



APPLICANT			CO-APPLICANT		
Full Name			Full Name		
Street Address			Street Address		
City/State/Zip			City/State/Zip		
County			County		
Since	Own	Rent	Since	Own	Rent
Previous Address (If less than 5 years at present)			Previous Address (If less than 5 years at present)		
City/State/Zip			City/State/Zip		
Since	Owned	Rented	Since	Owned	Rented
Social Security #	Date of Birth		Social Security #	Date of Birth	
Phone: Residence	Work		Phone: Residence	Work	
Employer			Employer		
Address			Address		
Position/Title	Since		Position/Title	Since	
Previous Employer			Previous Employer		
Position/Title	How Long		Position/Title	How Long	
Dependents/Include Self			Dependents/Include Self		
Marital Status* <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated			Marital Status* <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated		

*Do not provide this information if your application is for individual.

Please Complete Schedules 1-8 before this section.

Date of Valuation: 11/04/20

ASSETS		LIABILITIES	
Cash (Schedule 1)		Short Term Notes Due Financial Institutions (Schedule 7)	\$ -
Securities (Schedule 2)		Short Term Notes Due to Others (Schedule 7)	\$ -
Life Insurance Cash Value (Schedule 3)		Credit Accounts and Bills Due (Schedule 8)	\$ -
Mortgages and Contracts Held by You (Schedule 4)	\$ -	Insurance Loans (Schedule 3)	\$ -
Homestead (Schedule 5)	\$ -	Installment Loans and Contracts (Schedule 7)	\$ -
Other Real Estate (Schedule 5)		Mortgages on Home (Schedule 5)	\$ -
Profit Sharing & Pension (Schedule 6)	\$ -	Mortgages on Other Real Estate (Schedule 5)	
Retirement Accounts, Include IRA Accounts (Schedule 1)	\$ -	Taxes	
Automobiles (Describe)		Other Liabilities (Describe)	
Value of My Companies			
Personal Property			
Other Assets (Describe)		Total \$	\$ -
Total \$	\$ -	(Total Assets Less Total Liabilities) Net Worth \$	\$ -

Please contact your Banker if you need assistance with completing these schedules. Round all amounts to the nearest \$100.

ANNUAL INCOME	APP.	CO.-APP.	CONTINGENT LIABILITIES	
Salary			As Endorser	
Bonuses/Commissions			As Guarantor	
Dividends/Interest			Lawsuits	
Net Real Estate Income			For Taxes	
Income from alimony, child support, or maintenance payments need not be entered unless you want it considered as a basis for repayment.			Other (Detail)	
Other (List)				
Total	\$ -	\$ -	Total Contingent Liabilities	\$ -

Please answer each question (Y or N)	APP.	CO.APP.	Please answer each question (Y or N)	APP.	CO.APP.
Have you ever gone through bankruptcy or had a judgment against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any assets pledged or debts secured except as shown?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Co-Maker, Endorser, or Guarantor of any other person's debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please answer each question (Y or N)			APP.	CO.APP.	Amount (\$)
Do you have outstanding letters of credit or surety bonds?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any suits or legal actions pending against you?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any of your tax obligations past due?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SCHEDULE 1 / CASH, SAVINGS, CERTIFICATES AND IRA ACCOUNTS

Name of Bank or Financial Institution	Type of Account	Account Balance
CASH ACCOUNTS:		
RETIREMENT ACCOUNTS, INCLUDE IRA ACCOUNTS:		
Total \$	\$	-

SCHEDULE 2 / SECURITIES OWNED

Par Value or No. of Shares	Description	Registered in Name(s) of	Listed or Unlisted	Current Market Value
Total \$				\$ -

SCHEDULE 3 / LIFE INSURANCE

Insurance Company	Insured	Beneficiary	Face Value of Policy	Cash Value of Policy	Loans
			\$ 1,000,000.00	\$ 200,000.00	
Total \$				\$ 200,000.00	\$ -

SCHEDULE 4 / RECEIVABLES DUE TO ME ON MORTGAGES AND CONTRACTS I OWN

Name of Debtor	Description of Property	First Lien or Second Lien	Date of Maturity	Repayment Terms	Balance Due
Total \$					\$ -

SCHEDULE 5 / REAL ESTATE OWNED

Property Description	Name of Creditor	Year Acquired	Purchase Price	Mortgage Balance	Date of Maturity	Repayment Terms	Current Market Value	
Homestead								
Other Real Estate								
Insurance Co _____ Agent _____							Total \$	\$ -

SCHEDULE 6 / PROFIT SHARING AND PENSION

Name of Institution	Type of Account	Account Balance	Amount Totally Vested	Loans
		Total \$	\$ -	\$ -
			\$ -	\$ -

SCHEDULE 7 / INSTALLMENTS, CREDIT LINES AND NOTES

Name of Creditor	Collateral	Date of Maturity	Repayment Terms	Balance Due
Short Term Notes Due Financial Institutions:				
			per	
			per	
Short Term Notes Due to Others:				
			per	
			per	
Installment Loans and Contracts:				
			per	
			per	
Total \$				\$ -

SCHEDULE 8 / CREDIT ACCOUNTS, BILLS DUE, ALIMONY/CHILD SUPPORT, DAYCARE, etc.

Name of Company	Repayment Terms		Balance Due
	per		
	per		
	per		
	per		
	per		
Total \$			\$ -

This statement is given to you for the purpose of obtaining credit. It is true and correct in every detail and fairly shows my/our financial condition at this time. I/we will give you prompt written notice of any substantial change in such financial condition occurring before full payment of my/our obligations to you. I/we understand that you will keep this personal financial statement whether or not you approve the credit for which it is submitted. You are authorized to check my/our credit and employment history or any other information provided.

THE UNDERSIGNED CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM HAS BEEN CAREFULLY REVIEWED AND THAT IT IS TRUE AND CORRECT IN ALL RESPECTS.

Applicant's Signature Date

Co-Applicant's Signature Date

Attention Co-Applicants: Please do not sign this application unless you intend to apply jointly with the applicant for credit.