PERSONAL FINANCIAL STATEMENT Date: SUBMITTED TO:

				PERSON	AL INFORMATI	ION					
APPLICANT (NAME)					CO-APPLICA	CO-APPLICANT (NAME)					
Employer					Employer	Employer					
Address of Employer				Address of E	Address of Employer						
Business Phone No. No. of Years with Employer Title/Posi			itle/Position	Business Pho	Business Phone No. No. of Years with Employer			Position			
Name of previous employer & position (if with current employer No. of Yrs. less than 3 yrs.)				1	Name of previous employer & position (if with current no. of Yrs. employer less than 3 yrs.)						
Home Address					Home Addres	55					
Home Phone No.	Phone No. Social Security No. Dat		Date o	f Birth	Home Phone	No.	Social Security No. Date		Birth		
E-mail address					E-mail addres	SS					
Name, Phone No. of your Acc	countan	t			Name, Phone	Name, Phone No. of your Accountant					
Name, Phone No. of your Attorney				Name, Phone	Name, Phone No. of your Attorney						
Name, Phone No. of your Inve	estmen	t Advisor/Broker			Name, Phone	Name, Phone No. of your Investment Advisor/Broker					
Name, Phone No. of your Insu	irance.	Advisor			Name, Phone	Name, Phone No. of your Insurance Advisor					

Cash Income & Expenditures Statement Fo	or year Ended:	(Omit cents)						
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)		Mortgage Payments Residential Investment						
Rental Income		Property Taxes Residential Investment						
Interest Income		Interest & Principal Payments on Loans						
Dividend Income		Insurance Auto/Renters						
Capital Gains		Investments (including tax shelters)						
Partnership Income		Alimony/Child Support						
Other Investment Income		Tuition						
Other Income (List)**		Other Living Expense Food, utilities						
		Medical Expenses						
		Other Expense (List)						
TOTAL INCOME	\$	TOTAL EXPENDITURES						

Any significant changes expected in the next 12 months? _____Yes _____No (If yes, attach information) Balance Sheet as of:

ASSETS	AMOUNT (\$)	LIABILITIES	AMOUNT (\$)
Cash in this Bank		Notes Payable to this Bank	
(including money market accounts, CDs)		Secured	
Cash in Other Financial Institutions (List)		Unsecured	
(including money market accounts, CDs)		Notes Payable to Others (Schedule E)	
		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 (Schedule C)		Other Liabilities (List):	
Real Estate Investments (Schedule C)			
Partnerships / PC Interests (Schedule D)			
IRA, Keogh, Profit-Sharing & Other Vested Retirement Accts.			
Deferred Income (number of years deferred)			
Personal Property			
Other Assets (List):			
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH	

CONTINGENT LIABILITIES

NO AMOUNT

YES

Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation, or partnership?

Do you have any outstanding letters of credit or surety bonds?

Are there any suits or legal actions pending against you?

Are you contingently liable on any lease or contract?

Are any of your tax obligations past due?

What would be your total estimated tax liability if you were to sell your major assets?

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 DESCRIPTION		OWNER(S)	WHERE HELD	COST	CURRENT	PLEDGED		
Value (Bonds)					MARKET VALUE	YES	NO	
READILY MARKETABLE SECURITIES (including U.S. Govern		Governments and Municipals)						
NON-READILY MA stock)	ARKETABLE SECURITIES (closely h	eld, thinly traded, or restricted						

Schedule B – Insurance Life Insurance (use addition	nal sheet if necess	ary)						
Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership		
Disability Insurance		Applie	cant	Co-Applicant				
Monthly Distribution if Disa	ibled							

Number of Years Covered	

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

Personal Residence	Legal Owner	Purchase			Market	Present Loan	Inter-	Lo	ın	Monthly		Lender
Property Address	Ŭ				Value	Balance	est	Matu	rity	Payment		
		Year	Pr	ice			Rate	Da		,		
		1 001										
Investment	Legal Owner	Pu	rchase		Market	Present Loan	Inter-	Lo	n	Monthly		Lender
Property Address	, , , , , , , , , , , , , , , , , , ,				Value	Balance	est	Matu	rity	Payment		
1 2		Year	Pr	ice			Rate	Da		l i		
Schedule D – Partnerships (le	ess than majority ow	nership for	· real est	ate na	rtnerships)	•				•		
F* (r		F	······································							
Type of Invest	ment	Date	of		Cost	Percent	Current M	arket	B	alance Due on		Final
51		Initi	al			Owned	Value		P	Partnerships:		Contribution
		Investi	nent							otes, Cash Cal	a	Date
Business/Professional (Indicate	e name):											
											-	
											-	
											-	
Investments (Including Tax She	elters):											
Intracing Tur bit	/•										-	
											-	

Schedule E – Notes Payable

Due to	Type of Facility	Amount of Line	Secured Yes No		Collateral	Interest Rate	Maturity	Unpaid Balance

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 of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a 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 field 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 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 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 information other information that the undersigned give you shall be your property.

Date

Applicant's Signature

Date

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