

BUSINESS BANKING

PERSONAL FINANCIAL STATEMENT



AS OF _____ (date)

PERSONAL INFORMATION: APPLICANT				PERSONAL INFORMATION: CO-APPLICANT			
NAME:				NAME:			
Employer:				Employer:			
Address of Employer:				Address of Employer:			
Business Phone:		No of Yrs.		Business Phone:		No of Yrs.	
Title/Position				Title/Position			
Include previous employer data (if with current employer less than 3 yrs)				Include previous employer data (if with current employer less than 3 yrs)			
Name:				Name:			
Position:		No. of Yrs.		Position		No. of Yrs.	
Home Address:				Home Address:			
Home Phone Number:		SSN:		Home Phone Number:		SSN:	
Date of Birth				Date of Birth			
Accountant Name		Phone:		Accountant Name		Phone:	
Attorney Name		Phone:		Attorney Name		Phone:	
Investment Advisor/Broker Name		Phone:		Investment Advisor/Broker Name		Phone:	
Insurance Advisor Name		Phone:		Insurance Advisor Name		Phone:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No				Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Cash Income & Expenditures statement for Year Ended: _____

ANNUAL INCOME	AMOUNT (\$)	ANNUAL EXPENDITURES	AMOUNT (\$)
Salary (applicant)		Federal Income and Other Taxes	
Salary (co-applicant)		State Income and Other Taxes	
Bonuses & Commissions (applicant)		Rental Payments, Co-op, or Condo Maintenance	
Bonuses & Commissions (co-applicant)		Rental	
Rental Income		Mortgage Payments: Investment	
Interest Income		Primary Residence	
Dividend Income		Property Taxes: Investment	
Capital Gains		Interest & Principal Payments on Loans	
Partnership Income		Investments (including tax shelters)	
Other Investment Income		Alimony/Child Support	
Other Income (List) **		Tuition	
		Other Living Expenses	
		Medical Expenses	
		Other expenses (List)	
TOTAL INCOME	0	TOTAL EXPENDITURES	0

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Any Significant charges 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.

Balance Sheet as of _____

ASSETS	AMOUNT (\$)	LIABILITIES	AMOUNT (\$)
Cash in this Bank (including money market accounts, CD's)		Notes Payable to this Bank	
		Secured	
Cash in Other Financial Institutions (List) (including money market accounts, CD's)		Unsecured	
		Notes Payable to Others (Schedule D)	
		Secured	
		Unsecured	
		Accounts Payable (including credit cards)	
		Margin Accounts	
Readily Marketable Securities (Schedule A)		Notes Due: Partnership (Schedule D)	
Non-Readily Marketable Securities (Schedule A)		Taxes Payable	
Accounts and Notes Receivable		Mortgage Debt (Schedule C)	
Net Cash Surrender Value of Life Insurance (Schedule B)		Life Insurance Loans (Schedule B)	
Residential Real Estate Investments (Schedule C)		Other Liabilities (List)	
Real Estate Investments (Schedule C)			
Partnerships / PC Interests: (Schedule E)			
IRA, Keogh, Profit-Sharing & Other Vested Retirements Accts.			
Deferred Income (number of years deferred _____)			
Personal Property (including automobiles)			
Other Assets (List):			
		TOTAL LIABILITIES	0
		NET WORTH	0
TOTAL ASSETS:	0	TOTAL LIABILITIES & NET WORTH:	0

CONTINGENT AMOUNT	AMOUNT(\$)	YES	NO
Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation, or partnership?		<input type="checkbox"/>	<input type="checkbox"/>
Do you have any outstanding letters of credit or surety bonds?		<input type="checkbox"/>	<input type="checkbox"/>
Are there any suits or legal actions pending against you?		<input type="checkbox"/>	<input type="checkbox"/>
Are you contingently liable on any lease or contract		<input type="checkbox"/>	<input type="checkbox"/>
Are any of your tax obligations past due?		<input type="checkbox"/>	<input type="checkbox"/>
What would be your total estimated tax liability if you were to sell your major assets?		<input type="checkbox"/>	<input type="checkbox"/>

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If yes for any of the above, give details:

Schedule A – All Securities (including non-money market mutual funds)

No. of Shares (Stock) or Face Value (bonds)	DESCRIPTION	OWNER(S)	WHERE HELD	COST (\$)	CURRENT MARKET VALUE (\$)	PLEGDED	
						YES <input type="checkbox"/>	NO <input type="checkbox"/>
READILY MARKETABLE SECURITIES (including U.S. Governments and Municipals) *							
						<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"/>
NON-READILY MARKETABLE SECURITIES (closely held, thinly traded, or restricted stock)							
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

* If not enough space, attach a separate schedule or brokerage statement and enter totals only.

