FINANCIAL STATEMENT – INDIVIDUAL	Individual Cre If Joint Credit, init		Credit	DATE OF STATEMENT				
TO FINANCIAL INSTITUTION NAMED:		NAME OF INDIVIDUAL:						
HOME ADDRESS		HOME PHONE	SO	CIAL SECUR	ITY NUMBER	DATE OF BIRTH		
ASSETS (Omit Cents)	I		LIAB	ILITIES	(Omit Cents)			
Cash in This Financial Institution (Schedule A)		Notes Payable to	Financial I	Institutions	s (Schedule J)			
Cash in Other Financial Institutions (Schedule A)		Other Notes Paya	ble (Sched	ule J)				
Money Market Accounts (Schedule A)		Loans Secured by Real Estate (Schedule F)						
Notes and Loans Receivable (Schedule B)		Life Insurance Policy Loans (Schedule E)						
Other Accounts Due Me (Schedule B)		Taxes (Federal, S	State, Local	l) Due and	l Unpaid			
Stocks and Bonds - Marketable (Schedule C)		Credit Card Indet	btedness					
Other Stocks and Bonds (Schedule C)		Due to Brokers in	n Margin A	ccounts (S	Schedule K)			
Partnership and Proprietorship Interests (Schedule D)		Other Accounts a	nd Bills Pa	yable (Scl	hedule K)			
Cash Surrender Value Life Insurance (Schedule E)								
Real Estate Owned (Schedule F)								
Oil and Gas Interests (Schedule G)								
Vested Pension and Retirement Funds (Schedule H)								
IRA and Keough Plans (Schedule H)								
Other Personal Assets (Schedule I)				Te	OTAL LIABILITI	ES		
					NET WOR			
		TOT	TAL LIAB	ILITIES d	and NET WOR	TH		
TOTAL ASSETS								

INCOME AND EXPENSE for year ending								
Salaries and Wages	Interest Paid							
Commissions and Bonuses	Rent Paid							
Interest Income	Federal and State Income Taxes							
Dividend Income	Other Taxes							
Business Income	Alimony, Child Support and Separate Maintenance Paid							
Pensions, Annuities, Retirement and Social Security								
Rents								
Alimony, Child Support and Separate Maintenance: (<i>Exclude if you do not</i> <i>wish this income to be considered as a basis for repaying any obligation</i>)								
Other Income								
TOTAL ALL INCOME	TOTAL							
Federal Income Tax Return has been Filed Through	Any Additional Assessments? 🗌 No 🗌 Yes Amount <u>\$</u>							

CONTINGENT LIABILITIES							
NATURE OF LIABILITY	DESCRIPTION	AMOUNT					
Liabilities as Endorser, Co-Maker or Guarantor							
Liabilities on Leases and Contracts							
Liabilities on Letters of Credit							
Contested Tax Liens							
Involvement in Pending Legal Actions, Claims, Judgments, etc.							

SCHEDULE A: CASH IN FINANCIAL INSTITUTIONS AND MONEY MARKET ACCOUNTS										
NAME OF FINANCIAL INSTITUTION	ACCOUNT IN NAME OF:	TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE						

SCHEDULE B:	HEDULE B: NOTES AND LOANS RECEIVABLE AND OTHER ACCOUNTS DUE ME											
ORIGINAL AMOUNT	DUE FROM	BALANCE OWING	PAYMENT SCHEDULE	MATURITY	COLLATERAL							

SCHEDULE C:											
ISSUING COMPANY	REGISTERED IN NAME OF:	NO. OF SHARES OR FACE AMT.	NO. OF SHARES VALUE		IF PLEDGED, TO WHOM?	WHERE TRADED?					
	REGISTERED IN TAIME OF .	OF BONDS*	Per Share	Total	II TEEDOED, TO WHOM.						

*Indicate whether Stocks are Common or Preferred.

SCHEDULE D: PARTNERSHIP AND PROPRIETORSHIP INTERESTS										
NAME OF PARTNERSHIP OR PROPRIETORSHIP	PERCENT OWNERSHIP	ORIGINAL COST	PRESENT VALUE	IF PLEDGED, TO WHOM?						

SCHEDULE E:		L	IFE INSURANCE				
INSURANCE COMPANY	POLICY NUMBER	POLICY OWNER	BENEFICIARY	TYPE OF POLICY	FACE AMOUNT	CASH VALUE	LOANS AGAINST POLICY

SCHEDUL	EDULE F: REAL ESTATE OWNED (Indicates Homestead)										
PARCEL		and DESCRIPTION		YEAR	COST			APPRAIS	AL	NAME OF	
NUMBER	OF IM	PROVEMENTS	v	ACQUIRED	0.051		By Whom	Date		Amount	TITLE HOLDER
1.											
2.											
З.											
4.											
5.											
PARCEL NUMBER	MORTGAGE OR OTHER LIEN	PAYABLE TO:			IGINAL IOUNT		PRESENT BALANCE	INTEREST RATE	AM	IOUNT PAYABLE PER MONTH	AMOUNT OF INSURANCE
1.	1st										
1.	2nd										
2.	1st										
<i>2</i> .	2nd										
3.	1st										
5.	2nd										
4.	İst										
4.	2nd										
F	1st										
5.	2nd										

SCHEDULE G:	OIL	and GAS INTE	ERESTS			
LEGAL DESCRIPTION	WI OR RI	NET REVENUE INTEREST	MONTHLY INCOME	MONTHLY EXPENSE	PRESENT VALUE	PURCHASER OF PRODUCT

SCHEDULE H:		SCHEDULE I:	
VESTED PENSIONS, RETIREMENT FUNDS, IRA,	KEOUGH	OTHER PERSONAL ASSETS	
DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT

SCHEDULE J: NOTES PAYABLE TO FINANCIAL INSTITUTIONS AND OTHERS											
DUE TO WHOM	AMOUNT	HOW PAYABLE	MATURITY	COLLATERAL PLEDGED							

SCHEDULE K: OTHER ACCOUNTS and BILLS PAYABLE INCLUDING AMOUNTS DUE BROKER						
DESCRIPTION	AMOUNTS	DESCRIPTION	AMOUNTS			
		TOTAL				

SCHEDULE L: BUSINES	SES IN WHICH UNDE	RSIGNED IS A	PRINCIPAL OR I	PARTNER		
NAME AND ADDRESS OF BUSINESS TYPE O	TYPE OF BUSINESS	% OWNERSHIP	POSITION/TITLE	FINANCIAL INSTITUTION OF ACCOUNT		
		•				
Has Undersigned executed a will disposing o	f estate in event of death?	⊥ Yes ⊥	No If yes, name of	of Executor		
Has Undersigned made an assignment for ber	nefit of creditors or been in	nvolved in bankru	ptcy proceedings dur	ing the past ten years?	Yes No	
If yes, please state details:						
Marital Status (Do not complete if applying f	or individual unsecured cr	redit):				
Married Separated	Unmarried (Including	,	or widowed)	Number of Dependents		
EMPLOYER NAME AND ADDRESS			POSITION/TIT	*	YEARS EMPLOYED	
			10011010101			
	SI	GNATURES				
This Financial Statement, supporting schedul purpose of establishing, obtaining, or mainta of the date shown above. The Financial Inst the information contained herein, and to answ	ining credit. It is a true, c it is a true, c	complete, and cor	ect representation of check credit and empl	n named Financial Institt the Undersigned's financ oyment history, to verify	ution for the sial condition as the accuracy of	
SIGNATURE		ATE SIGNED	WITNESS			
SIGNATURE		ATE SIGNED	WITNESS			
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