



# FIRST SAVINGS

**B A N K**

## Personal Financial Statement

Complete this form for: (1) each individual, (2) each proprietor, (3) each limited partner, (4) each stockholder, or (5) any person or entity providing a guaranty on the loan.

<b>Business Name of Applicant/Borrower (IF APPLICABLE)</b>
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<b>SECTION 1 – INDIVIDUAL INFORMATION</b>	<b>SECTION 2 – OTHER PARTY INFORMATION</b>
<b>Name</b>	<b>Name</b>
<b>SSN</b>	<b>SSN</b>
<b>Residence Address</b>	<b>Residences Address</b>
<b>City/State/Zip</b>	<b>City/State/Zip</b>
<b>Date of Birth</b>	<b>Date of Birth</b>
<b>Phone</b>	<b>Phone</b>
<b>Employer</b>	<b>Employer</b>
<b>Employer Address/Phone</b>	<b>Employer Address/Phone</b>
<b>Previous Employer (If Less Than 3 years)</b>	<b>Previous Employer (If Less Than 3 years)</b>
<b>Do you or any related entity have any lawsuits pending?</b>	<b>Do you or any related entity have any lawsuits pending?</b>
<b>Do you or any related entity have any taxes that have not been paid or are in dispute?</b>	<b>Do you or any related entity have any taxes that have not been paid or are in dispute?</b>
<b>Have you or any related entity ever claimed bankruptcy or defaulted on a loan?</b>	<b>Have you or any related entity ever claimed bankruptcy or defaulted on a loan?</b>
<b>If you answered “Yes” to any of the above questions, please describe:</b>	<b>If you answered “Yes” to any of the above questions, please describe:</b>
<b>Do you have a will?</b>	<b>Do you have a will?</b>
<b>Executor/Executrix</b>	<b>Executor/Executrix</b>
<b>Bank where credit has been obtained</b>	<b>Bank where credit has been obtained</b>
<b>Bank where deposit accounts maintained</b>	<b>Bank where deposit accounts maintained</b>

SECTION 3 – STATEMENT OF FINANCIAL CONDITION AS OF				20	
ASSETS			LIABILITIES		
<b>Cash</b> (Describe in Section 5)			<b>Accounts Payable</b> Account in name of:		
<b>Marketable Securities</b> (Describe in Section 6)			<b>Notes Payable to Banks and Others</b> (Describe in Section 13)		
<b>Non-Marketable Securities</b> (Describe in Section 7)			<b>Installment Account (Auto)</b> Mo. Payments \$ _____ Account in name of:		
<b>Life Insurance-Cash Surrender Value Only</b> (Describe in Section 8 )			<b>Installment Account (Auto)</b> Mo. Payments \$ _____ Account in name of:		
<b>Real Estate Owned</b> (Describe in Section 9)			<b>Installment Account (Other)</b> Mo. Payments \$ _____ Account in name of:		
<b>IRA or Other Retirement Accounts</b> (Describe in Section 10)			<b>Loan on Life Insurance</b> Account in name of:		
<b>Automobile-Present Value</b> Automobile in name of:			<b>Mortgages on Real Estate</b> (Total mortgage balance as described in Section 9 )		
<b>Automobile-Present Value</b> Automobile in name of:			<b>Unpaid Taxes</b> (Describe in Section 14)		
<b>Other Personal Property</b> (Describe in Section 11)			<b>Other Liabilities</b> (Describe in Section 15)		
<b>Business Venture(s):</b> (Describe in Section 12)					
<b>Other Assets – Itemize</b> Asset in the name of:					
<b>Accounts and Notes Receivable</b> Please attach copies of Statements if available					
			<b>Total Liabilities</b>		
			<b>Net Worth</b>		
<b>Total Assets</b>			<b>Total Liabilities and Net Worth</b>		

SECTION 4 – SOURCES OF INCOME/CONTINGENT LIABILITIES					
Individual Information			Other Party Information		
<b>Salary</b>			<b>Salary</b>		
<b>Net Investment Income</b>			<b>Net Investment Income</b>		
<b>Real Estate Income</b>			<b>Real Estate Income</b>		
<b>Other Income</b>			<b>Other Income</b>		
<b>Description of Other Income in Section 4</b>					
Alimony or child support payments need not be disclosed in “Other Income” unless it is desired to have such payments counted toward total income.					

