



Date Prepared: MM/DD/YY

SECTION 1: PERSONAL INFORMATION

Full Name: _____ Date of Birth: MM/DD/YY SSN: ###-##-####
 Spouse Name: _____ Date of Birth: MM/DD/YY 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 MM/DD/YY

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

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

Description:	Name of Institution:	In Name of:	Pledged or Held by Others?	Value:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

SCHEDULE B: STOCKS, BONDS, MARKETABLE SECURITIES

BROKERAGE ACCOUNTS

Name of Brokerage:	In Name of:	Pledged or Held by:	Cost:	Market Value:

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

# of Shares or	Face Value:	Individual Securities:	In Name of:	Pledged or Held by:	Cost:	Market Value:	Retirement Account:
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

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 _____