

INDIVIDUAL FINANCIAL STATEMENT

IMPORTANT: Date and sign statement

Date of Financial Statement _____

Name _____

Address _____

To _____ ("Lender")

For the purpose of obtaining credit from Lender and any future credit granted by Lender, or to support the extension of credit already given, I make the following statement to Lender of my financial condition on _____. This statement is Lender's property.

COMPLETE ALL BLANKS, WRITING "NO" OR "NONE" WHERE NECESSARY

ASSETS		LIABILITIES	
Cash on Hand and in Financial Institutions (Schedule A)	\$	Notes Payable - Lenders/Secured (Schedule E)	\$
Gov't and Listed Securities (Schedule B)		Notes Payable - Lenders/Unsecured (Schedule E)	
Unlisted Securities (Schedule B)		Notes Payable Others (Schedule E)	
Notes and Loans Receivable (Schedule F)		Life Insurance Loans (Schedule C)	
Homestead and Real Estate Owned (Schedule D)		Due to Brokers	
Automobiles		Accounts Payable	
Other Personal Property		Unpaid Income Taxes	
Cash Value Life Insurance (Schedule C)		Real Estate Mortgages Payable (Schedule D)	
Securities Held by Brokers in Margin Accts.		Real Estate Taxes	
Equity in Partnership		Credit Cards	
Equity in Proprietorship		Other Debts (Itemize Below)	
Vested Pension Benefits or Profit Sharing			
Other Assets: (Itemize Below)			
		Total Liabilities	
		Assets less Liabilities = Net Worth	
TOTAL ASSETS	\$	TOTAL LIABILITIES and NET WORTH	\$

SOURCES OF INCOME FOR YEAR ENDED		CONTINGENT LIABILITIES	
Salaries & Bonuses	\$	As Endorser, Co-Maker, or Guarantor	\$
	\$	On Lease or Contracts	\$
Commissions	\$	Legal Claims	\$
Dividends & Interest	\$	Other (describe)	\$
Real Estate	\$		
Other *			

*Income from Alimony, Child Support or Separate Maintenance income and income from medical insurance, disability or wage continuation insurance need not be revealed if you do not wish the Lender to consider this income in determining your creditworthiness.

PERSONAL INFORMATION

Home Telephone _____ Social Security No. _____ Date of Birth _____

Employer(s) of Applicant(s) _____

Are any assets pledged or restricted other than indicated on the following schedules? If so, describe. _____

Are you a defendant in any legal actions or suits? If so, describe. _____

Are you a partner or officer in any other venture? If so, describe. _____

Do you have a will? Yes No If so, name of Personal Representative. _____

Have you ever been declared Bankrupt? If so, describe. _____

Driver's License (or State ID Card) Name, No., State and Expiration Date _____

Changed Name on Driver's License or State ID Card in Past 5 Years No Yes, and give Prior Name _____

COMPLETE SCHEDULES AND SIGN ON PAGE 2

Schedule A - Cash, Checking Accounts, Savings Accounts, & Certificates of Deposit

Type	Name of Financial Institution	Amount	In Name Of:	PLEGGED	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Schedule B - U.S. Government, Listed & Unlisted Securities (List on separate sheet if necessary)

No. of Shares or Face Value (Of Bonds)	Description*	Owner	Market Value	PLEGGED	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

*Indicates if Securities are Restricted By Contract or SEC Regulations.

Schedule C - Life Insurance Carried, Include Group

Face Amount	Name of Company	Owner	Beneficiary	CASH SURRENDER	
				Value	Loans

Schedule D - Real Estate Owned

Address & Type of Property	Date Acquired	Owner	Cost	Mkt. Value	MORTGAGE			Insurance
					Amount	Monthly \$	Maturity	

Schedule E - Names of Banks or Other Lenders Where Credit Has Been Obtained

Name & Address of Lender	Borrower	Date Made	Monthly Payment	Due	High Credit	Current Balance	Sec. or Unsec.

Schedule F - Notes and Loans Receivable

Unpaid Amount	Name of Maker	Date Made	Security Pledged

NOTICE: We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

I certify that this financial statement is true and complete. I authorize Lender or its agents to verify the information obtained in this statement and to obtain additional information concerning my financial condition, including, without limitation, consumer credit reports, although Lender may rely on this financial statement without any further verification. I authorize Lender to furnish such information and any other credit experiences with me to others and to answer any questions about my credit experience and other financial relationships with Lender, to the extent not prohibited by applicable law. I agree to notify Lender, in writing, of any change that materially affects the accuracy of this statement.

The undersigned understand that it may be a federal crime punishable by a fine or imprisonment or both to knowingly make false statements concerning any of the above information, under provisions of applicable federal and state law.

_____ X _____
 (Date Signed) Applicant Signature

_____ X _____
 Co-Applicant Signature (joint credit only)