



Date Prepared: _____

SECTION 1: PERSONAL INFORMATION

Full Name: _____ Date of Birth: _____ SSN: _____
Spouse Name: _____ Date of Birth: _____ SSN: _____
Address: _____ Business Name: _____
City, State, Zip: _____ Home Phone: _____ Alt. Phone: _____

*** NOTE: Complete Schedules A-H prior to completing Section 2. ***

SECTION 2: STATEMENT OF FINANCIAL CONDITION AS OF _____

Assets: (Do not include assets of doubtful value) In Dollars (omit cents)
Cash in Primary Bank: (checking & savings)
Cash & CD's in Other Banks: (Sch. A)
Stock Bonds & Marketable Securities: (Sch. B)
Real Estate Owned: (Sch. C)
Cash Surrender: (Sch. D)
Business Ventures: (Sch. E)
Notes Receivable: (Sch. F)
Personal Property: (jewelry, coins, collections, etc.)
Automobiles, RV's, Boats:
Other Assets: (specify)
Liabilities: In Dollars (omit cents)
Unsecured Debt: (Sch. G)
Current Bills Due:
Real Estate Mortgages: (Sch. C)
Secured Debt (Sch. H):
(other than real estate)
Taxes Payable:
Other Debts & Liabilities: (specify)
TOTAL ASSETS:
TOTAL LIABILITIES:
TOTAL NET WORTH:
TOTAL LIABILITIES & NET WORTH:

Do you have a will? [] Yes [] No
Have you ever declared bankruptcy? [] Yes [] No

Accountant Name: _____ Address: _____ Phone: _____
Attorney Name: _____ Address: _____ Phone: _____

Do you have any... If "yes" to any questions, describe:
contingent liabilities? [] Yes [] No Est. Amount: _____
involvement in pending legal actions? [] Yes [] No Est. Amount: _____
other special circumstances? [] Yes [] No Est. Amount: _____
contested income tax liens? [] Yes [] No Est. Amount: _____

SCHEDULE A: CASH AND CD'S IN OTHER BANKS

Table with 5 columns: Description, Name of Institution, In Name of, Pledged or Held by Others?, Value.

SCHEDULE B: STOCKS, BONDS, MARKETABLE SECURITIES

BROKERAGE ACCOUNTS

Table with 5 columns: Name of Brokerage, In Name of, Pledged or Held by, Cost, Market Value.

INDIVIDUAL SECURITIES NOT INCLUDED ABOVE (INCLUDE IRA AND 401K ACCOUNTS)

Table with 7 columns: # of Shares or Face Value, Individual Securities, In Name of, Pledged or Held by, Cost, Market Value, Retirement Account.

SCHEDULE C: RESIDENCE AND OTHER REAL ESTATE

Address and Type of Property:	Title in Name of:	Percentage Owned:	Year Acquired:	Cost:	Market Value:	Monthly Payment:	Mortgage Balance:	Maturity Year:

SCHEDULE D: LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of Insurance Company:	Owner of Policy:	Name of Insured:	Beneficiary and Relationship:	Face Amount:	Policy Loans:	Cash Surrender:

SCHEDULE E: BUSINESS VENTURES AND OTHER ASSETS

Name of Business:	Type of Business:	Years in Business:	Net Worth:	Percentage Owned:	Value of your Ownership Interest:

SCHEDULE F: NOTES RECEIVABLE

Due From:	Due Date:	Description:	Monthly Payment:	Total Amount:

SCHEDULE G: UNSECURED DEBT (CREDIT CARDS, ETC.)

Name of Creditor:	Description of Debt:	Describe:	Monthly Payment:	Amount Owed:
Total of All Credit Cards		Various credit card debt		

SCHEDULE H: SECURED DEBT (HELOC, VEHICLES, ETC.)

Name of Creditor:	Original Loan/Line Amount:	Date of Loan:	Maturity Date:	Unsecured or Secured (List Collateral)	Monthly Payment:	Amount Owed:

This 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 surety of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a surety thereof. Each of the undersigned represents, warrants, and certifies that the information provided herein is true, correct and complete. Each 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 the 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) obligations 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. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Signature (applicant) _____

Date signed _____

Signature (co-applicant) _____

Date signed _____