

Financial Statement as of _____

NAME		DATE OF BIRTH		EMPLOYER		YEARS		
HOME ADDRESS WITH ZIP CODE			SSN		OCCUPATION POSITION		YEARS	
SPOUSE NAME (If married see Note 1 below)			DRIVER'S LICENSE # & STATE		PHONE		OFFICE PHONE	

ASSETS Complete schedules below to autopopulate (OMIT CENTS)			LIABILITIES Complete schedules below to autopopulate								
CASH (Schedule 1)	In this Bank	\$0	REAL ESTATE PAYABLE (Schedule 6)		\$0						
	In Other Institutions	\$0									
SECURITIES (Schedule 2)	Marketable, Not Publically Traded, Retirement or IRA	\$0	ACCOUNTS PAYABLE								
			NOTES PAYABLE (Schedule 5)		\$0						
ACCOUNTS RECEIVABLE			ESTIMATED CREDIT CARD BALANCE								
NOTES RECEIVABLE (Schedule 3)		\$0	<table border="1"> <tr> <td>TAXES OWING</td> <td>Income Taxes</td> <td></td> </tr> <tr> <td></td> <td>Other Taxes</td> <td></td> </tr> </table>		TAXES OWING	Income Taxes			Other Taxes		
TAXES OWING	Income Taxes										
	Other Taxes										
NET CASH VALUE OF INS. & ANNUITIES (Schedule 4)		\$0	OTHER LIABILITIES								
REAL ESTATE MARKET VALUE (Schedule 6)		\$0	(Itemize on page 3 in Remarks Section)								
EQUIPMENT & OTHER BUSINESS ASSETS			TOTAL LIABILITIES		\$0						
PERSONAL PROPERTY & AUTOMOBILES			PERSONAL NET WORTH (Assets less Liabilities)		\$0						
OTHER ASSETS (Itemize on page 3 in Remarks Section)											
TOTAL ASSETS		\$0									

Note 1. Spouse information need not be revealed unless you reside in AZ, CA, ID, LA, NV, NM, TX, WA, WI or other community property states.

Note 2. Alimony, child support or separate maintenance income need not be revealed unless you wish to have them considered as a basis for repaying the requested credit.

NOTICE: LEAVING SPACES BLANK IS A STATEMENT OF "NONE"

SCHEDULE 1 - DEPOSIT ACCOUNTS (IN THIS BANK)

NAME ON ACCOUNT*	ACCOUNT NUMBER	BALANCE	TYPE OF ACCOUNT	Pledged? Yes or No	Restricted? Yes or No
*If other than yourself, please provide explanation in Additional Remarks Section		\$0	** any additional accounts please use a separate sheet of paper		

SCHEDULE 1 - DEPOSIT ACCOUNTS (OTHER INSTITUTIONS)

NAME ON ACCOUNT*	BANK NAME	BALANCE	TYPE OF ACCOUNT	Pledged? Yes or No	Restricted? Yes or No
*If other than yourself, please provide explanation in Additional Remarks Section		\$0	** any additional accounts please use a separate sheet of paper		

SCHEDULE 2 - STOCKS, BONDS, RETIREMENT AND/OR IRA (MARKETABLE OR NOT PUBLICALLY TRADED)

NAME OF ISSUER	MARKET VALUE	PLEDGED? Yes or No	RESTRICTED? Yes or No
\$0		** any additional securities or retirement accounts please use a separate sheet of paper	

NOTICE: LEAVING SPACES BLANK IS A STATEMENT OF "NONE"

