



**PERSONAL FINANCIAL STATEMENT**

CONFIDENTIAL  
STATEMENT FOR INDIVIDUALS

NAME (First, Middle, Last)	SOCIAL SECURITY NUMBER
HOME ADDRESS (Number and Street)	HOME PHONE
CITY, STATE, ZIP	DATE OF BIRTH
BUSINESS NAME	OCCUPATION
BUSINESS ADDRESS (NUMBER AND STREET)	BUSINESS PHONE
CITY, STATE, ZIP	NO. OF DEPENDENTS

**FINANCIAL STATEMENT OF CONDITION**  
AS OF \_\_\_\_\_

NOTE: Complete pages 2, 3, 4 before completing remainder of page

ASSETS (Omitting Cents)		LIABILITIES (Omitting Cents)	
CASH IN THIS BANK		NOTES PAYABLE TO BANKS (Schedule G)	
CASH IN OTHER FINANCIAL INSTITUTIONS		OTHER NOTES PAYABLE (Schedule G)	
NOTES RECEIVABLE (Schedule A)		REAL ESTATE MORTGAGE PAYABLE (Schedule E)	
OTHER ACCOUNTS RECEIVABLE: PROFESSIONAL ACCTS. RECEIVABLE:		TAXES OWING: INCOME TAXES:	
OTHER COLLECTIBLE AMOUNTS:		OTHER TAXES:	
MARKETABLE SECURITIES (Schedule B)		LIFE INSURANCE POLICY LOANS (Schedule D)	
OTHER SECURITIES (Closely Held) (Schedule C)		OTHER LIABILITIES: (Describe)	
CASH SURRENDER VALUE – LIFE INSURANCE (Schedule D)			
AUTOMOBILES:			
REAL ESTATE (Schedule E)			
OIL INTEREST (Schedule F) PRODUCING PROPERTIES		OTHER PERSONAL BILLS: (Describe) (Alimony, child support, annual amount)	
OTHER ROYALTY INTEREST			
OTHER PERSONAL ASSETS (Describe)		TOTAL LIABILITIES	
		NET WORTH (Total Assets Less Total Liabilities)	
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	

NOTE: TOTAL CONTINGENT LIABILITIES ARE REFLECTED ON PAGE 4 UNDER SCHEDULE H

SCHEDULE A: NOTES RECEIVABLE					
DUE FROM	ORIGINAL AMOUNT	BALANCE OWING	PAYMENTS	MATURITY	COLLATERAL
TOTAL					

SCHEDULE B: MARKETABLE SECURITIES							
NUMBER OF SHARES	FACE AMOUNT (Bonds)	ISSUING COMPANY	REGISTERED IN NAME OF	MARKET VALUE PER SHARE	TOTAL MARKET VALUE	PLEGGED STOCK? (Yes/No)	WHERE TRADED
TOTAL							

SCHEDULE C: OTHER SECURITIES (Partnership Interest – Closely Held)						
NUMBER OF SHARES	PERCENT OF OWNERSHIP	NAME OF COMPANY	ORIGINAL COST	PRESENT VALUE	HOW VALUE DETERMINED	
TOTAL						

SCHEDULE D: LIFE INSURANCE						
INSURING COMPANY NAME	POLICY NUMBER	FACE AMOUNT	CASH OR LOAN VALUE	ASSIGNED (Yes/No)	POLICY LOAN	BENEFICIARY

**SCHEDULE E: REAL ESTATE**

INSTRUCTIONS: COMPLETE THE FOLLOWING SECTION COMPLETELY. DESIGNATE REAL ESTATE USE BY ONE OF THE FOLLOWING: H-RESIDENCE; I-INCOME PROPERTY; D-DEVELOPMENT PROPERTY (HELD FOR RESALE); INV-INVESTMENT; A-AGRICULTURAL; R-RESIDENTIAL.

R/E USE	DESCRIPTION AND LOCATION	% OWN	YEAR ACQUIRED	PRESENT VALUE	MONTHLY INCOME	MORTGAGE PAYABLE TO	MORTGAGE BALANCE	AMOUNT PER MONTH
			ORIGINAL COST					
			\$					
			\$					
			\$					
			\$					
			\$					
			\$					
			\$					
			\$					
			\$					
			\$					
			\$					
			\$					
TOTAL								

**SCHEDULE F: OIL INTEREST – PRODUCING PROPERTIES – WORKING AND ROYALTY INTERESTS**

DESCRIPTION (FIELD, COUNTY, STATE, WORKING OR ROYALTY INTERESTS)	FRACTIONAL INTEREST	NET MONTHLY INCOME	PRESENT VALUE	ENGINEERING BY WHOM
TOTAL				

**SCHEDULE G: NOTES PAYABLE**

DUE TO WHOM	AMOUNT	REPAYMENT TERMS	MATURITY	SOURCE OF LIQUIDATION	COLLATERAL
TOTAL					

SCHEDULE H: CONTINGENT LIABILITIES					
	DUE TO	BALANCE OWING	PAYMENTS	MATURITY	COLLATERAL
ENDORSER OR COSIGNER					
GUARANTOR					
LEASES OR CONTRACTS					
LEGAL CLAIMS OR JUDGEMENTS					
OTHER (Describe)*					
* ALIMONY, CHILD SUPPORT, ETC.		TOTAL			

SCHEDULE I: INCOME AND EXPENSE INFORMATION FOR YEAR ENDING _____			
* ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED FOR REPAYMENT OF LOAN			
ANNUAL INCOME		ESTIMATE OF ANNUAL EXPENSES	
SALARY, BONUSSES, AND COMMISSIONS	\$	INCOME TAXES	\$
DIVIDENDS AND INTEREST	\$	OTHER TAXES	\$
RENTAL AND LEASE INCOME (NET)	\$	INSURANCE PREMIUMS	\$
JOINT APPLICANT INCOME (Salary, Bonuses, and Commissions)	\$	MORTGAGE PAYMENTS	\$
OTHER INCOME – (Describe)*	\$	RENT PAYABLE	\$
	\$	OTHER EXPENSES	\$
TOTAL ALL INCOME	\$	TOTAL ALL EXPENSES	\$

GENERAL INFORMATION					
Are any assets pledged other than described on SCHEDULES?	Yes	No	Have you ever been declared Bankrupt in the last 10 years?	Yes	No
Are you a Defendant in any suits or legal actions?	Yes	No	Are you a Partner or Officer in any other venture?	Yes	No
Tax return filed through what date?					

BUSINESS IN WHICH YOU ARE A PARTNER, OFFICER, PRINCIPAL OWNER, ETC.		
NAME OF BUSINESS	TITLE (Partner, Officer, Owner, Etc.)	BANK OF ACCOUNT

This information and the information provided on all accompanying financial statements and schedules is provided for the purpose of obtaining credit for the Applicant(s) or for the purpose of Applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this Statement will be relied on by the Creditor in its decision to grant such credit. This statement is true and correct in every detail and accurately represents the financial condition of the applicant(s) on the date given below. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this Statement. Creditor is further authorized to answer any questions about Creditors credit experience with Applicant(s). Applicant(s) are aware that any knowing or willful false statements regarding the value of the above property for purposes of influencing the actions of Creditor can be a violation of federal law 18 U.S.C. sec. 1014 and may result in a fine or imprisonment or both.

SIGNATURES			
APPLICANT'S SIGNATURE	DATE	JOINT APPLICANT'S SIGNATURE	DATE