



PERSONAL FINANCIAL STATEMENT AS OF _____

Submitted to: _____

PERSONAL INFORMATION															
APPLICANT (NAME)						CO-APPLICANT (NAME) (if any)									
Employer						Employer									
Address of Employer				City		State		Address of Employer				City		State	
Business Phone No.		No. of Years with Employer		Title/Position		Business Phone No.		No. of Years with Employer		Title/Position					
Name of previous employer & position (if with current employer less than 3 yrs.)						No. of Yrs.		Name of previous employer & position (if with current employer less than 3 yrs.)						No. of Yrs.	
Home Address				City		State		Home Address				City		State	
Home Phone No.		Social Security No.			Date of Birth			Home Phone No.		Social Security No.			Date of Birth		
Name, Phone No. of your Accountant						Name, Phone No. of your Accountant									
Name, Phone No. of your Attorney						Name, Phone No. of your Attorney									

Annual Cash Income & Expenditures Statement (Omit cents) For _____

Year

ANNUAL INCOME	AMOUNT (\$)
Salary (applicant)	
Salary (co-applicant)	
Bonuses & Commissions (applicant)	
Bonuses & Commissions (co-applicant)	
Rental Income	
Interest Income	
Dividend Income	
Capital Gains	
Partnership Income	
Other Investment Income	
Other Income** (List)	
TOTAL INCOME ▶	\$

ANNUAL EXPENDITURES	AMOUNT (\$)
Income and Other Taxes	
Rental Payments, Co-op or Condo Maintenance	
Mortgage Payments	residential investment
Property Taxes	residential investment
Interest & Principal Payments on Loans	
Insurance	
Investments (including tax shelters)	
Alimony	
Child Support	
Medical Expense	
Other Major Expenses: List (e.g. Savings, Contributions to Pension Plans, Professional Insurance, etc.)	
TOTAL EXPENDITURES ▶	\$

Any significant changes expected in the next 12 months? Yes No (if yes, attach information).

****Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.**

Schedule B — Insurance

Life Insurance	Applicant				Co-Applicant			
	Beneficiary	Face Value	Cash Value	Policy Loans	Beneficiary	Face Value	Cash Value	Policy Loans
Whole Life								
Term life (Individual)			X X X	X X X			X X X	X X X
Group Term Life			X X X	X X X			X X X	X X X
Disability Insurance	Applicant			Co-Applicant				
Monthly Distribution if disabled								
Number of Years Covered								

Schedule C — Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only)

Residential	Address		Date of Acquisition	Title in Name of		Percent Owned	Cost	Est. Value of Improvements
	1.							
2.								
3.								
Residential	Current Market Value	Mortgage Held By		Interest Rate	Unpaid Balance		Final Maturity Date	Monthly Mortgage (Principal & Interest)
	1.							
2.								
3.								
Investment	Address		Date of Acquisition	Title in Name of		Percent Owned	Cost	Est. Value of Improvements
	1.							
2.								
3.								
Investment	Current Market Value	Mortgage Held By		Interest Rate	Unpaid Balance		Final Maturity Date	Monthly Mortgage (Principal & Interest)
	1.							
2.								
3.								

Schedule D — Partnerships (less than majority ownership for real estate partnerships)

Type of Investment	Date of Initial Investment	Cost	Percent Owned	Current Market Value	Balance Due on Partnerships: Notes, Cash Call	Final Contribution Date
Business/Professional: (Indicate name)						
Investments: (Including Tax Shelters)						

Schedule E — Vested Interest in Deferred Income

Name of Company:	Amount	Date Available	Payout Basis	Beneficiary

Schedule F — Notes Payable

Institution	Type of Facility	Amount of Line	Secured		Collateral	Interest Rate	Maturity	Unpaid Balance
			Yes	No				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

Please Answer The Following Questions:

1. Do you have a line of credit or unused credit facility at any other institution(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please indicate where, how much, and name of banker: _____
2. Income tax returns filed through (date): _____ Are any returns currently being audited or contested? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what years? _____
3. Have you, or any firm in which you held a significant interest declared bankruptcy in the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: _____
4. Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: _____
5. Have you drawn a will? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please furnish the name of the Executor(s) and year will was drawn: _____
6. Number of dependents (excluding self) and relationship to applicant: ____
7. Have you ever had a financial plan prepared for you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom and when? _____
8. Did you include two years Federal and State tax returns? <input type="checkbox"/> Yes <input type="checkbox"/> No

I understand that **People First Bank** to whom I submit this financial statement is relying on the information contained herein (including the designation of my property as individually or jointly held) in deciding whether to give or continue the financial accommodation or extension of credit I have requested or received. I represent that this is a true statement of my financial condition as of the date of valuations. You may rely on it as being true and correct until I otherwise notify you in writing. You may retain and verify this statement. I understand and agree that from time to time you may receive information about me from third parties and may answer questions and requests from third parties seeking credit and experience information about me and my relationship with you. I further understand and agree that you may share with your affiliates the information contained herein and information received from third parties about me, as well as any financial records arising from the banking relationship between us and authorize such sharing. If this is a joint financial statement, these representations are from each of us.

I/WE HAVE READ, UNDERSTAND AND AGREE TO MAKE THE ABOVE REPRESENTATIONS.

Date

Your Signature

Date

Co-Applicant's Signature
(If you are requesting the financial accommodation jointly)