

SCHEDULE A			CASH LOCATION AND STATUS OF BANK ACCOUNTS							
CKNG	CD	SVNG	Bank and Branch Where Carried	Balance	Interest Rate Paid to You?	Date CD Matures	Is this Account Pledged for a Loan?	Balance of Loan	Maturity Date of Loan	
Total									Total	

SCHEDULE B		STOCKS AND BONDS (Include Interests In Any Closely Held Business)						
Description	No. Shares	Registered in Name of	Source of Valuation	Date	Price Per Share	Total Value	Purchased on Margin or Pledged	
Total								

SCHEDULE C		LIFE INSURANCE				
Insured	Primary Beneficiary	Face Amount	Actual Cash Value	Loans on Policy	Name of Company	Location of Office
Total						

SCHEDULE D		ACCOUNTS AND NOTES RECEIVABLE				
Owner(s)	Due From	Address	Collateral	Maturity Date	How Payable	Balance Due
					Per	
					Per	
					Per	
					Per	
					Per	
					Per	
					Per	
					Per	
Total						

SCHEDULE E		REAL ESTATE OWNED			
Description	Address/Location	Owner(s)	Date Acquired	Cost	
1					
2					
3					
4					
5					
6					
7					

SCHEDULE E		REAL ESTATE OWNED (continued)				
Mortgage or Lienholder		Annual Taxes	Monthly Income	Monthly Payments	Present Value	Balance Due
Total						

SCHEDULE F		OTHER ASSETS AND PERSONAL PROPERTY							
Automobiles		Value	Rec. Vehicles and Boats			Value	Personal Property	Value	Totals
Yr.:	Make:		Yr.:	Make:	Ft.:		Furniture		Subtotal - Autos
Yr.:	Make:		Yr.:	Make:	Ft.:		Jewelry		Subtotal - R/V's
Yr.:	Make:		Yr.:	Make:	Ft.:		Equipment		Subtotal - Personal Property
Yr.:	Make:		Yr.:	Make:	Ft.:		Other:		
			Other:						
Subtotal Autos			Subtotal R/V's				Subtotal Personal Property		Total - All Other Assets

SCHEDULE G		NOTES AND LOANS PAYABLE TO BANKS AND OTHERS				
Payable To	Address	Collateral	Persons Liable	Maturity Date	How Payable	Balance Due
					Per	
					Per	
					Per	
					Per	
					Per	
					Per	
					Per	
					Per	
Totals						

SCHEDULE H		ACCOUNTS AND BILLS PAYABLE (Including Bank Cards)			
Payable To	Account Number	Persons Liable	How Payable	Balance Due	
			Per		
			Per		
			Per		
			Per		
			Per		
			Per		
			Per		
			Per		
Totals					

SCHEDULE I		OTHER LIABILITIES		
Payable To	Persons Liable	Collateral	How Payable	Balance Due
			Per	
			Per	
			Per	
			Per	
			Per	
			Per	
			Per	
Totals				

If applicant resides in a community property state, please complete the following concerning marital status:

Applicant is: Married Separated Unmarried (Includes single, divorced and widowed)
 Co-Applicant, if any, is: Married Separated Unmarried (Includes single, divorced and widowed)

APPLICANT INFORMATION	Social Security No.		Driver's License No.		Home Phone		Business Phone		
	Date of Birth (MM/DD/YYYY)		Name of Employer		Occupation		No. of Years Salary per		
	Amount of alimony, child support and separate maintenance payment income. NOTE: Alimony, child support or separate maintenance payment income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.								
	Name and address of payor of any alimony, child support or separate maintenance payment income disclosed above as a source of repayment.								
	Alimony child support, separate maintenance received under <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral								
	Income (salary, pension, social security, dividends, interest, etc.) Source: per month								
	Have you ever borrowed from any other branch of this institution? Name: Location: Date:								
	Number of Dependents _____ Ages _____ Have you established a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable Name(s) of trustee(s): _____ Have you made a will? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of personal representative _____ Have you guaranteed or endorsed the notes of any other person? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any other contingent liabilities? _____ Are there any outstanding judgments against you? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been declared bankrupt within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	Names of References					Addresses			
	Co-Applicant's Full Name					Addresses			
Social Security No.		Driver's License No.		Home Phone		Business Phone			
Date of Birth (MM/DD/YYYY)		Name of Employer		Occupation		No. of Years Salary per			
Amount of alimony, child support and separate maintenance payment income. NOTE: Alimony, child support or separate maintenance payment income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.									
Name and address of payor of any alimony, child support or separate maintenance payment income disclosed above as a source of repayment.									
Alimony, child support, separate maintenance received under <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral									
Income (salary, pension, social security, dividends, interest, etc.) Source: per month									
Have you ever borrowed from any other branch of this institution? Name: Location: Date:									
Number of Dependents (not listed by applicant) _____ Ages _____ Have you established a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable Name(s) of trustee(s): _____ Have you made a will? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of personal representative _____ Have you guaranteed or endorsed the notes of any other person? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any other contingent liabilities? _____ Are there any outstanding judgments against you? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been declared bankrupt within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Names of References					Addresses				

APPLICANT'S SIGNATURE(S).

I (we) hereby affirm that the foregoing information contained in this financial statement is presented for the purpose of obtaining credit as of the date indicated and is true, complete and correct. I understand Lender is relying on this statement of my financial condition in making loan(s) to me. Lender is authorized to make any investigation of my credit or employment status either directly or through any agency employed by Lender for that purpose. I agree to inform Lender immediately of any matter which will cause any significant change in my/our financial condition. I understand that Lender will retain this financial statement whether or not credit is granted.

SIGNATURES

 Applicant's Signature Date Co-Applicant's/ Joint Credit Signature Date

CONSENT. The lender may be relying on: 1) income from an individual who is not an applicant for the consumer loan, or 2) an individual co-borrower, owner, partner, officer or guarantor, for the business loan. Because of your relationship to the loan applicant or your role in the accommodation for the loan, your personal creditworthiness is a factor in the evaluation of the application or accommodation for the loan. By signing below, I authorize the financial institution to obtain a consumer credit report on me for that purpose to evaluate the loan application.

Date: _____ Signature _____ Social Security Number _____