

Personal Financial Statement



300 Neches Street • P.O. Box 710 • Jacksonville, Texas 75766
(903) 586-0931 • Member F.D.I.C.

NAME _____		
RESIDENCE ADDRESS _____	ZIP CODE _____	SINCE MO./YR. (1) _____
RESIDENCE PHONE _____	<input type="checkbox"/> OWN <input type="checkbox"/> RENT (3) _____	NO. OF DEPENDENTS (2) _____
EMPLOYED BY _____	SINCE MO./YR. (5) _____	
OCCUPATION (4) _____	BUS. PHONE _____	

THIS STATEMENT REPRESENTS: (please initial)
SEPARATE PROPERTY OF MAKER _____ or
COMMUNITY PROPERTY - MAKER and SPOUSE _____

Social Security Number _____ Driver's Licence Number _____

Partner or Officer in any other venture _____

Are any assets pledged? _____

Have you ever made a composition settlement or taken bankruptcy? Explain: _____

For the purpose of procuring and maintaining credit from time to time in any form whatsoever with the above named Bank, for claims and demands against the undersigned, the undersigned submits the following as being a true and accurate statement of its financial condition of the following date, and agree that if any change occurs that materially reduces the means or ability of the undersigned to pay all claims or demands against it, the undersigned will immediately and without delay notify the said Bank, and unless the Bank is so notified it may continue to rely upon the statement herein given as a true and accurate statement of the financial condition of the undersigned as of the close of business _____, _____ Income from alimony, child support or maintenance payments need not be revealed if the undersigned does not choose to disclose such income in applying for credit.

ASSETS		LIABILITIES AND NET WORTH		For Bank Use Only
Cash on Hand and in Banks (Schedule 1)	\$	Notes Payable to Banks - Secured (Schedule 1)	\$	1.
U.S. Government Securities		Unsecured (Schedule 1)		2.
Accounts, Loans and Notes Receivable (Schedule 2)		Notes Payable to Relatives		3.
Cash Surrender Value Life Insurance (Schedule 3)		Accounts and Notes Payable to Others		4.
Other Stocks and Bonds (Schedule 4)		Rents and Interest Due		5.
Real Estate (Schedule 5)		Taxes Due (Schedule 5)		6.
Automobiles - Number ()		Liens on Real Estate (Schedule 5)		7.
Other Assets (Itemize)		Finance Co. Reference (8)		8.
		Other Liabilities (Itemize)		9.
				Subtotal
				10.
				11.
				TOTAL
				BY:
		TOTAL LIABILITIES		Checked By:
		NET WORTH		
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$	O/R CODE

CONTINGENT LIABILITIES

TYPE OF CONTINGENCY	MAKER OF DEBT	AMOUNT	
As Guarantor		\$	Requested By:
As Endorser or Co-Maker			Approved By:
On Leases or Contracts			
Legal Claims			
Provision for Federal Income Tax			
Other Special Debt			

SCHEDULES

No. 1 Banking Relations. (A list of all my bank savings and loan accounts.) (6) (9)

Name and Location	Deposit Balance	Amount of Loan	Maturity of Loan	How Endorsed, Guaranteed or Secured
	\$	\$		

No. 2 Accounts, Loans and Notes Receivables. (A list of the largest amounts owing to me.)

Name and Address of Debtor	Amount Owing	Age of Debt	Description or Nature of Debt	Description of Security Held	Date Payment Expected

No. 3 Life Insurance.

Name of Person Insured	Name of Beneficiary	Name of Insurance Co.	Type of Policy	Face Amount of Policy	Total Cash Surrender Value	Total Loans Against Policy	Amount of Yearly Premium	Is Policy Assigned?

No. 4 Other Stocks and Bonds.

Face Value Bonds No. Stock Shares	Description of Security	Registered in Name of	Cost	Present Market Value	Income Received Last Year	If Pledged State to Whom

No. 5 Real Estate. The legal and equitable title to all the real estate listed in this statement is solely in the name of the undersigned except as follows:

Description Street No.	Dimensions or Acres	Improvements Consist of	Mortgages or Liens	Due Dates and Amounts of Payments	Assessed Value	Present Market Value	Unpaid Taxes	
							Year	Amount

No. 6 Major Credit Card Reference. (7)

1. _____
 CARD NO. _____

2. _____
 CARD NO. _____

3. _____
 CARD NO. _____

INSURANCE COVERAGE

Fire Insurance - Buildings	\$
Household Effects and Autos	
Liability Insurance - Automobiles	
Personal	
General Public	
Other Insurance	

CASH FLOW STATEMENT

Please provide the following information regarding sources and uses of cash during the calendar year and your projections for the current year. If a cash flow deficit exists explain how the existing or requested debt will be serviced.

Individual () Joint ()

	PRIOR YEAR _____	CURRENT YEAR ESTIMATE
<u>SOURCES OF CASH</u>		
1. Salaries, Commissions, Bonuses, or any other income from employment (net)	\$ _____	\$ _____
2. Rents received	_____	_____
3. Dividends	_____	_____
4. Interest Income	_____	_____
5. Sale of Assets	_____	_____
6. Royalties	_____	_____
7. Distributions from Estates & Trusts	_____	_____
8. Cash distributions from business, partnerships, or joint ventures	_____	_____
9. Income tax refund	_____	_____
10. Other sources of cash	_____	_____
TOTAL CASH RECEIVED	\$ _____	\$ _____
<u>USE OF CASH</u>		
1. Personal expenses (Utilities, rent household, etc.)	\$ _____	\$ _____
2. Bank loans-principal and interest	_____	_____
3. Other loans-principal and interest	_____	_____
4. Insurance Payments	_____	_____
5. Income taxes not covered by withholding	_____	_____
6. Other uses of cash	\$ _____	\$ _____
TOTAL CASH OUTLAYS	\$ _____	\$ _____
CASH FLOW SURPLUS (DEFICIT)	_____	_____

The undersigned certifies that the information inserted on each side hereof has been carefully read and is true and correct.

Date _____

Signed _____
