## PERSONAL FINANCIAL STATEMENT

| Creditor Name and Address             | TYPE OF CREDIT - CHECK THE APPROPRIATE BOX   Individual - If you check this box, provide financial information only about yourself.   Joint with Relationship |
|---------------------------------------|---|
| Applicant Name and Address            | Joint Applicant Name and Address  |
| Applicant's Employer Name and Address | Joint Applicant's Employer Name and Address   |

#### Note: Complete all of Section II BEFORE Section I Section I

| ASSETS   | LIABILITIES  |              |  |  |  |  |  |  |
|--|--|--------------|--|--|--|--|--|--|
| Cash on Hand & in Banks Section II-A                 | \$<br>Notes Due to Banks Section II-                   | ۹ \$         |  |  |  |  |  |  |
| Cash Value of Life Insurance Section II-B            | \$<br>Notes Due to Relatives & Friends Section II-I    | H \$         |  |  |  |  |  |  |
| U.S. Gov. Securities Section II-C                    | \$<br>Notes Due to Others Section II-I                 | H \$         |  |  |  |  |  |  |
| Other Marketable Securities Section II-C             | \$<br>Accounts and Bills Payable Section II-I          | H \$         |  |  |  |  |  |  |
|  | \$<br>Unpaid Income Taxes Due - Federal and/or State   | \$           |  |  |  |  |  |  |
|  | \$<br>Other Unpaid Taxes & Interest                    | \$           |  |  |  |  |  |  |
|  | \$<br>Loans on Life Insurance Policies                 | \$           |  |  |  |  |  |  |
| Total Liquid Assets                                  | \$<br>Contract Accounts Payable Section II-I           | H \$         |  |  |  |  |  |  |
| Real Estate Owned Section II-E                       | \$<br>Cash Rent Owed                                   | \$           |  |  |  |  |  |  |
| Mortgages & Contracts Owned Section II-F             | \$<br>Other Liabilities Due within 1 year - Itemize    | \$           |  |  |  |  |  |  |
| Notes & Accounts Receivable (Good) Section II-D      | \$   | \$           |  |  |  |  |  |  |
| Notes & Accounts Receivable (Doubtful) Section II-D  | \$<br>Total Short Term Liabilities                     | \$           |  |  |  |  |  |  |
| Notes Due from Relatives & Friends Section II-D      | \$<br>Real Estate Mortgages Payable Section II-I       | = <u></u> \$ |  |  |  |  |  |  |
| Other Securities-Not Readily Marketable Section II-C | \$<br>Liens & Assessments Payable                      | \$           |  |  |  |  |  |  |
| Personal Property Section II-G                       | \$<br>Other Debts - Itemize                            | \$           |  |  |  |  |  |  |
|  | \$   | \$           |  |  |  |  |  |  |
|  | \$<br>Total Long Term Liabilities                      | \$           |  |  |  |  |  |  |
|  | \$<br>TOTAL LIABILITIES                                | \$           |  |  |  |  |  |  |
| Total Productive Assets                              | \$<br>Net Worth (Total Assets Minus Total Liabilities) | \$           |  |  |  |  |  |  |
| TOTAL ASSETS   | \$<br>TOTAL LIABILITIES & NET WORTH                    | \$           |  |  |  |  |  |  |

| ANNUAL INCOME  |                          | ESTIMATE OF ANNUAL EXPENSES        |    |  |  |  |  |  |
|--|--------------------------|------------------------------------|----|--|--|--|--|--|
| Salary, Bonuses & Commissions  | \$                       | Income Taxes                       | \$ |  |  |  |  |  |
| Dividends & Interest   | \$                       | Other Taxes                        | \$ |  |  |  |  |  |
| Rental & Lease Income (Net)  | \$                       | Insurance Premiums                 | \$ |  |  |  |  |  |
| Other Income *   | \$                       | Mortgage Payments                  | \$ |  |  |  |  |  |
| Provide the following information only if Joint Credit is checked al   | oove                     | Rent Payable \$                    |    |  |  |  |  |  |
| Salary, Bonuses & Commissions - Joint Applicant                        | \$                       |                                    | \$ |  |  |  |  |  |
| Other Income * - Joint Applicant                                       | \$                       |                                    | \$ |  |  |  |  |  |
| TOTAL ANNUAL INCOME  | \$                       |                                    | \$ |  |  |  |  |  |
| * Alimony, child support, or separate maintenance income need n        | ot be revealed if you do |                                    | \$ |  |  |  |  |  |
| not wish to have it considered as a basis for repaying this obligation | on.                      | TOTAL ANNUAL EXPENSES              | \$ |  |  |  |  |  |
| GENERAL INFORMATION  |                          | CONTINGENT LIABILITIES             |    |  |  |  |  |  |
| Are any Assets pledged?  | 🗌 No 🔄 Yes               | As Endorser, Co-Maker or Guarantor | \$ |  |  |  |  |  |
| Are you a Defendant in any suits or legal actions?                     | 🗌 No 🔄 Yes               | On Leases or Contracts             | \$ |  |  |  |  |  |
| Explain:   |                          | Legal Claims                       | \$ |  |  |  |  |  |
| Have you ever been declared Bankrupt in the last 10 year               | s? 🗌 No 📄 Yes            | Federal - State Income Taxes       | \$ |  |  |  |  |  |
| Explain:   |                          |                                    | \$ |  |  |  |  |  |

## Section II

# A. CASH IN BANKS AND NOTES DUE TO BANK (List all Real Estate Loans in Section II-E)

| Name of Bank | Account Type | Ownership   | On Deposit       | Notes Due Banks | Collateral (if any) & Ownership |
|--------------|--------------|-------------|------------------|-----------------|---------------------------------|
|              |              |             | \$               | \$              |                                 |
|              |              |             | \$               | \$              |                                 |
|              |              |             | \$               | \$              |                                 |
|              |              |             | \$               | \$              |                                 |
|              |              |             | \$               | \$              |                                 |
|              |              |             | \$               | \$              |                                 |
|              |              | Cash on Har | nd <sub>\$</sub> | \$              |                                 |
|              |              | TOTALS      | \$               | \$              |                                 |

