years Covered					<u>.</u>						
	· · · · · · · · · · · · · · · · · · ·					•					
Schedule C - Personal Resid	ence & Rea	l Estate Inv	/estme	nts, Mortga	ige Debt (ma						
Personal Residence	Legal	al Purchase		Market	Preser Loan	}	Loan	Monthly			
Property Address	Owne	I	Year	Price	Value	Baland		Maturity Monthly Date Payment		Lender	
								 			
								-			
										-	
Investment						Preser		Loan		*	
Property Address	Legal Owne	I	Puro Year	hase Price	Market Lo Value Bala			Maturity Date	Monthly Payment	· •	
1 roporty riddicas	O MITTO	·	1001	1 1100	Vaido	Baland	ve trate	Date	гаушещ	reildei	
			.	<u> </u>						·	
			<u> </u>								
Schedule D – Partnerships (I	ess than ma	jority own	ership f	or real est	ate partners!	hips)*					
Type of Investment		Date of Initial		Cost	Percen		Current Market	Partn	e Due on erships:	Final Contribution	
Business/Professional (Indicate name):		Investmen	t		Owned	1	Value	Notes,	Cash Call	Date	
Dustines stricted strainers.											
Investments (Including Tax Shellers);											
									-		
* Note: For investments which rep partnership investments or S-corpo	resent a mate prations, sched	rial portion o dule K-1s.	f your to	tal assets, pl	ease include th	ne relevar	nt financial state	ments or tax r	eturns, or in the	case of	
Schedule E – Notes Payable									·		
Due to	Type of Facil	lity	Amour	t of Line	Secure Yes	No	Collateral	Interest Rate	Maturity	Unpaid Balance	
						<u> </u>					
		1							1	1	
						П					

Schedule B - Insurance

Life Insurance (use additional sheet if necessary)

Ple	ase Answer The Following Questions:
1.	Income tax returns filed through (date); Are any returns currently being audited or contested? Yes No
	If yes, what year(s)?
2.	Have (either of) you or any firm in which you were a major owner ever declared bankruptcy?
	If yes, please provide details:
3.	Have you drawn a will?
	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?
7.	Do (either of) you have a line of credit or unused credit facility at any other institution(s)?
	If so, please indicate where, how much, and name of banker:
8.	Do you anticipate any substantial inheritances?
	If yes, please explain:
gua crec Eac the obli und the mal und ans sha	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 rantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue dit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete, the 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 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) gations 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 ersigned fall 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 indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. You are authorized to set all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The ersigned 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 wer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned is supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give you shall be represent.
į	Pate Your Signature
ſ	Co-Applicant's Signature (if you are requesting the financial accommodation jointly)

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