

## PERSONAL FINANCIAL STATEMENT

CHECK BOX FOR JOINT ACCOUNT:  If you are applying for a joint account Joint Applicant or user.  We intend to apply for Joint Credit:		son will use, complete all	sections, providing in	nformation about		
Applicant (Print Name) Co-Applicant (P				nt Name)		
Complete this form for: (1) each proprie (3) each stockholder owing 20% or more						
INDIVIDUAL INFORMATION						
Name:		Name:				
Residence Address:		Residence Address:				
City, State, ZIP:		City, State, ZIP:				
Soc Sec #: Date of Birth:		Soc Sec #: Date of Birth:				
Drivers License # Expiration Date:		Drivers License # Expiration Date:				
Occupation:		Occupation:				
Business Name:		Business Name:				
Business Address:		Business Address:				
City, State, ZIP:		City, State, ZIP:				
E-Mail Address:		E-Mail Address:				
Residence #: Busine	ss#	Residence #: Business #				
ASSETS		LIABILITIES				
Cash on Hand & in Banks	\$	Accounts Payable	\$			
Savings Accounts	\$	Notes Payable to Bai	\$			
IRA or Retirement Accounts	\$	Installment Monthly Payment Accounts (Auto) \$		\$		
	<b>Y</b>	Accounts (Auto) \$ \$ Installment Monthly Payment		, <del>,</del>		
Accounts & Note Receivables	\$	Accounts (Other) \$ \$		\$		
Life Insurance – Cash Surrender Value Only	\$	Loan on Life Insurance \$		\$		
Stocks & Bonds	\$	Mortgages on Real Estate \$		\$		
Real Estate	\$	Unpaid Taxes \$				
Automobile-Present Value	\$	Other Liabilities \$		\$		
Other Personal Property	\$					
Others Assets	\$	Total Liabilities \$				
Total Assets	\$	Net Worth		\$		
Section 1. Source of Income		Contingent Liabilities				

Section 1. Source of Incor	ne	Contingent Liabilities		
Salary	\$	As Endorser or Co-Maker	\$	
Net Investment Income	\$	Legal Claims and Judgments	\$	
Real Estate Income	\$	Provision for Federal Income Tax	\$	
Other Income				
(Describe on next page)	\$	Other Special Debts \$		

Description c				ess it is desired t	to have such paym	ents counted towar	ds total inco	me**
Section 2. No				<b>rs.</b> (Use atta	achments if ne	ecessary, each a	ttachmen	it must be
Name & Address of Noteholder(s)		Original Balance	Current Payment Balance Amount		,		How secured pe of Collateral	
Section 3. St		<b>nds.</b> (Us	e attachments	if necessary,	each attachm	ent must be ide	ntified as	a part of this
statement and sig			_	Mar	ket Value	Date of Qu	otation/	Total Value
# of Shares	Name of Sec	curities	Cost	_	on/ Exchange		Exchange	
Section 4. Remust be identified				el separately	. Use attachm	ent if necessary	, each att	achment
mast be facilities	a do part or tim		PROPERTY A		PROPERTY	В	PROP	ERTY C
Type of Property								
Address								
Date Purchased								
Original Cost								
Present Market V	alue							
Name/Address of	Mtg Holder							
Mortgage Accoun	t number							
Mortgage Balance	<u>,</u>							
Amount of Pmt pe	er month/yr							
Status of Mortgag	je							
Section 5. Ot and address of lie		-						state name
Section 6. Unany, a tax lien mu			ribe in detail, as	to the type,	to whom pays	able, amount, a	nd to wha	at property, if

Section 7. Other Liabilities. (Describe in detail.)
<b>Section 8 Life Insurance Held.</b> (Give face amount and cash surrender value of policies- name of insurance company and beneficiaries.)
I (We) authorize Generations Bank to make inquires as necessary to verify the accuracy of the statements made and to determine my creditworthiness for the purpose of obtaining or continuing an extension of credit or guaranteeing a loan. I (We) understand that you are relying on this information in your decision to grant or continue credit. I (We) understand that you may exchange or make credit inquiries with others. I (We) have completely and truly answered all the questions on this statement. During the review of my/our application the Bank may obtain a consumer report on me/us and if the application is approved the Bank at anytime in the future may obtain additional consumer reports to review my/our account. I (We) have the right to ask for the name and address of the consumer reporting agency which gave the Bank the consumer report.
Signature:
Name:
Date:
Signature:

Name: \_\_ Date: \_\_