

ANNUAL SOURCES OF INCOME**

Notice to Applicant: Your income from alimony, child support or separate maintenance need not be revealed if you choose not to have it considered in the basis for credit.

	APPLICANT	CO-APPLICANT
Salary (amount reported on W-2) or Professional Net Income	\$	\$
Bonus & Commissions		
Interest & Dividends		
Net Rental Income (Schedule 6)		
Business Income or Loss		
Royalties		
Other (Itemize and attach additional pages as needed.)		
TOTAL ANNUAL INCOME	\$	\$

** Complete CO-APPLICANT information only if financial statement is to apply for or maintain secured/joint credit, or if you are relying on co-applicant's income to repay credit.

MONTHLY EXPENSES**

	APPLICANT	CO-APPLICANT
Real Estate Mortgage Payments: (Schedule 5) Personal	\$	\$
(Schedule 6) Investment		
Notes Payable (Monthly) (Schedule 10)		
Installment Loans Payment (Schedule 10)		
Credit Payments: (Schedule 11) Credit Cards/Lines		
Home Equity Lines		
Lease Payments (Schedule 12)		
Savings (Include Retirement Plan, IRA, and Keogh accounts)		
Taxes (Estimated Income and Property Taxes)		
Alimony/Child Support		
Miscellaneous (Living expenses, insurance, premiums, education, medical expenses, etc.)		
Other (Itemize and attach additional pages as needed.)		
TOTAL MONTHLY EXPENSES	\$	\$

GENERAL INFORMATION

	APPLICANT		CO-APPLICANT		If yes, please explain.
	Yes	No	Yes	No	
Are you a defendant in any suit or legal action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are you presently subject to any unsatisfied judgments or tax liens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever declared bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are any tax returns being audited or contested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all related taxes paid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CONTINGENT LIABILITIES

	APPLICANT		CO-APPLICANT		Please give brief description.
	Yes	No	Yes	No	
Endorser or Co-maker on Note (s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Letters of Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate ownership of assets or liabilities in last box: "A" for Applicant, "C" for Co-Applicant, "J" for Joint.

Schedule 1- CASH: Checking, Savings, CD's, Money Market Funds

Financial Institution	Title of Account	Type of Account	Amount	A,C, or J

Schedule 2- INVESTMENTS: Marketable Securities (Registered and Traded: Stocks, Bonds, Mutual Funds)

Description of Security	Registered Owner(s)	Bond Par or Number Of Shares	Book Value	Market Value	Where Pledged	A,C, or J

Schedule 3- INVESTMENTS: Closely Held Companies / Non-Marketable Securities

Description of Security	Registered Owner(s)	Bond Par or No. of Shares	Book Value	Estimated Market Value	Where Pledged		A,C, or J

Schedule 4- ACCOUNTS & NOTES RECEIVABLE, UNDRAWN EARNINGS

Date of Account or Note	Due From	Original Balance	Present Balance	Repayment Terms	Security Held, If Any	A,C, or J

Schedule 5- REAL ESTATE: Personal

Description and Location	Title in Name Of	Original Investment Year	Original Dollar Investment	Mortgage Lender	Market Value	Mortgage Balance	Monthly Payments	A,C, or J

Schedule 6- REAL ESTATE: Investment

Description and Location	Title in Name of	Original Investment Year	Original Dollar Investment	Mortgage Lender	Market Value	Mortgage Balance	Monthly Payments	Net Rental Income	A, C, or J

Schedule 7- RETIREMENT ACCOUNTS: Pension, 401(k), IRAs

Name of Institution Where Held	Title of Account	Type of Account	Percent Vested	Market Value	A, C, or J

Schedule 8- INSURANCE: Life, Disability, Malpractice

Insurance Company	Policy Owner/Name of Insured	Beneficiary	Policy Face Amount	Cash Surrender	Policy Loans	Premium Payments	Where Assigned	A, C, or J

Schedule 9- EQUITY IN PARTNERSHIPS/PRIVATELY OWNED BUSINESS(ES)

Business Name and Address	Form of Ownership	Nature of Business	Date of Investment	Original Investment Cost	% of Ownership	Estimated Market Value of Investment	A,C, or J

Schedule 10- NOTES PAYABLE & INSTALLMENT LOANS: Unsecured, Secured

Owed To (Account #)	Balance Amount	Payment	Frequency/ Maturity	Terms	Secured By	A,C, or J

Schedule 11- CREDIT ACCOUNTS: Credit Cards, Credit Lines, Home Equity Line

Issuer and Account Number	Credit Limit	Current Balance	Monthly Payments	Secured By	A,C, or J

Schedule 12- LEASES

Item Description	Year Manufactured	Balance Amount	Monthly Payment	Lease Term	A,C, or J

PERSONAL ADVISORS (Please List Name and Telephone Number)

Attorney	Accountant
Investment Advisor/Financial Planner	Insurance Agent

You represent that all information in this application is accurate and complete, that you are competent to enter into contracts and that no bankruptcy proceeding is in progress or anticipated which involves you. We are not obligated to grant you credit and we may retain this application whether or not credit is granted. You authorize us to obtain information from others concerning your credit standing and other relevant information impacting on this application and to provide to others information about our experience with you.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

TO APPLICANT (S)- RETAIN COPY OF THIS STATEMENT FOR YOUR RECORDS