

Financial Statement

Last Name:		First:		Middle Initial:	
Social Security #:	Date of Birth: / /	Marital Status:	Phone: ()		
Home Address:			City:		
State:	ZIP:	Years at Current Address:			
Employer:	Occupation/Title:		Length of Employment:		
Business Address:			City:	State:	ZIP:
Email Address:				Phone: ()	

Joint Applicant (if applicable)

Last Name:		First:		Middle Initial:	
Social Security #:	Date of Birth: / /	Marital Status:	Phone: ()		
Home Address:			City:		
State:	ZIP:	Years at Current Address:			
Employer:	Occupation/Title:		Length of Employment:		
Business Address:			City:	State:	ZIP:
Email Address:				Phone: ()	

Section A: Assets

Cash: (Schedule 1)	\$
Marketable Securities: (Schedule 2)	\$
Non-Marketable Securities: (Schedule 3)	\$
Investments In Partnerships: (Schedule 4)	\$
Real Estate (Homestead): (Schedule 5)	\$
Real Estate (Other): (Schedule 6)	\$
Oil & Gas Interests: (Schedule 7)	\$
IRA's, KEOGHs, & Other:	\$
Qualified Plans:	\$
Other Assets:	\$
Total Assets:	\$

Section B: Liabilities

Real Estate/Mortgages Payable: (Schedule 5)	\$
Notes Payable: (Schedule 8)	\$
Margin Debt Due Brokers: (Schedule 2)	\$
Partnership Related Debt: (Schedule 4)	\$
Oil & Gas Related Debt: (Schedule 7)	\$
Taxes Payable:	\$
Credit Card Debt:	\$
Total Liabilities:	\$
Net Worth: (Total Assets less Total Liabilities)	\$
Total Liabilities Plus Net Worth:	\$

Section C: Cash Income & Cash Expense Information

Cash Income**	Previous Year	Current Year	Projected Next Year
Gross Wages or Salaries:	\$	\$	\$
Commissions, Bonuses, etc:	\$	\$	\$
Partnership Distributions:	\$	\$	\$
Interest & Dividends:	\$	\$	\$
Rental Income:	\$	\$	\$
Oil & Gas Income:	\$	\$	\$
Total Cash Income:	\$	\$	\$

Cash Expenses***	Previous Year	Current Year	Projected Next Year
Real Estate/Mortgage Payments:	\$	\$	\$
Reg. Scheduled Principle/Int. Payments:	\$	\$	\$
Income Taxes: (Sum of a Year's Payments)	\$	\$	\$
Partnership Contributions:	\$	\$	\$
Interest & Dividends:	\$	\$	\$
Other Taxes: (Real Estate, etc)	\$	\$	\$
Living Expenses and Misc:	\$	\$	\$
Rental Expenses:	\$	\$	\$
Oil and Gas Expenses:	\$	\$	\$
Other Anticipated Payments: (Tuition, etc)	\$	\$	\$
Total Cash Expenses:	\$	\$	\$
Net Cash Flow: (Cash Income less Cash Expenses)	\$	\$	\$

* Includes Single, Divorced, & Widowed.

** Income from alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

*** List all assumptions on page 4 under Additional Comments and describe any significant expected changes in your cash income on your cash expenses.

In the following statement, the words "I", "me", and "my" mean anyone signing below. "You" and "your" refer to the Bank.

I have given you this financial statement, and attachments, if any, in order to obtain credit or services from you. I understand that you will rely on this information in connection with any decision you make in providing credit or services to me. I warrant and represent to you that this financial statement and any other information I may supply to you is correct and fully and accurately discloses all of my assets and liabilities including, but not limited to, my contingent liabilities, cash income, and cash expenses as of the date I provide this information to you. You may assume that my financial condition is as least as good as shown on this statement until I provide to you another updated financial statement. You may request information about me from others including an investigative consumer report and you may request a consumer credit report about me in connection with this statement for credit or services. If I ask you, you will tell me if a consumer credit report has been requested and will also tell me the name and address of the reporting agency. I understand that knowingly providing false or misleading information in this financial statement is a federal offense that may subject me to fine, imprisonment or both.

