



Personal Financial Statement

as of _____ 20____

If this is an application for joint credit with another person, complete all sections, providing information about the joint applicant in Section B. Spaces left unfilled will be assumed to mean "no" or "none." It is suggested that you review the entire form before beginning to fill it out. If you need to attach additional sheets, please do so.

Important Information for Opening a New Account:

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each customer who opens an account. When you open an account, we will ask for your name, address, date of birth and other information that allows us to identify you. We may also request to see a copy of your driver's license or other identifying documents.

Section A: Applicant Information

Name: _____

Email Address: _____ Date of Birth: (mm/dd/yyyy) _____

Social Security Number: _____ Numbers of Dependents: _____ Ages: _____

Home Address: _____

Home Phone: _____ Mobile Phone: _____ Fax: _____

Present Employer: _____ Business/Occupation: _____

Employer's Address: _____

Business Phone: _____ Years There: _____ Position: _____

Previous Employer and Address: (if less than 3 years at current employer) _____

Section B: Co-Applicant Information

Name: _____

Email Address: _____ Date of Birth: (mm/dd/yyyy) _____

Social Security Number: _____ Numbers of Dependents: _____ Ages: _____

Home Address: _____

Home Phone: _____ Mobile Phone: _____ Fax: _____

Present Employer: _____ Business/Occupation: _____

Employer's Address: _____

Business Phone: _____ Years There: _____ Position: _____

Previous Employer and Address: (if less than 3 years at current employer) _____

Section C: General Information

Please answer the following questions:

	Yes	No
1. Have you or any firm in which you were a major owner ever declared bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had a property foreclosed upon or made a settlement with creditors?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a judgement against you?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you a defendant in any suits or legal actions?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you made a will? If yes, please furnish the name of the executor(s): _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Are your federal tax returns from the previous two years attached? If no, please furnish a reason: _____	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "yes" to any of questions 1 through 4, please explain: _____



Section D: Balance Sheet, Supporting Schedules and Income Statement
Please list only the portion of assets and liabilities that belong to the Applicant and/or Co-Applicant.

Assets	Amount	Liabilities and Net Worth	Amount
Cash in Banks (Schedule 1)	\$	Notes Payable to this Bank (Schedule 9)	\$
Cash in Money Market Funds (Schedule 1)		Notes Payable to Other Banks, Secured (Schedule 9)	
Cash Value of Life Insurance (Schedule 2)		Notes Payable to Other Banks, Unsecured (Schedule 9)	
Accounts/Notes Receivable (Schedule 3)		Notes Payable to Others, Secured (Schedule 9)	
Retirement Accounts (IRA, Keogh, 401k)		Notes Payable to Others, Unsecured (Schedule 9)	
Readily Marketable Securities and Mutual Funds (Schedule 4)		Bills and Charge Cards Payable	
		Taxes Payable	
Non-Marketable Securities (Schedule 5)		Due to Brokers, Margin Accounts	
Real Estate for Personal Use (Schedule 6)		Loans Against Life Insurance Policy (Schedule 2)	
Real Estate Investments (Schedule 7)		Mortgages on Real Estate for Personal Use (Schedule 6)	
Partnership Interests (Schedule 8)		Mortgages on Real Estate Investments (Schedule 7)	
Automobiles		Other Liabilities, List:	
Personal Property			
Other Assets, List:			
		Total Liabilities	
		Net Worth	
Total			Total

Schedule 1: Cash in Banks and Money Market Funds

Name of Depository	Type of Account	Account Number	Balance
			\$

Schedule 2: Life Insurance Carried, including Group Insurance

Name of Insurance Company	Policy Owner	Beneficiary	Type (Term)	Face Value	Cash Value	Total Loans Against Policy
			<input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Other	\$	\$	\$
			<input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Other			
			<input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Other			
			<input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Other			

