



# 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			
<b>TOTAL \$</b>		<b>TOTAL \$</b>			
<b>Section 1. Source of Income</b>		<b>Contingent Liabilities Describe all including amounts.</b>			
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			
<b>Description of Other Income in Section 1.</b>					
<b>Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income</b>					
Are your tax obligations current? <input type="checkbox"/> Yes <input type="checkbox"/> No	Income tax returns are filed through (date)				
(Describe in Section 6)		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 where? If so Provide details at any other institution? <input type="checkbox"/> Yes <input type="checkbox"/> No how much?				
<b>Section 2. Notes &amp; Leases Payable to Banks and Others</b> (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.)

**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.)

**Section 7. Other Liabilities** (Describe in Detail).

**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** \_\_\_\_\_

## Notice of Right to Receive a Copy of Appraisals

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Loan Number: \_\_\_\_\_

We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close.

You can pay for an additional appraisal for your own use at your own cost.

You will be provided a copy of each appraisal or valuation used concerning this property promptly upon completion, or at least three(3) business days prior to the time you become contractually obligated on the transaction (for closed-end credit) or account opening (for open-end credit), whichever is earlier.

Initial the applicable statement:

\_\_\_\_ I/We wish to receive a copy of each appraisal report or written valuation according to the timing requirement described above.

\_\_\_\_ I/We wish to waive the timing requirements described above and, instead, agree to receive a copy at or before the time I/we become contractually obligated on the transaction (for closed-end credit) or account opening (for open-end credit), except where otherwise prohibited by law.

By signing below, you hereby acknowledge reading and understanding all of the information above and receiving a copy of this notice.

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Signature

Date

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Signature

Date

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Signature

Date

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Signature

Date