As	Of	Date:
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Legal	Name of Undersigne	Social Se	curity Number				
Date of Birth	Phone Number	Email Addr	ess				
Primary Residence Street Address (no P.O. Boxes)							
	City	Zip	How Long?				
En	nployer	Occupa	tion/Position	How Long?			
		·					

Le	egal Name of Spouse	Social	Social Security Number				
Date of Birth	Phone Number	Email Ad	dress				
			•				
Pr	ss (no P.O. B	oxes)					
	City	State Zip How Long					
En	nployer	Occupa	tion/Position	How Long?			

BALANCE SHEET

Please fill in all blanks, writing 0" where necessary, to complete information.

ASSETS (Do not include assets of doubtful value)	Value
1. Cash On Hand in Banks	
2. Marketable Stocks, Securities & Bonds	
3. Retirement Accounts	
4. Other Investments / Business Equity	
5. Cash Value Life Insurance	
6. Primary Residence	
7. Other Real Estate Assets	
8. Automobiles	
9. Personal Property	
10: Other Assets (list):	
11: Other Assets (list):	
12. Other Assets (list):	
13. TOTAL ASSETS	

LIABILITIES (Include All Direct Liabilities)	Balance Owed
14. Debt on Primary Residence	
15. Debt on Other Real Estate	
16. Debt on Automobiles	
17. Student Loans	
18. Credit Cards & Other Revolving Accounts	
19. Unpaid Taxes (list):	
20. Other Debts (list):	
21. Other Debts (list):	
22. Other Debts (list):	
23. Other Debts (list):	
24. Other Debts (list):	
25. TOTAL LIABILITIES	
26. NET WORTH	

ANNUAL SOURCE OF INCOME

CONTIGENT LIABILITIES & GENERAL INFORMATION

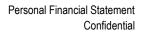
		Borrower	Spouse
Salary			
Bonus & Commission			
Dividends & Interest			
Real Estate Income (after payments & ex	(penses)		
Other Income (list:)			
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.		-	

Applies to Your or Spouse	Yes	No	Explanation or Dollar Amount
Guaranteed / Cosigned Debt?			
Defendant in any suit or legal action?			
Judgements / Garnishments / Attachments?			
Ever Filed for Bankruptcy?			
Executed a separate property agreement?			
Do you have a will? (list beneficiary)			

Additional Notes or Explanations for the Above

In order to induce the above named bank to grant or extend loans for which I am directly or contingently liable, I hereby represent and warrant the above information to be true and complete. I hereby authorize the bank to obtain information concerning any statement made herein. This authorization is continued until such time any and all obligations have been satisfied in full. The Bank is further authorized to investigate my personal credit history under the bank's discretion, including by not limited to pulling credit reports from Equifax, Transunion, and Experian, as well as personally contacting credit references. This statement remains the bank's property whether the loan is or is not granted. You are authorized to furnish information to others regarding your credit experience with me/us.

Signature	Date Signed
Signature	Date Signed



As Of Date:



SCHEDULE A CASH ON HAND IN BANKS													
Name of Financial Institu	ıation	Туре	of Account			Owner(s)			Balance I		If Pledged /	If Pledged / Assigned, Please Explain	
SCHEDULE B MAR	KETABLE STO	ncks	SECURI	TIFS &	. RON	IDS							
Descript		orto,		n the Nan			Separat	e Property	Total V	/alue	If Pledged /	Assigned, Please E	Explain
•							·						
		A											
	REMENT ACC	OUNI		n the Nan	no Of	Of Separate Property		Total Value If Pledged		If Dladged /	/ Assigned, Please Explain		
Descript	1011		l l	II (IIE IVali	ile Oi		Зераган	e Property	TOTAL	alue	ii Fleugeu /	Assigned, Flease D	-хріаіі і
	ISTED STOCK	S/BU											
Descript	ion		I	n the Nan	ne Of	Of Separate Property			Total V	/alue	If Pledged /	ed / Assigned, Please Explain	
SCHEDULE E LIFE	INSURANCE (CARRI	ED										
Name of Life Ins Company	Policy Type	Face	Amount	Cash V	/alue	Amou	nt of Loan	Policy Owner		В	eneficiary	Pledged or Ass	igned to
										_			
SCHEDULE F REA	L ESTATE OW	NED				-							
Property Location / D			r Acquired	Market	t Value	M	lortgage	Mortgage			ndor	Rental Income	% Owned
Property Location / D	rescription	1 Gai	Acquireu	iviaine	t value	Amount		Payment		Edition		Nental income	70 Owned
						+							
	AILS ON LIABI	LITIES									5		
Name of Cre	editor		Balance	e Owed	-	Monthly Payment Description							
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		ΔΙ	NOITION	AI NOI	TFS_	FXPL /	MOITANA	, DISCLOS	SURES				
			ASTRICK!			-/AT 1=/		, DIOCEO	JONEO				

Initials:

Spouse Initials:

Page Certification: I hereby represent and warrant the above information to be true and complete.