



# Personal Financial Statement

10951 Broadway • Crown Point, IN 46307 • 800-276-8324

**IMPORTANT: Read these directions and check the appropriate box before completing this Statement**

- If You are applying for individual credit in Your own name and are relying on Your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections 1, 3 and 4.
- If You are applying for joint credit with another person, complete all Sections and provide information in Section 2 about the joint applicant. If appropriate, the joint applicant may complete a separate Personal Financial Statement and the applications may be submitted together.
- If You are applying for individual credit but relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections. Provide information in Section 2 about the person whose alimony, support, or maintenance payments, income or assets You are relying on. 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.
- If this statement relates to Your surety of the indebtedness of other person(s), firm(s), or corporation(s), complete Sections 1,3 and 4.

Section 1 – Individual Information (type or print)		Section 2 – Other Party Information (type or print)	
Name	SS#	Name	SS#
Date of Birth		Date of Birth	
Address		Address	
City, State & Zip		City, State & Zip	
Position or occupation		Position or occupation	
Business name		Business name	
Business address 1		Business address 1	
Business address 2		Business address 2	
City, State & Zip		City, State & Zip	
Length of employment		Length of employment	
Res. telephone	Bus. telephone	Res. telephone	Bus. telephone

Section 3 – Statement of Financial Condition as of:			
Assets (Do not include assets of doubtful value)	In dollars (omit cents)	Liabilities	In dollars (omit cents)
Cash on hand and in this institution		Notes payable to this institution	
Cash or Certificates in other institutions (see Schedule A)		Notes payable to other institutions (see Schedule F)	
U.S. Government & marketable securities (see Schedule B)		Due to Brokers	
Non-marketable securities (see Schedule C)		Amounts payable to others - secured	
Securities held by broker in margin accounts		Amounts payable to others – unsecured	
Restricted, control, or margin account stocks		Accounts and bills due	
Real estate owned (see Schedule D)		Unpaid income tax	
Accounts, loans, and notes receivable		Other unpaid taxes and interest	
Automobiles		Real estate mortgages payable (see Schedule D)	
Other personal property		Other debts (car payments, credit cards, etc.) – itemize	
Cash surrender value - life insurance (see Schedule E)			
Other assets – itemize (see Schedule G if applicable)			
		<b>Total Liabilities</b>	
		<b>Net Worth</b>	
<b>Total Assets</b>		<b>Total Liabilities and Net Worth</b>	

PERSONAL INFORMATION	YES	NO	ACCOUNTANT
Do You have a will? If so, name executor:	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Address: _____ Telephone: _____
Have You ever declared bankruptcy? If so, describe:	<input type="checkbox"/>	<input type="checkbox"/>	<b>ATTORNEY</b> Name: _____ Address: _____ Telephone: _____
Have You ever been audited by the IRS? If so, describe:	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4 – Annual Income For Year Ended:		Annual Expenditures		Contingent Liabilities			Estimated Amounts
Salary	\$ _____	Mortgage/rental payments	\$ _____	Do you have any . . . . Contingent liabilities (as endorser, co-maker, guarantor or surety? ... On leases? On contracts?)	Yes	No	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Bonuses & commissions	\$ _____	Real estate taxes & assessments	\$ _____		<input type="checkbox"/>	<input type="checkbox"/>	
Dividends & interest	\$ _____	Taxes – federal, state & local	\$ _____		<input type="checkbox"/>	<input type="checkbox"/>	
Real estate income	\$ _____	Insurance payments	\$ _____		<input type="checkbox"/>	<input type="checkbox"/>	
Tax free income	\$ _____	Other contract payments (car payments, charge cards, etc.)	\$ _____		<input type="checkbox"/>	<input type="checkbox"/>	
Other income	\$ _____	Alimony, child support, maintenance	\$ _____	Contested income tax liens?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
		Other expenses	\$ _____	If "yes" to any question(s) describe:			
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 INSTITUTIONS**

Description	Name of Institution	In Name of	Are these Pledged or Held by others?	Value

**SCHEDULE B – U.S. GOVERNMENT & MARKETABLE SECURITIES**

Number of Shares or Face Value of Bonds	Description	In Name of	Are these Registered, Pledged or Held by others?	Cost	Market Value

**SCHEDULE C – NON-MARKETABLE SECURITIES**

Number of Shares	Description	In Name of	Are these Registered, Pledged or Held by others?	Original Investment	Current Value	Source Of Value

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

Address and Type of Property	County	Title in Name of	% of Ownership	Date Acquired	Cost	Market Value	Monthly Payment	Mortgage Balance	Mortgage Maturity

**SCHEDULE E – LIFE INSURANCE CARRIED (INCLUDING GROUP INSURANCE)**

Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy loans	Cash Surrender Value

**SCHEDULE F – OTHER INSTITUTIONAL RELATIONSHIPS**

Name and Address of Creditor	Original Loan/Line Amount	Date of Loan	Maturity Date	Unsecured or 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	Your % of Ownership	Your Position/Title In the Business	Total Assets of Business	Line of Business	Years in Business

The information contained in this statement is provided to induce Us to extend or to continue the extension of credit to You or to others upon the surety of the undersigned. You acknowledge and understand that We are relying on the information provided herein in deciding to grant or continue credit or to accept a surety 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 Us 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 their obligations to Us. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. We are authorized to make all inquires We deem necessary to verify the accuracy of the information contained herein, and to determine Your credit-worthiness. Each of the undersigned authorizes Us to answer questions about Our credit experience with the undersigned.

Signature (individual) \_\_\_\_\_

Date signed \_\_\_\_\_

Name (please print) \_\_\_\_\_

Signature (other party) \_\_\_\_\_

Date signed \_\_\_\_\_

Name (please print) \_\_\_\_\_