ATTENTION: CONTINGENT OBLIGATIONS SCHEDULE MUST BE COMPLETED. IF NONE, THEN WRITE NONE ON THE SCHEDULE

Signatures

Signature:	Date:
Joint Signature:	Date:

Schedule 1: Cash

Account Name	Back/Branch Name & Address	Balance	Account Type/Number	Pledged?
		\$		<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 (Stocks, Bonds, Government Issues, Mutual Funds, etc.)

Description of Securities	Number of Shares	Current Mkt Value	Pledged?	Margin Debt	Yearly Div. Income
		\$	<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	\$	\$

Name of Brokerage Firm/Broker:

Schedule 3: Non-Marketable Securities

Description of Securities	Number of Shares	Current Mkt Value	Cost	Pledged?
		\$	\$	<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 4: Investments In Partnerships

Partnership Name	Gen., Ltd. Other	Ownership	Cost	Current Val.	Balance	Yrly. Pay. Trms.	Yrly. Distrib.	Yrly. Contrib.
		%	\$	\$	\$			
		%	\$	\$	\$			
		%	\$	\$	\$			
		%	\$	\$	\$			
		%	\$	\$	\$			
		%	\$	\$	\$			

Schedule 5: Real Estate

Location (List Homestead First)	% Own	Cost	Mkt Value	Related Debt			Yr. Pay. Terms	Yr. Rent Income	Yr. Rent Exp.
				Org. Bal.	Cur. Bal.	Lienholder			

Schedule 6: IRAs, KEOGHs, and Other Qualified Plans

Type	% Vested	Current Balance	Loans	Net Value
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

Schedule 7: Oil and Gas Interests

Type of Interest	% Owned	Valuation	Balance	Related Debt		Yrly. Income	Yrly. Expense
				Lienholder	Yrly. Pmt. Terms		
			\$			\$	\$
			\$			\$	\$
			\$			\$	\$
			\$			\$	\$
			\$			\$	\$

Schedule 8: Notes Payable (Exclude Mortgage, Partnership, Real Estate, and Oil & Gas related Debt)

Name & Address of Financial Institution	Purpose	Org. Date	Org. Amt.	Balance	Maturity	Yearly Pay Terms	Collateral
		/ /	\$	\$			
		/ /	\$	\$			
		/ /	\$	\$			
		/ /	\$	\$			
		/ /	\$	\$			
		/ /	\$	\$			

Schedule 9: Contingent Obligations

Instructions: State Total Amount By Type of Liability and Describe

(A) As Guarantor or Endorser:	(E) Letters of Credit
(B) On Leases or Contacts:	(F) Future Capital Contributions
(C) For Legal Claims or Judgements:	
(D) Income Tax Claim or Dispute:	Total A-G

Describe (A-G Above)	Beneficiary Party	Amount Obligated & When	Purpose or Explanation	Maturity or Exp. Date
(A)				/ /
(B)				/ /
(C)				/ /
(D)				/ /
(E)				/ /
(F)				/ /

Auto Insurance:

Insurance Company:	Policy Number:
Agent Name:	Phone:
Coverage:	

Home/Real Estate Insurance:

Insurance Company:	Policy Number:
Agent Name:	Phone:
Coverage:	

Life Insurance:

Insurance Company:	Policy Number:
Agent Name:	Phone:
Coverage:	
Face Value:	
Cash Value:	

Additional Information:

Name of Your Personal Attorney:

Are you a defendant in any suits or legal actions? Yes No (If Yes, explain on additional sheet)

Have you ever filed a petition in bankruptcy or has one been filed involuntarily against you? Yes No (If Yes, explain on additional sheet)

Are you an Executive Officer, Director, or Principal Shareholder of a bank? Yes No (If Yes, Name of Bank):