Initials _____

SCHEDULE 3 - NOTES RECEIVABLE						
DUE FROM	PRESENT BALANCE	RATE	MATURITY	PAYMENT TERMS	COLLECTABLE? Yes or No	COLLATERAL
TOTAL TO PAGE 1		\$0		** any additional notes receivable please use a separate sheet of paper		
SCHEDULE 4 - LIFE INSURANCE AND ANNUITIES (Including employer provided)						
COMPANY	FACE AMOUNT	CASH VALUE	POLICY LOAN? Yes or No	NET CASH VALUE	BENEFICIARY	PLEGGED? Yes or No
TOTAL TO PAGE 1				0		
** any additional life insurance or annuity accounts please use a separate sheet of paper						
SCHEDULE 5 - NOTES PAYABLE (Excludes mortgages listed in Schedules 6)						
DUE TO	PRESENT BALANCE	RATE	MATURITY	MONTHLY PAYMENT	COLLATERAL**	
TOTAL TO PAGE 1		\$0		** any additional accounts please use a separate sheet of paper		
***IF YOU ARE A COMAKER, LIST THE LOAN IN THIS SCHEDULE AND STATE THE BORROWER'S NAME IN THIS COLUMN.						
SCHEDULE 6 - REAL ESTATE						
#	RELATED DEBT				MONTHLY PAYMENTS	
	(Star "*" amount if not personally liable)					
	CURRENT BALANCE	LIENHOLDER	MATURITY	RATE		
1						
2						
3						
4						
5						
6						
\$0		TOTAL TO PAGE 1		** any additional accounts please use a separate sheet of paper		
SCHEDULE 6 - REAL ESTATE continued						
#	LOCATION (ADDRESS)				% OWNERSHIP	MARKET VALUE
1						
2						
3						
4						
5						
6						
** any additional accounts please use a separate sheet of paper					TOTAL TO PAGE 1	
					\$0	
NOTICE: LEAVING SPACES BLANK IS A STATEMENT OF "NONE"						
PAGE 2						
Initials _____						

ALL QUESTIONS BELOW MUST BE ANSWERED

I understand that the following questions are addressed to me and I have answered them as appropriate.

- ☐ Yes ☐ No 1. Are any of the Assets held in trust, in an estate or in any other name or capacity?
- ☐ Yes ☐ No 2. Were any of the Assets (i) owned or claimed by your spouse before marriage; or (ii) acquired by your spouse during marriage by gift or inheritances; or (iii) recovered for personal injuries sustained by your spouse during marriage; or (iv) acquired from the proceeds of liquidation of any of the preceding?
- ☐ Yes ☐ No 3. Are any of your real estate properties used by you in your business?
- ☐ Yes ☐ No 4. Do any of your Assets secure any debts which have not been reported in the preceding schedules?
- ☐ Yes ☐ No 5. Are you a party to any suit or are there any unsatisfied judgments against you?
- ☐ Yes ☐ No 6. Have you been through bankruptcy or made an assignment for benefit of creditors?

I have explained fully under "Additional Remarks" on this page any "Yes" answers to the foregoing questions.

- ☐ Yes ☐ No 7. I have a will; the executor is _____
- ☐ Yes ☐ No 8. Do you reside in Florida?
- ☐ Yes ☐ No 9. If you answered Yes to 8, are any of the Assets jointly owned by you and your spouse?
- ☐ Yes ☐ No 10. If you answered Yes to 8 and 9, do you and your spouse intend for the jointly owned assets to be held as tenants by the entirety?

If you answered Yes to 8 and 9, but No to 10, then your spouse must confirm the same to us in writing.

The above financial and supporting schedules, which are submitted to you for the purpose of obtaining credit from you, present a true, complete and correct statement of my financial condition as of the date shown. I understand that misrepresenting information on this statement is a criminal offense under federal law punishable by a fine and/or imprisonment. I will notify you in writing of any material unfavorable change in my financial condition. In the absence of such notice, you may consider this a continuing statement and substantially correct. If I apply for further credit, this statement shall have the same force and effect as if delivered as an original statement of my financial condition at the time I request such further credit. You are authorized to contact any appropriate third parties for the purpose of verifying any stated information herein or at any time furnished by me to you, and obtaining credit information at any time from any of my creditors and or credit reporting agencies. This financial statement and any other information furnished to you shall be your property. You are authorized to answer questions about your credit experience with me. It is understood that the information provided herein may be shared with any subsidiary or affiliate.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____
(SPOUSE- If Applicable)

SIGNATURE _____ DATE _____
(WITNESS)

REMARKS: LIST OTHER PERSONAL ASSETS/LIABILITIES, ATTACH ANY OTHER PERTINENT INFORMATION, OR LEAVE COMMENTS