

HONOR BANK
2254 Henry Street PO Box 67 Honor MI, 49640
PH: (877) 325-8031

Personal Financial Statement

			Date of Statement:			
Name:	SS#		Employer:			
Name:	SS#		Employer:			
Address:			Home Phone:			
City, State, Zip Code:			Business Phone:			
	Assets (Do not include assets of doubtful value)	Amount in Dollars		Liabilities	Amount in Dollars	
Schedule 1	Cash - checking, savings, on hand		Schedule 6	Current Debt (Accounts Payable)		
Schedule 2	Securities - stocks / bonds / mutual funds		Schedule 7	Real estate mortgages		
	Notes & contracts receivable			Taxes payable		
Schedule 3	Retirement Funds (eg. IRAs, 401(k))		Other Liabilities (specify):			
Schedule 4	Life insurance (cash surrender value)					
	Personal Property, HHGS					
Schedule 5	Real Estate Owned					
Other						
			Total Liabilities			
	Total Assets		Net Worth			
GROSS ANNUAL INCOME		Year Ended 12/31/	AMOUNT		MONTHLY EXPENSES	
					AMOUNT	
Salary or Wages			Payments on Mortgages			
Bonus and Commission			Payments on All Other Loans			
Dividends and Interest			Other Expenses			
Rental and Lease Income						
Other Income						
Total Annual Income			Total Monthly Expenses			
CONTINGENT LIABILITY					AMOUNT	
As a co-maker or guarantor on notes or leases						
As a partner or officer in any other venture (if so describe)						
Defendant in any legal action (explain)						
Total Contingent Liability						
<p>The information contained in this statement for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf may either severally or jointly with others, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness, including obtaining personal credit bureau reports. You are authorized to answer questions about your credit experience with me/us.</p>						
Notice: The State Laws against discrimination require that all creditors make credit equally available to all credit-worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The State Civil Rights Commission administers compliance with this law.		Signature:				D.O.B.
		Signature:				D.O.B.

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Personal Financial Statement

Schedule 1: Checking and Savings Accounts

	Bank Name	Account Holder Name	Type(s) of Account	Balance
	Total			

Schedule 2: Securities / stocks / bonds / mutual funds / stock in closely held companies (Attach additional information if needed)

	Name of Investment	Date of Acquisition	Number of Shares	Price Per Share	Total Value
	Total				

Schedule 3: IRA's, 401(k), Retirement Accounts

	Bank / Brokerage	Amount	Name	Total Value
	Total			

Schedule 4: Life Insurance

	Company Name / Person Insured	Beneficiary	Face Amount	Cash Value
	Total Cash Value			

Schedule 5 & 7: Real Estate (Attach additional information if needed)

	Description / Location	Creditor Name	Monthly Payment	Amount Due	Market Value
	Totals				

Schedule 6: Accounts Payable & Installment Loans

	Creditor Name	Collateral	Monthly Payment	Balance Due
			Total	