Schedule B – Insurance

Life Insurance (use additional sheet if necessary)

Insurance Company	Face Amount of Policy (\$)	Type of Policy	Beneficiary	Cash Surrender Value (\$)	Amount Borrowed (\$)	Ownership

Disability insurance	Applicant	Co-Applicant
Monthly Distribution if Disabled	\$	\$
Number of Years Covered		

Schedule C – Personal Residence & Real Estate Investments, Mortgage Debt

Personal Residence Property address	Legal Owner	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						
Real Estate Investments Property address	Legal Owner	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						

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Schedule D – Notes Payable							
Due to	Type of Facility	Amount of Line	Secured		Collateral	Interest Rate	Maturity
			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"/>			

Schedule E – 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):							

*Note: For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments or S-corporations, schedule K-1s.

Please Answer The Following Questions:	Yes	No
1. Income tax returns filed through (date): Are any returns currently being audited or contested?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy? If yes, please provide details:	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you drawn a will? If yes, please furnish the name of the executor(s) and year will was drawn:	<input type="checkbox"/>	<input type="checkbox"/>
4. Number of dependents (excluding self):		
5. Have you ever had a financial plan prepared for you?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you obligated to pay alimony, child support, or separate maintenance? If yes, monthly obligation: \$	<input type="checkbox"/>	<input type="checkbox"/>
7. Will you have tuition expenditures in the next 12 months? If Yes, expected amount: \$	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you expecting significant changes to the information provided in this document during the next 12 months? If so, please attach information	<input type="checkbox"/>	<input type="checkbox"/>

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Representations and Warranties

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guarantee thereof. Each of the undersigned represents warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable.

You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. Each of the undersigned authorizes you to request credit reports, from time to time, containing credit and other reference information about the undersigned from third parties, such as credit reporting agencies. The undersigned authorize any person or consumer-reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.

The undersigned authorize disclosure of all information submitted in connection with this extension of credit to the SBA and Certified Development Company agreeing to participate with SBA's guaranteed loan and 504 debenture programs. I waive all claims against SBA and its consultants for any management and technical assistance that may be provided. In consideration for assistance from the Small Business Administration, I hereby agree that I will comply with all Federal laws and regulations to the extent that they are applicable to such assistance, including conditions set forth in this credit extension. I, my spouse, or any member of my household, or anyone who owns, manages, or directs the business or their spouses or members of their households do not work for the SBA, Small Business Advisory Council, SCORE or ACE, any Federal agency, or the participating lender. If someone does, the name and address of such person and where employed is provided on an attached page.

Notice to New York Residents: Consumer reports may be requested in connection with the processing of your application and any resulting account. Upon your request, we will inform you of the names and addresses of any consumer reporting agencies that have provided us with such reports. New York residents may contact the New York State Department of Financial Services by telephone at 1-877-226-5697 or visit its website at <http://www.dfs.ny.gov> for free information on comparative credit card rates, fees and grace periods.

Notice to Ohio Residents: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

<p>_____ Guarantor Name (As it appears on driver's license - please print)</p> <p>_____ Guarantor's signature</p> <p>_____ Date</p> <p><input type="checkbox"/> I hereby attest that my printed name above matches my name as it appears on my valid driver's license.</p> <p>_____ State _____ Driver's license Number _____ Driver's license exp. date</p>	<p>_____ Guarantor Name (As it appears on driver's license - please print)</p> <p>_____ Guarantor's signature</p> <p>_____ Date (if you are requesting the financial accommodation jointly)</p> <p><input type="checkbox"/> I hereby attest that my printed name above matches my name as it appears on my valid driver's license.</p> <p>_____ State _____ Driver's license Number _____ Driver's license exp. date</p>
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VERIFICATION OF NEW CUSTOMER IDENTITY – Federal laws and regulations require us to request information from you prior to opening an account. The information we request may vary depending on the circumstances, but at a minimum, will include your name, address, an identification number such as your social security or taxpayer identification number, and for individuals, your date of birth. We are also required to verify the information you provide to us. This verification process may require you to provide us with supporting documentation that we deem appropriate. We may also seek to verify the information by other means. We reserve the right to request additional information and/or signatures from you from time to time. In all cases, the protection of our customer's identity and confidentiality is our pledge to you.

Equal Credit Opportunity Act (Regulation B) requires that we notify you that we may order an appraisal to determine your 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.