

## APPLICANT —

SOCIAL SECURITY NUMBER:

Please typewrite or print clearly Answer all items if "NONE" so state.

Name of Borrower	Last	First	Middle	Home Phone Number	Business Phone Number
Present Home Address Number and Street			City	State and Zip Code	Years There

## EMPLOYMENT HISTORY

Name of Business or Employer (Present)	Position and Type of Business	Length of Service \$	Annual Salary (Base) \$
Address		Last Bonus	
Name Phone No. of your Accountant:		Name, Phone No. of Your Attorney:	

## CO-APPLICANT

Name	Social Security Number
Present Home Address Number and Street	City State and Zip Code Years There

AS OF THE \_\_\_\_ DAY OF \_\_\_\_\_, YR \_\_\_\_

NOTE: This Statement and any supporting Schedules may be completed jointly by both married and unmarried co-borrowers if their assets and liabilities are sufficiently joined so that this Statement can be meaningfully and fairly presented on a combined basis; otherwise separate Statements and Schedules are required.  
 Check One:     Completed Jointly         Not Completed Jointly

## STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

Assets (in whole dollars)	Liabilities (In whole dollars)
1 Cash (Schedule A) \$	16 Loans Payable to Bank-Unsecured (Schedule I) \$
2 Marketable Securities (Schedule B)	17 Loans Payable to Bank-Secured (Schedule I)
3 Accounts and Notes Receivable (Schedule C)	18 Loans Payable to Others
4 Cash Surrender Life Ins. (Schedule D)	19 Mortgage Payable (Schedule J)
5 Real Estate Owned (Market Value) (Schedule E)	20 Installment Contracts Payable
6 Mortgage Owned (Schedule F)	21 Federal & State Income Taxes Payable
7 Privately Owned Businesses (Market Value) (Schedule G)	22 Other Taxes & Interest Payable
8 Invest. Limited Partnership (At Cost) (Schedule H)	23 Loans Against Cash Surrender Value Life Ins.
9 Pensions, IRA, 401 K Keogh	24 Other Liabilities (Schedule J)
10 Other Assets (Itemize):	25
11	26
12	27
13	28 (add lines 16 and 27) <b>Liabilities</b>
14	29 (line 15 less line 28) <b>Net Worth</b>
15 (add lines 1-14) <b>TOTAL ASSETS</b> \$	30 (add lines 28 and 29) <b>TOTAL</b> \$

**Schedule A****CASH BALANCES**

Name and Location of Bank or Financial Institution	Type of Account and Account No.	Signatures on Account	Check (/) if pledged	Cash Balance
TOTAL CASH BALANCES \$				

**Schedule B****MARKETABLE SECURITIES**

Name/Description of Securities	Registered in Name(s) of	Number of Shares (Stocks) or Face Value (Bonds)	Check (y) if pledged	Market Value
TOTAL MARKET VALUE \$				

**Schedule C****ACCOUNTS AND NOTES RECEIVABLE**

Due From	Original Amount	Interest Rate	Maturity	Collateral	Annual Payment Collected	Balance
TOTAL RECEIVABLE BALANCE \$						

**Schedule D****LIFE INSURANCE**

Insurance Company Name	Policy	Type Owner	Face Amount of Policy	Beneficiary	Amount	Net Cash Value Borrowed
TOTAL NET VALUE \$						

**Schedule E****REAL ESTATE OWNED**

Location / Type of Property	Date Acquired & % Owned	Cost	Annual Gross Rental Income	Annual Net Rental Income (before depreciation)	Market Value
TOTAL REAL ESTATE OWNED \$					

**Schedule F**

**MORTGAGES OWNED**

Location / Type of Property	Mortgagor	Annual Net Income	Maturity	Check (*) if assigned	Value	
					Assessed	Market
TOTAL MORTGAGES OWNED \$						

**Schedule G**

**PRIVATELY OWNED BUSINESS**

Name / Type of Business	Date Acquired	% Owned	Gross Revenue 3 Years	Net Profit 3 Years	Cost	Market Value
METHOD OF DETERMINING MARKET VALUE					TOTAL \$	

**Schedule H**

**INVESTMENT IN LIMITED PARTNERSHIP**

Title and Description (Real Estate, Oil/Gas, etc.)	% Owned	Cost	Cash Distribution		Net Equity
			Last Year	This Year	
Method of determining market value:			TOTAL INVESTMENT \$		

**Schedule I**

**LOANS PAYABLE (BANKS)**

Name and Location of Bank	Original Amount	Collateral Description	Interest Rate	Maturity Rate	Monthly Payment	Balance
TOTAL LOANS PAYABLE \$						

**Schedule J**

**MORTGAGES PAYABLE**

Name and Location of Creditor	Description	Maturity	Type of Lien (1st, 2nd, etc)	Title in Name of	Mtg. Payment Due in One Year	Balance
TOTAL MORTGAGES PAYABLE \$						

**Schedule K**

**OTHER LIABILITIES**

Creditor	Description (Taxes, Margin Acct, etc.)	Collateral	Co-Signer	Payments Due in One Year	Balance
TOTAL OTHER LIABILITIES \$					

Creditor	Debt in name of	Purpose	Collateral	Maturity	Balance
<b>TOTAL \$</b>					

Income and expenses for the prior 12 month period ending \_\_\_\_\_

<i>Income</i>	<i>Applicant</i>	<i>Co-Applicant</i>	<i>Expenses</i>	<i>Applicant</i>	<i>Co-Applicant</i>
Salary			Personal Living Expenses		
Interest/Dividends			Loans Payable		
Rental Income			Mortgages Payable		
Partnership Income			Partnership Contributions		
Capital Gains			Taxes		
*Other Income			Other (specify below)		
<b>TOTAL INCOME \$</b>			<b>TOTAL EXPENSES \$</b>		

Specify source of other income: \_\_\_\_\_

Specify other expenses: \_\_\_\_\_

\* Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as basis for repaying this obligation.

Have any judgements been entered against you? Are there any legal actions pending against you?

Have you ever declared bankruptcy?

As of this date, I have not pledged, assigned, hypothecated or transferred title to any of my assets, except as listed on this form or on a supporting schedule except as follows (give details):

The information contained in this statement is provided for the purpose of obtaining or maintaining credit with you on my/our behalf or on the behalf of persons, firms, or corporations in whose behalf I/we may, either severally or jointly with others, execute a guaranty in your favor. I/we understand that you are relying on this information (including the designation made as to ownership of property) in deciding to grant or continue credit. I/we represent and warrant that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of change is given to you by me/us. I/we agree to notify you promptly of any such change. You are authorized to check the statements made on this form, and to determine my/our creditworthiness. You will tell me/us upon request whether or not a consumer report was requested and, if so, inform me/us of the name and address of the consumer reporting agency. You are authorized to answer questions about your credit experience with me/us. You may order additional consumer reports and otherwise check my/our credit at any time while credit is outstanding in conjunction with an update, renewal, refinancing, or extension of such credit or in connection with collection efforts. You may retain this statement whether or not credit is approved.

APPLICANT \_\_\_\_\_

CO-APPLICANT \_\_\_\_\_

Signature

Signature

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_