

PERSONAL FINANCIAL STATEMENT

Submitted to: Grabill Bank

Date: ____/____/____

Please
check
one

IMPORTANT: Read these directions before completing this Statement

- ☐ If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections 1 and 3.
- ☐ Joint Credit Obligation – We intend to apply for joint credit. (Initials) _____ NOTE: Married applicants may apply for separate accounts. Complete all sections providing information in Section 2 about the joint applicant.
- ☐ If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections, providing information in Section 2 about the person whose alimony, support, or maintenance payments or income or assets you are relying.
- ☐ If this statement relates to your individual guaranty of the indebtedness of other person(s), firm(s) or corporation(s), complete Sections 1 and 3.
- TO: GRABILL BANK, GRABILL, IN 46741

Section 1 – Individual Information (type or print)				Section 2 – Other Party Information (type or print)							
Name _____				Name _____							
Address _____				Address _____							
City, State & Zip _____				City, State & Zip _____							
Social Security # _____ - _____				Social Security # _____ - _____							
Date of Birth _____ / _____ / _____				Date of Birth _____ / _____ / _____							
Position or Occupation _____				Position or Occupation _____							
Business Name _____				Business Name _____							
Business Address _____				Business Address _____							
City, State & Zip _____				City, State & Zip _____							
Length at present address _____				Length at present address _____							
Length of employment _____				Length of employment _____							
Res. Phone (____) _____ - _____ Bus. Phone (____) _____ - _____				Res. Phone (____) _____ - _____ Bus. Phone (____) _____ - _____							
Have (either of) you or any firm in which you were a major owner ever declared bankruptcy, or settled any debts for less than the amounts owed? If yes, please provide details on a separate sheet.				<input type="checkbox"/> Yes <input type="checkbox"/> No							
Are (either of) you a defendant in any suit or legal action?				<input type="checkbox"/> Yes <input type="checkbox"/> No							
Are (either of) you presently subject to any unsatisfied judgments to tax liens?				<input type="checkbox"/> Yes <input type="checkbox"/> No							
When, if ever, have (either of) you been audited by IRS?											
Section 3 – Statement of Financial Condition as of _____											
Assets		In dollars (Omit cents)	[Individual]	[Joint]	If Joint, with whom	Liabilities		In dollars (Omit cents)	[Individual]	[Joint]	If Joint, with whom
(do not include assets of doubtful value)						Notes payable to banks & others – see Schedule F					
Cash, checking & savings, CD's – see Schedule A						Due to brokers					
U.S. Gov't. & Marketable Securities – see Schedule B						Amounts payable to others – secured					
Non-Marketable Securities – see Schedule C						Amounts payable to others – unsecured					
Securities held by broker in margin accounts						Accounts & bills due					
Restricted, control or margin account stocks						Unpaid income tax					
Real Estate Owned – see Schedule D						Other unpaid taxes & interest					
Automobiles						Real estate mortgages payable – see Schedule D & H					
Cash surrender value - life insurance – see Schedule E											
Vested interest in deferred compensation/profit- sharing plans – see Schedule F											
Business ventures – see Schedule G											
Other assets/personal property itemize – see Schedule G if applicable											
						TOTAL LIABILITIES					
						NET WORTH					
TOTAL ASSETS						TOTAL LIABILITIES AND NET WORTH					
Section 4 – Annual Income For Year Ended _____											
Annual Income	[Individual]	[Joint]	Annual Expenditures	[Individual]	[Joint]	Contingent Liabilities Estimated Amounts		[Individual]	[Joint]		
Salary, bonuses & commissions	\$		Mortgage/rental payments	\$		Do you have any... Yes No					
Dividends & interest			Real estate taxes & assessments			Contingent liabilities (as endorser, co-maker or guarantor?)... <input type="checkbox"/> <input type="checkbox"/>					
Real estate income			Taxes-federal, state & local			(On leases? on contracts?) <input type="checkbox"/> <input type="checkbox"/>					
Other income (Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.)			Insurance payments			Involvement in pending legal actions? <input type="checkbox"/> <input type="checkbox"/>					
			Other contract payments (car payments, charge cards, etc.)			Contested income tax liens? <input type="checkbox"/> <input type="checkbox"/>					
			Alimony, child support, maintenance			Any estimated capital gains tax on the unrealized asset appreciation? <input type="checkbox"/> <input type="checkbox"/>					
			Other expenses			Other special debt or circumstances? <input type="checkbox"/> <input type="checkbox"/>					
	\$		Total Expenditures			If "yes" to any question(s) describe:					
						Total Contingent Liabilities		\$			

SCHEDULE A – CASH, CHECKING AND SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, MONEY MARKET FUNDS, ETC.

Name of Financial Institution	Type of Account	Owner	(J)	If Pledged, to Whom?	Balance

SCHEDULE B – U.S. GOVERNMENT & MARKETABLE SECURITIES (Use additional sheet if necessary)

Number of Shares or Face Value of Bonds	Description	In Name of	Are these Registered, Pledged, or Held by Others?	Market Value	Exchanges Where Traded

SCHEDULE C – NON-MARKETABLE SECURITIES (Use additional sheet if necessary)

Number of Shares	Description	In Name of	Are these Registered, Pledged, or Held by Others?	Value	Method of Valuation

SCHEDULE D – INVESTMENTS IN REAL ESTATE (Use additional sheet if necessary)

Description/Location of Real Estate Investment	(J)	Date of Original Investment/Amount	% Owned By You	Market Value of Your % of Investment	Present Balance	Monthly Payment	Mortgage Maturity Date	Mortgage Owed To
							/ /	
							/ /	
							/ /	

SCHEDULE E – LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy Loans	Cash Surrender Value

SCHEDULE F – VESTED INTEREST IN DEFERRED COMPENSATION/PROFIT-SHARING PLANS

% Vested	Company Name	Account Number	Manner of Payout (Annuity, Lump Sum, etc.)	Distribution Date	Beneficiary	Amount
				/ /		
				/ /		
				/ /		

SCHEDULE G – BUSINESS VENTURES (Use additional sheets if necessary)

List Name and Address of Any Business Venture In Which You Are a Principal or Partner	Your Position/Title in the Business	Line of Business	Years in Business	Total Assets Listed in Section 3	Your % of Ownership	Net Worth of Business	Present Net Value of Your Investment

SCHEDULE H – LOANS OWING BANKS, BROKERS, FINANCE COMPANIES, AND OTHERS (MASTERCARD, VISA, ETC.)

Owing to (Acct. No.)	(J)	Date of Original Borrowing/Amount	Present Balance	Due	Monthly Payment	Date of Final Pay't	Secured By
		/ /				/ /	
		/ /				/ /	
		/ /				/ /	

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledges and understands that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants, and certifies that (1) the information provided herein is true, correct and complete and gives a correct and complete showing of the financial condition of the undersigned, (2) the undersigned has no liabilities direct, indirect or contingent except as set forth in this statement, and (3) legal and equitable title to all assets listed herein is in the undersigned's sole name, except as may be herein otherwise noted. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned and the undersigned hereby authorizes all persons of whom you make such inquiries to respond thereto in full. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Date signed / /

Signature (individual) _____

Date signed / /

Signature (other party) _____