

Section 1: INDIVIDUAL INFORMATION		Section 2: OTHER PARTY INFORMATION	
Name		Name	
Address		Address	
City, State & Zip		City, State & Zip	
Position and Occupation		Position and Occupation	
Business Name		Business Name	
Business Address		Business Address	
City, State & Zip		City, State & Zip	
Length of Employment		Length of Employment	
Res. Phone		Res. Phone	

**Section 3 - STATEMENT OF FINANCIAL CONDITION AS OF**

ASSETS (Do not include assets of doubtful value)	In Dollars (Omit Cents)	LIABILITIES	In Dollars (Omit Cents)
Cash on hand and in this bank - see Schedule A		Accounts & Bills Due	
Cash in other banks, savings & loans etc. - See Schedule A		Auto Loans Payable - See Schedule F	
U.S. Government & Marketable securities - See Schedule B		Notes Payable - See Schedule F	
Cash Value - Life Insurance - See Schedule C		Notes Payable to other institutions - See Schedule F	
IRA Accounts and/or vested interest in retirement fund		Notes Payable to individuals and others - See Schedule F	
Collectable Accounts, loans and other notes receivable		Due to Brokers	
		Unpaid Income Tax	
<b>TOTAL CURRENT ASSET</b>		Unpaid Real estate or other taxes	
Real Estate Owned - See Sch. D		Unpaid Interest	
Automotive		<b>TOTAL CURRENT LIABILITIES</b>	
		Real Estate Mortgages payable - See Schedule D	
Non-marketable Securities - See Schedule B		Real Estate Contracts Payable - See Schedule D	
Book Value of business ventures - See Schedule E		Life Insurance loans - See Schedule C	
Personal Property		Other Debts - Itemize	
Other Assets - Itemize			
		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES &amp; NET WORTH</b>	

SECTION 4 - SOURCES OF INCOME OR SUBMIT COPY OF TAX RETURN		Annual Expenditures		GENERAL INFORMATION	
For Year Ended		Mortgage / Rent		Employer	
Salary, bonuses & commissions		Real Estate Taxes		Position or Profession	
Dividends & Interest		Taxes - Fed. St. Local		Employer's Address	
Real Estate Income		Insurance payments		Phone Number	
Other Income		Other Payments		Partner, officer or owner in any other venture	
		Alimony/child support		Are any assets pledged	
		Other Expenses		Income Taxes Settled Through	
				Are you a defendant in any Suits or Legal Action	
				Have you ever taken bankruptcy?	
				Do you have a Will? (With whom?)	
				Do you have a Trust? (With whom?)	
				Number of Dependents & Ages	

**SCHEDULE A - BANKS, SAVINGS & LOANS CREDIT UNIONS ETC. WHERE FUNDS ARE ON DEPOSIT**

Name of institution	Address	Type of Deposit Checking, Savings ETC.	Name of Owner	Amount

**SCHEDULE B - US GOVERNMENT MARKETABLE & NON MARKETABLE SECURITIES**

Number of Shares on Face Value of Bonds	Description	In Name of	Market Value	Source of Value

**SCHEDULE C - LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE**

Name of Insurance Co.	Owner of Policy	Beneficiary	Face Amt.	Policy Loans	Cash Surrender Value

**SCHEDULE D - REAL ESTATE (WHOLLY OR PARTIALLY OWNED)**

Address and Type of Property	Title in Name of	% Ownership	Date Acquired	Cost	Market Value	Mtg Balance	Mtg Maturity	Mortgage holder

**SCHEDULE E - BUSINESS VENTURES**

List Name and Address of any Business Venture In which you are a Principal or Partner.	Book Value	Your % Ownership	Your Position/Title In the business	Total Assets	Line of Business	Years in business

**SCHEDULE F - LOANS/NOTES PAYABLE**

Creditor	Purpose of loan	Original loan Line Amount	Date of Loan	Maturity Date	Unsecured or secured List Collateral	Current Balance	Payment Schedule

The information contained in this statement is provided to induce you to extend or continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledge and understands that you are relying on the information provided herein deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address or employment and or 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. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Date Signed \_\_\_\_\_

Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date Signed \_\_\_\_\_

Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_