SECTION 5 – Cash			
Account Holder	Bank	Balance	Account Type/Pledged?

**SECTION 6 – MARKETABLE SECURITIES**

(Use attachments if necessary. Each attachment must be identified as a part of this Statement and signed.)

Description including Account Holder	No. of Shares	Current Market Value	Pledged?	Margin Debt	Yearly Dividend Income

**SECTION 7 – NON-MARKETABLE SECURITIES**

(Use attachments if necessary. Each attachment must be identified as a part of this Statement and signed.)

Description	Account Holder	No. of Shares	Current Market Value	Cost	Pledged?

**SECTION 8 – INSURANCE COMPANY**

Account Holder	Type (Auto, Home, Life)	Policy #	Coverage and Face Value	If Life Insurance, Cash Value and Beneficiary	Agent Name & Phone #

<b>SECTION 9 – REAL ESTATE OWNED</b>				
(List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.				
		<b>Property A</b>	<b>Property B</b>	<b>Property C</b>
<b>Property in Name of</b>				
<b>Type of Property</b>				
<b>Address</b>				
<b>Percentage Owned</b>				
<b>Date Purchased</b>				
<b>Original Cost</b>				
<b>Present Market Value</b>				
<b>Yearly Rental Income</b>				
<b>Yearly Rental Expenses</b>				
<b>Name and Address of Mortgage Holder</b>				
<b>Mortgage Account Number</b>				
<b>Original Mortgage Balance/Current Balance</b>				
<b>Payment Amount per Month/Year</b>				

<b>SECTION 10 – IRA or Other Retirement Accounts</b>	<b>Account Holder</b>

<b>SECTION 11 – OTHER PERSONAL PROPERTY AND OTHER ASSETS</b> (Describe: value, owner name, amount of lien (if any), and terms of payment.

<b>SECTION 12 - BUSINESS VENTURES</b>					
<b>Name of Business and Type of Business Entity (Proprietorship, Partnership, Sub-S Corp, Corp, LLC) and Owner Name</b>	<b>Position/Title</b>	<b>% of Ownership</b>	<b>Market Value of Your Interest</b>	<b>Proprietorship/Partnership Related Debt Balance and Yearly Payment Terms (if applicable)</b>	<b>Yearly Distributions/Yearly Contributions</b>

<b>SECTION 13 - NOTES PAYABLE TO BANKS AND OTHERS (Non-Real Estate Loans Ex: Credit cards)</b> (Use attachment if necessary. Each attachment must be identified as a part of this statement and signed)					
<b>Name and Address of Note holders</b>	<b>Original Balance</b>	<b>Current Balance</b>	<b>Payment Amount</b>	<b>Frequency (monthly, etc.)</b>	<b>How Secured or Endorsed Type of Collateral</b>

<b>SECTION 14 – UNPAID TAXES</b> (Describe in detail, as to type, who owes, as to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

<b>SECTION 15 – OTHER LIABILITIES</b> (Describe in detail)
<b>As Endorser or Co-Maker</b>
<b>Legal Claims &amp; Judgments</b>
<b>Provision for Federal Income Tax</b>
<b>Other Special Debt</b>

**ADDITIONAL COMMENTS:**


The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms, or corporations in whose behalf the undersigned may either severally or jointly with others, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (Including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness. You are authorized to answer questions about your credit experiences with me/us. You understand that we have a current need to review your creditworthiness as in individual. By signing below, you authorize us to check your credit account and employment history and/or have a credit reporting agency prepare a credit report on you. You also acknowledge that we will verify the creditworthiness of the above-named Business Entity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date: \_\_\_\_\_ Social Security Number \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date: \_\_\_\_\_ Social Security Number \_\_\_\_\_

<i>For Bank Use Only</i>
_____ Received