



SECTION 1 - INDIVIDUAL INFORMATION (TYPE OR PRINT)

Individual Applicant (complete all sections)

Joint Applicant - (complete all sections)

Name:		Co-Applicant:	
Address:		Address:	
City, State & Zip:		City, State & Zip:	
Social Security #:	DOB:	Social Security #:	DOB:
Occupation:		Occupation:	
Business Name:		Business Name:	
Business Address:		Business Address:	
City, State & Zip:		City, State & Zip:	
Length of Employment:		Length of Employment:	
Residence Phone:	Business Phone:	Residence Phone:	Business Phone:

SECTION 2 - STATEMENT OF FINANCIAL CONDITION AS OF

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Assets	In Dollars	Liabilities	In Dollars
Cash in Bank (Bank Certificate of Deposit - see Sch. A)		Notes Payable to Banks - see Sch. F	
U.S. Gov't & Marketable Securities - see Sch. B		Notes Payable to other Institutions - see Sch. F	
Non-marketable Securities - see Sch. C		Due to Brokers	
Securities held by broker in margin accounts		Amounts Payable to Others - secured	
Vested Interest in Retirement Accounts		Amounts Payable to Others - unsecured	
Real Estate Owned - see Sch. D		Accounts and bills due	
Accounts, loans and notes receivable		Unpaid income tax	
Automobiles		Other unpaid taxes and interest	
Other personal property		Real estate mortgages payable - see Sch. D	
Life Insurance - cash surrender value - see Sch. E		Other debts (car payments, credit cards) - itemize	
Other Assets- itemize - see Sch. G, if applicable			
Total Assets	\$ -	Total Liabilities	\$ -
		Net Worth	\$ -
		Total Liabilities and Net Worth	\$ -

PERSONAL INFORMATION

Do you have a will? If so, name executor:	Yes	No	<table border="1"> <tr> <th>EXECUTOR</th> <th>ACCOUNTANT</th> </tr> <tr> <td>Name: _____</td> <td>Name: _____</td> </tr> <tr> <td>Address: _____</td> <td>Address: _____</td> </tr> <tr> <td>Phone: _____</td> <td>Phone: _____</td> </tr> </table>	EXECUTOR	ACCOUNTANT	Name: _____	Name: _____	Address: _____	Address: _____	Phone: _____	Phone: _____
EXECUTOR	ACCOUNTANT										
Name: _____	Name: _____										
Address: _____	Address: _____										
Phone: _____	Phone: _____										
Have you ever declared bankruptcy?			<table border="1"> <tr> <th>ATTORNEY</th> </tr> <tr> <td>Name: _____</td> </tr> <tr> <td>Address: _____</td> </tr> <tr> <td>Phone: _____</td> </tr> </table>	ATTORNEY	Name: _____	Address: _____	Phone: _____				
ATTORNEY											
Name: _____											
Address: _____											
Phone: _____											
Have you ever been audited by the IRS? If so, attach description.											

SECTION 3 - INCOME, EXPENDITURES & CONTINGENT LIABILITIES

Section 3 - Annual Income	Annual Expenditures	Contingent Liabilities	Estimated Amount
Salary	Mortgage/rental payments	Do you have any....	
Bonuses & Commissions	Real Estate taxes & assessments	Contingent Liabilities	Yes No
Dividends & Interest	Taxes - Federal, State & Local	(as endorser, co-maker, guarantor or surety?...on	
Distributions	Insurance Payments	Involvement in pending legal actions?	
Real Estate Income	Other contract payments (car payments, charge cards, etc.)	Other special debt circumstances?	
Tax Free Income	Alimony, child support, etc.	Contested income tax liens?	
Other income (alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)			
Total Income	\$ - Total Expenditures	\$ - Total Contingent Liabilities	\$ -

(USE ADDITIONAL SCHEDULES IF NECESSARY AND ATTACH TO THIS FORM)
SCHEDULE A - CASH AND CERTIFICATES OF DEPOSIT IN OTHER BANKS

Description	Name of Institution	In Name of	Value	Pledged	
				YES	NO
			\$	-	

SCHEDULE B - U.S. GOVERNMENT & MARKETABLE SECURITIES

Description	Number of Shares or Face Value of Bonds	In Name of	Market Value	Pledged/Held by Others		Registered
				YES	NO	

SCHEDULE C - NON-MARKETABLE SECURITIES

Description	In Name of	Current Value	Pledged/Held by Others		Registered
			YES	NO	

SCHEDULE D - RESIDENCES AND OTHER REAL ESTATE (PARTIALLY OR WHOLLY OWNED)

Address and Type of Property	Title in Name of	% of Ownership	Date Acquired	Market Value	Monthly Payment	Mortgage Balance
				\$	-	\$

SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary/Relationship	Face Amount	Cash Surrender Value	Policy Loans
				\$	-

SCHEDULE F - BANK AND OTHER INSTITUTIONAL RELATIONSHIPS

Name and Address of Credit	Original Loan/Line Amount	Date of Loan	Maturity Date	Unsecured/Secured (list collateral)	Monthly Payment	Amount Owed
					\$	-

SCHEDULE G - BUSINESS VENTURES AND OTHER ASSETS

List Name and Address of Any Business Venture in which you are an Owner, Stockholder or Partner	Total Assets	% of Ownership	Your Position/Title in the Business	Total Assets of Business	Line of Business	Number Years in Business
				\$	-	

The undersigned certify(ies) that the pages herein and any schedules attached hereto have been carefully read by the undersigned, and the information contained herein and attached hereto is true and correct. The undersigned gives the above information for the purpose of obtaining credit and authorizes the bank to investigate his or her creditworthiness through any credit bureau or by any other reasonable means, including contacting creditors listed above.

Signature

Date

Signature

Date