Schedule 3: Account/Notes Receivable

Debtor	Amount	Collateral	Issue Date	Due Date	Repayment Terms
	\$				

Schedule 4: Readily Marketable Securities and Mutual Funds

# of Shares or Face Value (Bonds)	Description	In Name of	Are These Pledged	Market Value	Original Cost
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<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 5: Non-Marketable Securities (Not Publicly Traded)

# of Shares or Face Value (Bonds)	Description	In Name of	Are These Pledged	Market Value	Original Cost
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<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 6: Real Estate for Personal Use

Address	Legal Owner	Cost/Year Purchased	Market Value	Unpaid Mortgage Balance/Maturity	Lender	Monthly Mortgage Payment
		\$	\$	\$		\$

Schedule 7: Real Estate Investments

Address	Legal Owner	Cost/Year Purchased	Market Value	Unpaid Mtg. Balance/ Maturity	Lender	Monthly Mortgage Payment	% You Own	Your Share of Monthly Income/ Expense
		\$	\$	\$		\$		\$

Schedule 8: Partnership Interests

Name of Partnership	Type of Venture	% You Own	Type of Partner	Date of Investment	Your Initial Investment	Market Value of Partnership	Future Obligation
			<input type="checkbox"/> General <input type="checkbox"/> Limited		\$	\$	\$
			<input type="checkbox"/> General <input type="checkbox"/> Limited				
			<input type="checkbox"/> General <input type="checkbox"/> Limited				
			<input type="checkbox"/> General <input type="checkbox"/> Limited				

Schedule 9: Notes Payable

Payable to Whom	Name of Debtor	Collateral	Original Amount	Current Amount	Maturity Date	Monthly Payment
			\$	\$		\$

Income Statement

Annual Income for Year Ended 20_____		Annual Expenditures		Contingent Liabilities**	
Salary (Applicant)	\$	Property Taxes	\$	As Co-Maker or Endorser	\$
Salary (Co-Applicant)		Income Taxes		As Guarantor	
Bonuses & Commissions (Applicant)		Mortgage Payments		On Damage Claims	
		Other Loan Payments		Contested Taxes	
Bonuses & Commissions (Co-Applicant)		Insurance		Letters of Credit	
		Rental Payments		Others, List:	
Rental Income		Alimony, Child Support, Maintenance			
Interest and Dividend Income					
Capital Gains		Tuition			
Other, List*:		Living and Medical Expenses			
		Other, List:			
				Check here if you do not have any contingent liabilities.	<input type="checkbox"/>
Total		Total		Total	

* You need not disclose income from alimony, child support, or separate maintenance if you do not choose to have it considered as a basis for repayment of this loan.

** Description of Contingent Liabilities: _____

Section E: Required Signatures

- I intend to apply for individual credit. _____
 Signature of Applicant
- We intend to apply for joint credit. _____
 Signature of Co-Applicant

I(We) certify that the information contained in this statement is complete, true and correct, and that I(we) have not withheld information that might be material in evaluating my(our) application for credit. I(We) acknowledge that knowingly giving false information for the purpose of inducing The Bancorp Bank to extend credit is a federal crime. I(We) agree to notify The Bancorp Bank of any material changes to the financial position described in this statement and to provide a then-current version of this statement at The Bancorp Bank's request. I(We) authorize The Bancorp Bank to make whatever inquiries it deems necessary in connection with my(our) credit application or in the course of review or collection of any credit extended in reliance on this financial statement. I(We) authorize any person or entity to compile and furnish to The Bancorp Bank any information it may have or obtain in response to such credit inquiries. The Bancorp Bank is authorized to share any credit information of any type that it has or may receive about me(us) with another creditor if the other creditor is involved in the financial transaction, such as a creditor that purchases or participates in any loan to me(us). The Bancorp Bank is authorized to answer any questions from others concerning my(our) credit experience with The Bancorp Bank.

Signature of Applicant _____ Date _____
 Signature of Co-Applicant _____ Date _____