



CONFIDENTIAL FINANCIAL STATEMENT AS OF _____

Name:		Spouse's Name (As applicable):	
Social Security Number:	DOB:	Social Security Number:	DOB:
Employer / Position:		Employer / Position:	
Work Phone / Cell Phone:		Work Phone / Cell Phone:	
Email:		Email:	
Home Address:		Home Phone:	

SUMMARY OF ASSETS AND LIABILITIES Autofill: Complete Schedules (Page 2 & 3) prior to Summary (Page 1).

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
CASH (Schedule 1)		-	MORTGAGE - HOMESTEAD (Schedule 7)		-
SECURITIES (Schedule 2)	Marketable	-	OTHER REAL ESTATE DEBT (Schedule 7)		-
	Non-Marketable	-	NOTES PAYABLE (Schedule 6)	Secured	-
RECEIVABLES (Schedule 3)		-		Unsecured	-
NET CASH VALUE OF LIFE INSURANCE (Schedule 4)		-	ESTIMATED CREDIT CARD BALANCES		
RETIREMENT & DEFERRED COMP (Schedule 5)		-	INCOME TAXES OWED		
HOMESTEAD (Schedule 7)		-	OTHER TAXES OWED		
OTHER REAL ESTATE INTERESTS (Schedule 7)		-	OTHER LIABILITIES (Schedule 9)		-
PERSONAL PROPERTY					
BUSINESS ASSETS			TOTAL LIABILITIES		-
OTHER ASSETS / INTERESTS (Schedule 8)		-	NET WORTH (Assets Minus Liabilities)		-
TOTAL ASSETS		-	TOTAL LIABILITIES PLUS NET WORTH		-

SCHEDULE OF CONTINGENT LIABILITIES*

Borrower	Amount (\$)	Description (Lender/Creditor, Collateral)

Contingent Liability: Potential obligation as a guarantor or endorser *For additional contingent liabilities, attach extra sheet.

SUMMARY OF PERSONAL INCOME INFORMATION

SOURCES OF CASH	Previous Year	Current Year	USES OF CASH	Previous Year	Current Year
Salary & Wages			Income Taxes Paid		
Salary & Wages (Spouse)			Mortgage Payments		
Commissions & Bonus			Loan Payments		
Interest/Dividends/Distributions			Personal Expenses		
Business, Partner, S-Corp Income			Business Expenses		
Other Income/Gains			Other Expenses/Losses		
TOTAL SOURCES	-	-	TOTAL USES	-	-

Notes:

- Spouse information need not be revealed unless you live in Texas or other community property state.
- Alimony, child support or separate maintenance income need not be revealed unless you wish to have them considered as a basis for repayment.

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. You are authorized to answer questions about your credit experience with me.

Signature _____ Date _____ Signature (Spouse) _____ Date _____

SCHEDULE 1 - DEPOSIT ACCOUNTS

STYLE OF ACCOUNT	NAME OF FINANCIAL INSTITUTION	BALANCE	TYPE OF ACCOUNT	ACCOUNT NUMBER	PLEGDED?
					<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
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

SCHEDULE 2

MARKETABLE SECURITIES

NAME OF ISSUER	WHERE TRADED	MARKET PER SHARE	TOTAL VALUE	PLEGDED or RESTRICTED	REGISTERED IN THE NAME OF
				<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	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

NON-MARKETABLE SECURITIES

				<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 3

ACCOUNTS RECEIVABLE

DUE FROM	ORIGINAL AMOUNT	PRESENT BALANCE	SCHEDULED PAYMENTS	MATURITY	COLLATERAL

NOTES RECEIVABLE

SCHEDULE 4 - LIFE INSURANCE

COMPANY	FACE AMOUNT	CASH VALUE	POLICY LOAN	INSURED	BENEFICIARY	PLEGDED or RESTRICTED
						<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
						<input type="checkbox"/> Yes <input type="checkbox"/> No

SCHEDULE 5 - RETIREMENT ASSETS & DEFERRED COMPENSATION

FINANCIAL INSTITUTION OR PLAN ADMINISTRATOR	TYPE OF ACCOUNT	CURRENT VALUE	PLAN LOAN	IN NAME OF	BENEFICIARY	ARE LOANS ALLOWED?
						<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
						<input type="checkbox"/> Yes <input type="checkbox"/> No

SCHEDULE 7 - REAL ESTATE & REAL ESTATE MORTGAGES

DESCRIPTION/LOCATION	YEAR ACQUIRED	COST BASIS	MARKET VALUE	MORTGAGE BALANCE	LIENHOLDER	MATURITY	RATE	ANNUAL PAYMENTS	ANNUAL CASH FLOW	TAXES CURRENT
HOMESTEAD									-	<input type="checkbox"/> Yes <input type="checkbox"/> No

WHOLLY OWNED REAL ESTATE

										<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
										<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
										<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No
SUB-TOTAL OF WHOLLY OWNED REAL ESTATE TO PAGE 1				\$ -	\$ -					

PARTIALLY OWNED REAL ESTATE % Owned

										<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
										<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
										<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No
SUB-TOTAL OF PARTIALLY OWNED REAL ESTATE TO PAGE 1				\$ -	\$ -					

SCHEDULE 8 - OTHER ASSETS / INTERESTS

DESCRIPTION	YEAR ACQUIRED	COST BASIS	MARKET VALUE	LOAN BALANCE	LIENHOLDER	MATURITY	ANNUAL PAYMENTS	ANNUAL INCOME
				-				
				-				
TOTAL OF OTHER ASSETS TO PAGE 1				\$ -	\$ -			

SCHEDULE 6 - NOTES PAYABLE (Exclude real estate)

SECURED

DUE TO	ORIGINAL AMOUNT	PRESENT BALANCE	SCHEDULED PAYMENTS	MATURITY	COLLATERAL

UNSECURED

DUE TO	ORIGINAL AMOUNT	PRESENT BALANCE	SCHEDULED PAYMENTS	MATURITY	COLLATERAL

SCHEDULE 9 - OTHER LIABILITIES

DESCRIPTION	DUE TO	PRESENT BALANCE	SCHEDULED PAYMENTS	MATURITY
TOTAL OF OTHER LIABILITIES TO PAGE 1		-	-	

BUSINESS IN WHICH I AM A PARTNER, OFFICER OR PRINCIPAL OWNER	NATURE OF BUSINESS	CURRENTLY BANKING WITH

GENERAL INFORMATION AND ADDITIONAL REMARKS

Please respond to all of the following questions:

Yes No 1. Are any of the assets listed on this form held in trust, in an estate or any other name or capacity?

Yes No 2. Are any of the assets listed on this form (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 liquidation of any of the preceding?

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

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

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

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

Yes No 7. If yes to # 6; Indicate date of filing bankruptcy: _____ and Chapter: _____

Yes No 8. Are you delinquent in filing your federal tax return? If yes, what is the most recent tax year filed? _____

Yes No 9. I have made a will; the executor is : _____

If yes to any of the above questions, please describe below:
