

**Important: Please read and check off one of the following statements. (If applying for joint credit, both parties must also initial in the appropriate area.)**

- This personal financial statement is being offered in conjunction with an **individual application** for consumer/business purpose credit, for an extension or renewal of such credit, or compliance with annual financial reporting requirements. **(Complete sections 1, 3, and 4.)**
- This personal financial statement is being offered in conjunction with a **joint application** for consumer/business purpose credit, for an extension or renewal of such credit, or compliance with annual financial reporting requirements. **(Complete all sections on this page and initial below.)**

Section 1—Individual Information			
Name: First	MI	Last	Suffix
Address: Street	City	State	Zip Code
Business Name			Position or Occupation
Business Address: Street	City	State	Zip Code
Business Address: Street	City	State	Zip Code
Contact Phone No.	Business Phone No.	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other _____	Applicant Initials ▶

Section 2—Other Party Information			
Name: First	MI	Last	Suffix
Address: Street	City	State	Zip Code
Business Name			Position or Occupation
Business Address: Street	City	State	Zip Code
Business Address: Street	City	State	Zip Code
Contact Phone No.	Business Phone No.	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other _____	Co-applicant Initials ▶

Section 3—Statement of Financial Condition as of:			20__
Assets <small>(Do not include assets of doubtful value)</small>	In dollars <small>(Omit cents)</small>	Liabilities	In dollars <small>(Omit cents)</small>
Cash on hand and in financial institutions		Notes payable to banks <i>(See Schedule F)</i>	
Cash in other banks <small>(Bank Certificates of Deposit—See Schedule A)</small>		Notes payable to other institutions <i>(See Schedule F)</i>	
U.S. Gov't and marketable securities <i>(See Schedule B)</i>		Due to brokers	
Non-marketable securities <i>(See Schedule C)</i>		Amounts payable to others	
IRA/401(k)/Retirement accounts		Student loans	
Restricted, control, or margin account stocks		Accounts and bills due	
Real estate owned <i>(See Schedule D)</i>		Unpaid income tax <i>(Tax year _____)</i>	
Accounts, loans, and notes receivable		Other unpaid taxes and interest	
Automobiles		Real estate mortgages payable <i>(See Schedule D)</i>	
Other personal property		Other debts <i>(car payments, credit cards, etc.) - itemize</i>	
Cash surrender value - life insurance <i>(See Schedule E)</i>			
Other assets - itemize <i>(See Schedule G if applicable)</i>			
		<b>Total Liabilities</b>	
		<b>Total Net Worth</b> <i>(Total Assets Minus Total Liabilities)</i>	
<b>Total Assets</b>		<b>Total Liabilities and Net Worth</b>	

**Personal Information**

Do you have a will?  Yes  No

Have you ever declared bankruptcy?  Yes  No If so, describe:

Have you ever been audited by the IRS?  Yes  No If so, describe:

**Section 4—Annual Income**

For Year Ended: 20__		Annual Expenditures		Contingent Liabilities		Estimated Amounts
Salary		Mortgage/Rental Payments		Contingent Liabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bonus/Commissions		Real Estate Taxes and Assessments		Other special debt or circumstances	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dividends/Interest		Taxes—Federal, state, and local		Contested Income Tax Liens	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Real Estate Income		Insurance Payments		If yes to any, please describe:		
Tax-Free Income		Other Contract Payments (Car payments, charge cards, etc.)				
Other Income		Alimony/Child Support/Maintenance				
<b>Total Income</b>		Other Expenses				
		<b>Total Expenditures</b>		<b>Total Contingent Liabilities</b>		

**Schedule A—Cash and Certificate of Deposit in Other Financial Institutions**

Description	Name of Institution	In the Name of:	Are these pledged or held by others?	Value
			<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 B—U.S. Government and Marketable Securities**

No. of Shares/ Face Value of Bonds	Description	In the Name of:	Are these pledged or held by others?	Cost	Market Value
			<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—Non-Marketable Securities**

No. of Shares	Description	In the Name of:	Are these pledged or held by others?	Original Investment	Source of Value	Current Value
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			

