



Community Bank

Personal Financial Statement

Date: _____

IF ASSETS ARE JOINTLY OWNED BOTH PARTIES MUST SIGN THIS STATEMENT.
(Fill in all blanks, writing "NO" or "NONE" where necessary to complete information requested.)
Provide additional sheets as necessary and sign and date each additional sheet provided.

Name(s):	and	Business Phone () -
Residence Address:		Residence Phone () -
City, State, & Zip Code:		Cell Phone () -

Business Name of Applicant/Borrower:

ASSETS		LIABILITIES	
Cash on hands and in Banks	\$	Accounts Payable	\$
Savings Accounts		Notes & Leases Payable to Banks and Others (Describe in Section 2)	
IRA or Other Retirement Account		Installment Account (Auto) Mo. Payments \$ _____	
Accounts & Notes Receivable		Installment Account (other) Mo. Payments \$ _____	
Life Insurance-Cash Surrender Value Only (Complete Section 8)		Loan on Life Insurance	
Stocks and Bonds (Describe in Section 3)		Mortgages on Real Estate (Describe in Section 4)	
Real Estate - (Describe in Section 4)		Unpaid Taxes - (Describe in Section 6)	
Automobile - Present Value		Other Liabilities - (Describe in Section 7)	
Other Personal Property - (Describe in Section 5)		Total Liabilities	\$
Other Assets - (Describe in Section 5)		Net Worth	
TOTAL \$		TOTAL \$	

Section 1. Source of Income		Contingent Liabilities Describe all including amounts.	
Salary	\$	As Co-Maker, Endorser, Surety, Bondsman,	\$
Net Investment Income	\$	Have any Legal Claims & Judgments	\$
Real Estate Income	\$	Provision for Federal Income Tax (Describe in Section 6)	\$
Other Income (Describe Below)*	\$	Other Special Debt including Letters of Credit and Leases	\$

Description of Other Income in Section 1.

Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income

Are your tax obligations current? <input type="checkbox"/> Yes <input type="checkbox"/> No (Describe in Section 6)	Income tax returns are filed through (date)	Are any returns being contested? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have either you or any firm in which you were a major owner ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If so Provide details	Do you have a line of credit or an unused credit facility at any other institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so where? how much?

Section 2. Notes & Leases Payable to Banks and Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (Monthly, etc.)	How Secured or Endorsed Type of Collateral
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

Section 3. Stocks and Bonds (Use attachments if necessary. Each attachment must be identified as a part of the statement and signed.)

Number of Securities	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
		\$	/		\$
		\$	/		\$
		\$	/		\$
		\$	/		\$
		\$	/		\$

Section 4. Real Estate Owned (List each parcel separately. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property\			
Name of Title Holder			
Property Address			
Date Purchased			
Original Cost	\$	\$	\$
Present Market Value	\$	\$	\$
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance	\$	\$	\$
Amount of Payment per Month/Year	\$ mo. / \$ yr.	\$ mo. / \$ yr.	\$ mo. / \$ yr.
Status of Mortgage			

Section 5. Other Personal Property and Other Assets (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.)

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Section 6. Unpaid Taxes (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

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Section 7. Other Liabilities (Describe in Detail).

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Section 8. Life Insurance Held (Face amount and cash surrender value of policies, name of insurance company and beneficiaries.)

Insurance Company:	Beneficiary:	Face Amount: \$
Insurance Company:	Beneficiary:	Face Amount: \$

Signature	Date	Social Security Number
Signature	Date	Social Security Number