

Name		Date of birth	Employer	Years
Home address		Phone	Social security number	Occupation / position
Name of spouse (if married, see note 1 on page 4)		No of dependents	Drivers license no. and state	Business Address Phone
Assets (omit cents)		Liabilities (omit cents)		
CASH (Schedule 1)	In this bank		MORTGAGES	Homestead
	In other institutions			Other wholly-owned R/E
SECURITIES (Schedule 2)	Marketable		PAYABLE (Schedule 7)	Partially owned R/E
	Not publicly traded			NOTES PAYABLE (Schedule 6)
Accounts receivable				Other notes payable
Notes receivable (Schedule 3)			TAXES	Income taxes
Net cash value of insurance and annuities (Schedule 4)				OWING
REAL ESTATE (Schedule 7)	Homestead		Other taxes	
	Other wholly-owned R/E		Accounts payable	
	Partial ownership in R/E		Estimated credit card balance	
Equipment and other business assets			Other liabilities (Schedule 8)	
Deferred compensation and retirement plans (Schedule 5)				
Personal property and automobiles				
Other assets (itemize on page 4, "Additional Remarks")			<b>TOTAL LIABILITIES</b>	
			<b>NET WORTH (Assets less liabilities)</b>	
<b>TOTAL ASSETS</b>			<b>TOTAL LIABILITIES AND NET WORTH</b>	
			<b>TOTAL CONTINGENT LIABILITIES (Schedule 9)</b>	

**INCOME / EXPENSE INFORMATION**

SOURCES OF CASH (See note 2 on page 4)	THIS YEAR 20 _____	USES OF CASH	THIS YEAR 20 _____
Salary and wages		Income taxes and FICA	
Commissions, bonus, etc.		Other payroll deductions	
Interest and dividends		Living expenses and misc.	
Rental income		Rental expenses	
Other business income		Other capital expenditures	
Other		Other business expenditures	
		Other	
<b>Subtotal</b>		<b>Subtotal</b>	
Commissions, bonus, etc.		Scheduled payments on debts	
Sale of assets		Other interest	
Tax refund		Other principal	
Other		Contingent liabilities	
<b>TOTAL CASH SOURCES</b>		<b>TOTAL CASH USES</b>	
		<b>NET CASH FLOW</b>	

The above financial and supporting schedules, which are submitted to you (Lender) for the purpose of obtaining credit from you, present a true, complete and correct statement of my financial condition as of the date shown. I understand that misrepresenting information on this statement is a criminal offense under federal law punishable by a fine and / or imprisonment.

I will notify you in writing of any material unfavorable change in my financial condition. In the absence of such notice, you may consider this a continuing statement and substantially correct. If I apply for further credit, this statement shall have the same force and effect as if delivered as an original statement of my financial condition at the time I request such further credit. You are authorized to contact any appropriate third parties for the purpose of verifying any stated information herein or at any time furnished by me to you, and obtaining credit information at any time from any of my creditors and or credit reporting agencies. This financial statement and any other information furnished to you shall be your property. You are authorized to answer questions about your credit experience with me.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**SCHEDULE 1 – DEPOSIT ACCOUNTS**

Style of account	Name and location where held	Balance	Type of account	Account number	Restricted? Yes or No
Total this bank				Total other institutions	

**SCHEDULE 2 – STOCKS AND BONDS**

Name of issuer	Where traded	Shares or par	Market per share	Market value	Cost	Pledged? Yes or No	Restricted? Yes or no	Registered in the name of:
Total marketable				Total not traded				

"Restricted" means trading of the security is subject to limitations due to letter, legend or control.

**SCHEDULE 3 – NOTES RECEIVABLE**

Due from	Original amount	Present balance	Rate	Maturity	Payment Terms	Collectable? Yes or no	Collateral
Total to page 1							

**SCHEDULE 4 – LIFE INSURANCE**

Name of person insured	Name of beneficiary	Name of insurance co.	Type of policy	Face amount of policy	Total cash surrender value	Total loans against policy	Amt of yearly premium	In policy assigned? Yes or no

**SCHEDULE 5 – DEFERRED COMPENSATION AND RETIREMENT PLANS \***

Trustee or plan administrator	Type of account	Beneficiary	Balance / value	Plan loan	Net plan value	In name of:	Access date

\* Includes I.R.A. accounts, 401(k), fully vested benefit plans, etc.

Total to page 1

**SCHEDULE 6 – NOTES PAYABLE (Exclude mortgages listed in Schedules 7 and 8)**

Due to	Original amount	Present balance	Rate	Maturity	Payment terms	Current? Yes or no	Collateral **
Total to page 1							

\*\* If you are a co-maker, list the loan in this schedule and state the borrower's name in this column.

**Schedule 7 – Real Estate Owned (including partnership interests)**

#	Location, size, improvements	Year acquired	Cost & improvements	Market Value	Related debt (mark * by amount if not personally liable)					Annual income	Taxes current? Yes or no
					Present balance	Lien holder	Maturity	Rate	Annual payments		
Homestead – total to page 1											
1.											
Other wholly owned real estate											
2.											
					Totals to page 1						

Partial ownership in real estate	%										
Your portion of market value and debt					Totals to page 1						

Regarding Schedules 7 and \*, if the amount of debt which can be legally enforced against you exceeds your % ownership, please detail in Schedule 9.

**Schedule 8 – Other Liabilities**

Due to	Original amount	Present balance	Rate	Maturity	Payment terms	Current? Yes or no	Collateral

**Schedule 9 – Contingent Liabilities**

**Instructions: state total amount by type of liability and provide appropriate detail in the space below.**

1. As guarantor or endorser		5. Standby letter of credit		
2. On leases or contracts		6. Liability in excess of % in partially owned assets		
3. Legal claims or judgments		7. Tax liability if assets sold at stated values		
4. Income tax claim or disputed amount		8. Other		
Type #	Name of party receiving benefit	Obligation amount Timing of payments	Explanation: Include whether you anticipate having to honor this liability	Maturity or expiration date

Business in which I am a partner, officer, principal owner, etc.	Nature of business	Business' bank of account

I understand that the following questions are addressed to me and I have answered them as appropriate.

Yes  No 1. Are any of the Assets held in trust, in an estate or in any other name or capacity?

Yes  No 2. Were any of the Assets (i) owned or claimed by your spouse before marriage; or (ii) acquired by your spouse during marriage by gift or inheritance; or (iii) recovered for personal injuries sustained by your spouse during marriage; or (iv) acquired from the proceeds of liquidation of any of the preceding?

Yes  No 3. Are any of your real estate properties used by your in your business?

Yes  No 4. Do any of your Assets secure any debts that have not been reported in the preceding schedules?

Yes  No 5. Are you a party to any suit or are there any unsatisfied judgments against you?

Yes  No 6. Have you been through bankruptcy or made an assignment for benefit of creditors?

**I have explained fully under "Additional Remarks" on this page any "Yes" answers to the foregoing questions.**

Yes  No 7. I have made a will; the executor is \_\_\_\_\_.

**Additional Remarks**

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Notes: 1. Spouse information needs to be revealed if you reside in Texas or other community property states.  
 2. Alimony, child support or separate maintenance income need not be revealed unless you wish to have them considered as a basis for repaying the requested credit.