#### PERSONAL FINANCIAL STATEMENT - Page 2 Section II

| <u>B. LIF</u><br>Compar                        | E INS                | SUF        | RANCE (                    | List o                            | only those p                | olicies th        | at yo            | ou own)<br>Face of Po        | licy         | Cash S                        | Urre            | nder                 | Policy                  | loan     | from                   | Other             | ·Loans        |                | BENEF                   |            |                                     |    |
|--|----------------------|------------|----------------------------|-----------------------------------|-----------------------------|-------------------|------------------|------------------------------|--------------|-------------------------------|-----------------|----------------------|-------------------------|----------|------------------------|-------------------|---------------|----------------|-------------------------|------------|-------------------------------------|----|
| Company  |                      |            |                            |                                   |                             |                   |                  | Value                        |              | Insurance                     |                 | Policy               | Policy as<br>Collateral |          |                        |                   |               |                |                         |            |                                     |    |
|  |                      |            |                            |                                   |                             | \$                |                  | \$                           |              |                               | \$              |                      |                         | \$       |                        |                   |               |                |                         |            |                                     |    |
|  |                      |            |                            |                                   |                             |                   | \$               |                              | \$           |                               |                 | \$                   |                         |          | \$                     |                   |               |                |                         |            |                                     |    |
|  |                      |            |                            |                                   |                             |                   |                  | \$                           |              | \$                            |                 |                      | \$                      |          |                        | \$                |               |                | <u> </u>                |            |                                     |    |
|  |                      |            |                            |                                   |                             |                   |                  | \$                           |              | \$                            |                 |                      | \$                      |          |                        | \$                |               |                |                         |            |                                     |    |
|  |                      |            |                            |                                   |                             |                   |                  | \$                           |              | \$                            |                 |                      | \$                      |          |                        | \$                |               |                | 1                       |            |                                     |    |
|  |                      |            |                            |                                   | т                           | OTALS             |                  | \$                           |              | \$                            |                 |                      | \$                      |          |                        | \$                |               |                | 1                       |            |                                     |    |
| ~ ~ ~ ~  |                      | <b>-</b>   |                            |                                   |                             |                   |                  | \$                           |              | \$                            |                 |                      | \$                      |          |                        | \$                |               |                |                         |            |                                     |    |
| C. SE<br>Face '                                | <u>CURI</u><br>Value |            | <u>SOWN</u><br>Description | <u>ER (</u><br>) - Ind            | Including L<br>licate those | J.S. Gov'i<br>Not | <u>Bor</u> t Bor | ids and all (<br>/pe of      |              | <u>Stocks a</u><br>Cost       | and I<br>N      | <u>Bond</u><br>1arke | <u>ls)</u><br>t Value   | e U.S.   | Ma                     | arket V           | alue          | Mar            | ket Value               | Not        | Amount Pledge                       | ed |
|  |                      |            |                            |                                   | Ownership<br>\$             |                   |                  |                              |              | ov. Se                        | v. Sec. Marke   |                      |                         |          |                        |                   | etable<br>S   | to Secure Loar |                         |            |                                     |    |
|  |                      |            |                            |                                   |                             |                   |                  | 3                            |              |                               | \$<br>\$        |                      |                         | \$<br>\$ |                        |                   | \$            |                |                         | \$         |                                     |    |
|  |                      |            |                            |                                   |                             |                   |                  |                              | ,<br>,       |                               | \$<br>\$        |                      |                         |          | э<br>\$                |                   |               | φ<br>\$        |                         | ۹<br>\$    |                                     |    |
|  |                      |            |                            |                                   |                             |                   |                  | 9                            | 5            |                               | ¢<br>\$         |                      |                         |          | ¢<br>\$                |                   |               | \$<br>\$       |                         | \$         |                                     |    |
|  |                      |            |                            |                                   |                             |                   |                  | S                            | 5            |                               | \$              |                      |                         |          | \$                     |                   |               | \$             |                         | \$         |                                     |    |
|  |                      |            |                            |                                   |                             |                   |                  |                              | тот          | ALS                           | \$              |                      |                         |          | \$                     |                   |               | \$             |                         |            |                                     |    |
| D. NO  | TES A                | ١N         |                            | UNT                               | S RECE                      | IVABLE            | Е(М              | onev Paval                   | ble or       | Owner                         | <br>% if        | Othe                 | ers hav                 | e an C   | Dwnei                  | ship In           | terest)       |                |                         |            |                                     |    |
| Ň  | Maker /              | De         | btor                       | %                                 | When                        | Due               |                  | Original                     | E            | Balance                       | Due             | ;                    | Bala<br>Doubtfu         | nce D    | ue                     | Balanc            | e Due         | Notes          | s S                     | SECUR      | TY (if any)                         |    |
|  |                      |            |                            |                                   |                             |                   | \$               | Amount                       | \$           | ood Acc                       | Joun            | ι <u>5</u> L<br>\$   | νουρτί                  |          |                        | <u>Rel.</u><br>\$ | & Frie        | nus            | \$                      |            |                                     |    |
|  |                      |            |                            |                                   | <u></u>                     |                   | \$               |                              | \$           |                               |                 | \$                   |                         |          |                        | \$                |               |                | \$                      |            |                                     |    |
|  |                      |            |                            |                                   |                             |                   | \$               |                              | \$           |                               |                 | \$                   |                         |          |                        | \$                |               |                | \$                      |            |                                     |    |
|  |                      |            |                            |                                   |                             |                   | \$               |                              | \$           |                               |                 | \$                   |                         |          |                        | \$                |               |                | \$                      |            |                                     |    |
|  | -                    |            |                            |                                   |                             |                   | \$               |                              | \$           |                               |                 | \$                   |                         |          |                        | \$                |               |                | \$                      |            |                                     |    |
|  |                      |            |                            |                                   |                             |                   | TC               | DTALS                        | \$           |                               |                 | \$                   |                         |          |                        | \$                |               |                |                         |            |                                     |    |
| <u>E. RE/</u>                                  | AL ES                | TA         |                            |                                   | (Indicate b                 |                   |                  |                              |              |                               |                 |                      |                         |          |                        | af 1:             |               | 0070           |                         |            |                                     |    |
| I  | itle In N            | lam        | e Of                       | %                                 | Descript<br>Locat           |                   | Date             | e Acquired                   | Orig         | inal Cos                      |                 |                      | nt Vali<br>al Esta      |          | nount<br>Carr          | of Ins.<br>ied    |               |                |                         |            | ACT PAYABLE<br>To Who               |    |
|  |                      |            |                            |                                   |                             |                   |                  |                              | \$           |                               | \$              |                      |                         | \$       |                        |                   | Bal I<br>\$   |                | Payment<br>\$           | t Ma<br>\$ | turity Payabl                       | e  |
|  |                      |            |                            |                                   |                             |                   |                  |                              | \$           |                               | \$              |                      |                         | \$       |                        |                   | \$            |                | \$                      | \$         | \$                                  |    |
|  |                      |            |                            |                                   |                             |                   |                  |                              | \$           |                               | \$              |                      |                         | \$       |                        |                   | \$            |                | \$                      | \$         | \$                                  |    |
|  |                      |            |                            |                                   |                             |                   |                  |                              | \$           |                               | \$              |                      |                         | \$       |                        |                   | \$            |                | \$                      | \$         | \$                                  |    |
|  |                      |            |                            | \$                                |                             | \$                |                  |                              |              | \$                            |                 |                      | •                       |          | \$                     | \$                | \$            |                |                         |            |                                     |    |
|  |                      |            |                            |                                   |                             |                   |                  |                              | тот          | TALS                          | \$              |                      |                         | т        | OTAL                   | S                 | \$            |                |                         |            |                                     |    |
| F. MO  | RTGA                 | G          | ES AND                     | CON                               | NTRACT                      |                   | ED               | (Indicate b                  | y a %        | if Other                      | rs ha           | ave a                | n Own                   | ership   | <u>Inter</u><br>ing Da | est)              | Dou           | ont            | Mat                     | urity (    | Bolonce Du                          |    |
| Mtge. 0  |                      |            | Name                       |                                   |                             | Maker<br>Add      | ress             |                              |              |                               |                 | roper                | ed                      | Start    | ing Da                 | ale               | Paym          | ent            | Maturity Bala           |            | Balance Du                          | e  |
|  |                      | ť          |                            |                                   |                             | 1100              |                  |                              |              | \$                            | ;               |                      |                         |          |                        | \$                |               |                |                         |            | \$                                  |    |
|  |                      | $\uparrow$ |                            |                                   |                             |                   |                  |                              |              | \$                            | ;               |                      |                         |          |                        | \$                |               |                |                         |            | \$                                  |    |
|  |                      |            |                            |                                   |                             |                   |                  |                              |              | \$                            | ;               |                      |                         |          |                        | \$                |               |                |                         |            | \$                                  |    |
|  |                      |            |                            |                                   |                             |                   |                  |                              |              | \$                            | ;               |                      |                         |          |                        | \$                |               |                |                         |            | \$                                  |    |
|  |                      |            |                            |                                   |                             |                   |                  |                              |              | \$                            |                 |                      |                         |          |                        | \$                |               |                |                         |            | \$                                  |    |
|  |                      |            |                            |                                   |                             |                   |                  |                              |              |                               |                 |                      |                         |          |                        |                   |               |                | ΤΟΤΑΙ                   | 15         | \$                                  |    |
| <u>G. Per</u>                                  | sonal                | Pr         | operty (I<br>Descri        | ndica                             | ate by a <sup>c</sup>       | % if Oth          | ners             | have an                      |              | hership                       | p In            | tere                 | st)<br>n New            | 1/-      | alue T                 | odav              | 1             |                | LOANS O                 |            | PERTY                               |    |
| Automo   | biles                |            | Descii                     | PUON                              |                             |                   |                  |                              | nen l'       |                               | <i>,</i> 031    | VVIICI               |                         | ve       |                        | Juay              | Balanc        |                |                         |            | om Payable                          |    |
|  |                      |            |                            |                                   |                             |                   | 1                |                              |              | \$                            |                 |                      |                         | \$       |                        |                   | \$            |                |                         |            |                                     |    |
|  |                      |            |                            |                                   |                             |                   |                  |                              |              | \$                            | _               |                      |                         | \$       |                        |                   | \$            |                |                         |            |                                     |    |
|  |                      |            |                            |                                   |                             |                   |                  |                              |              | \$                            |                 |                      |                         | \$       |                        |                   | \$            |                |                         |            |                                     |    |
|  |                      |            |                            |                                   |                             |                   |                  |                              |              | \$                            |                 |                      |                         | \$       |                        |                   | \$            |                |                         |            |                                     |    |
|  |                      |            |                            |                                   |                             |                   |                  |                              |              | \$                            |                 |                      |                         | \$       |                        |                   | \$            |                |                         |            |                                     |    |
|  |                      |            |                            |                                   |                             |                   |                  |                              |              |                               | ΤОТ             |                      |                         | \$       |                        |                   |               |                |                         |            |                                     |    |
| H. NO  | <u>TES (</u>         | <u>Oth</u> | er than Ba                 | <u>nk, M</u>                      | ortgage an                  | d Insurar         | nce C            | Company Lo                   | <u>bans)</u> | ACCO                          |                 | ITS                  | AND                     | BILL     | <u>SA</u>              |                   | ONTE          | RAC            | TS PAY                  | ABLE       | ERAL (If Any)                       |    |
| Payable To Other Obligors When Due (If Any) Re |                      |            |                            | Notes Due To<br>elatives & Friend |                             |                   |                  | Due 'Other' A<br>t Banks) \$ |              | Accounts & B<br>Payable<br>\$ |                 | Bills Contracts      |                         | lo r dy  |                        |                   | ENAL (II ANY) |                |                         |            |                                     |    |
|  |                      |            |                            | \$                                | \$                          |                   | \$               |                              |              |                               |                 |                      |                         |          |                        |                   |               |                |                         |            |                                     |    |
|  |                      |            |                            |                                   |                             |                   | \$               |                              |              | \$                            |                 |                      |                         | \$       |                        |                   | \$            |                |                         |            |                                     |    |
|  |                      |            |                            |                                   |                             |                   | \$               |                              |              | \$                            | \$<br>\$        |                      | \$                      |          |                        | \$                |               |                |                         |            |                                     |    |
|  |                      |            |                            |                                   |                             |                   | \$               |                              |              | \$                            |                 |                      | \$                      |          |                        | 5                 | \$            |                |                         |            |                                     |    |
|  |                      |            |                            | \$                                |                             |                   | \$               |                              |              | \$                            |                 | 5                    |                         | \$       |                        |                   |               |                |                         |            |                                     |    |
|  |                      |            |                            |                                   | ΤΟΤΑΙ                       | _S                | \$               |                              |              | \$                            |                 |                      | \$                      |          |                        | ę                 | \$            |                |                         |            |                                     |    |
| For the phereby of                             | purpose              | e of       | procuring                  | credit                            | t from time                 | to time, l        | /We<br>eem       | furnish the                  | forego       | oing as<br>/ and all          | a tru<br>I iten | ie an                | d accu                  | irate s  | tatem                  | ent of r          | my/our        | finan          | cial condi<br>signed al | tion. A    | uthorization is<br>es to notify the | 2  |

For the purpose of procuring credit from time to time, I/We furnish the foregoing as a true and accurate statement of my/our financial condition. Authorization is hereby given to the Lender to verify in any manner it deems appropriate any and all items indicated on this statement. The undersigned also agrees to notify the Lender immediately in writing of any significant adverse change in such financial condition. The undersigned acknowledges that I/We have been advised that making false statements, or reports, or willfully overvaluing any land, property, or security for the purpose of influencing this credit to be extended will subject Me/Us to possible Criminal liability under the law.

Signer

Date