PERSONAL FINANCIAL. STATEMENT AS OF	
	Date
SUBMITTED TO:	

PERSONAL INFORMATION												
APPLICANT (NAME)					CO-APPLICANT (NAM	IE)						
Employer					Employer							
Address of Employer					Address of Employer							
Business Phone No.	No. of Years with Employer	Title/Position			Business Phone No.	No. of Years with Employer						
Name of previous employer	Name of previous employer & position (if with current employer less than 3 yrs.) No. of Yrs.					Name of previous employer & position (if with current employer less than 3 yrs.) No of Yrs.						
Home Address					Home Address							
Home Phone No.	Social Security No. Date of Birth				Home Phone No. Social Security No. Date of Birth							
Name, Phone No. of your Accountant					Name. Phone No. of your Accountant							
Name, Phone No. of your Attorney					Name, Phone No. of your Attorney							
Name, Phone No. of your Investment Advisor/Broker					Name, Phone No. of your Investment Advisor/Broker							
Name, Phone No. of your insurance Advisor					Name, Phone No. of your Insurance Advisor							

Cash Income & Expenditures Statement For Year Ended ______(Omit cents)

ANNUAL INCOME	AMOUNT (\$)	ANNUAL EXPENDITURES	ANNUAL EXPENDITURES				
Salary (applicant)	\$	Federal Income and Other Taxes		\$			
Salary (co-applicant)		State Income and Other Taxes					
Bonuses & Commissions (applicant)		Property Taxes					
Bonuses & Commissions (co-applicant)		Mortgage Principal	Residential nvestment				
Rental Income		Mortgogo Interest	Mortgage Interest Residential Investment				
Interest Income		Installment Debt and Revolving Credit Card Debt					
Dividend Income		Insurance (car, life, health, home)					
Capital Gains		Investments (including tax shelters, pension non-deductable retirement page 1.00 non-deductable retire	ons, and ayments)				
Business / Partnership Income		IRA and other deductable retiremer	nt pmts.				
Other Investment Income		Tuition / Child Support / Daycare					
Other Income (List)* *		Other Living Expense (gas, food clothing alimony, ect.)	g, utilities,				
		Medical and Dental Expenses					
		Other Expense (List)					
TOTAL INCOME ▶	\$	TOTAL EXPENDITUR	RES 	\$			

Any significant changes expected in the next 1 2 months?

Yes No (If yes, attach information.)

** Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

Balance	Sheet	as of	
Duiuiioc	OHIOGE	45 0 1	

ASSETS	AMOUNT (\$)	LIABILITIES	AMOUNT (\$)
Cash in Bank		Notes Payable to Bank	x x x
(checking and savings accounts)	\$	Secured	\$
Cash in Other Financial Institutions (List) (including money market accounts, CDs)		Unsecured	
(including money market accounts, CDs)		Notes Payable to Others (Schedule E)	x x x
		Secured	
		Unsecured	
		Accounts Payable (including credit cards)	
		Margin Accounts	
Readily Marketable Securities (Schedule A)		Notes Due: Partnership (Schedule D)	
Non-Readily Marketable Securities (Schedule A)		Taxes Payable	
Accounts and Notes Receivable		Mortgage Debt (Schedule C)	
Net Cash Surrender Value of Life Insurance (Schedule B)		Life Insurance Loans (Schedule B)	
Residential Real Estate (Schedule C)		Other Liabilities (List):	
Real Estate Investments (Schedule C)			
Business/Partnership Market Value (Schedule D)			
IRA, Keogh, Profit-Sharing & Other Vested Retirement Accts			
Deferred Income			
Personal Property (including automobiles)			
Other Assets (List):			
		TOTAL LIABILITIES	
		NET WORTH	
	\$		\$

CONTINGENT LIABILITIES	YES	NO	AMOUNT
Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation, or partnership?		\$	
Do you have any outstanding letters of credit or surety bonds?			
Are there any suits or legal actions pending against you?			
Are you contingently liable on any lease or contract?			
Are any of your tax obligations past due?			
What would be your total estimated tax liability if you were to sell your major assets?			
If yes for any of the above, give details:			

Schedule A - All Securities (including non-money market mutual funds and tax shelters)

No. of Shares (Stock) or Face Value (Bonds)	DESCRIPTION	OWNER(S)	WHERE HELD COST		CURRENT MARKET VALUE	PLED YES	GED NO
READILY MARKE	TABLE SECURITIES (including U.S. Governments and	d Municipals)'					
						0	0
						0	0
						0	
						0	0
						0	
NON-READILY MA	ARKETABLE SECURITIES (closely held, thinly traded	or restricted stock)					
						0	0
						0	O

^{*} If not enough space, attach a separate schedule or brokerage statement and enter totals only.

Insurance Company	Amount of Policy	Type of Poli	су	Ве	eneficiary	1		Surrend Value	er	Amou Borrov		Ow	nership
Disability Issues		A	:4			'a Analia	nt.	·					
Disability Insurance Monthly Distribution if Disabled		Аррі	icant			o-Applica	arit						
Number of Years Covered													
Schedule C - Personal Resid	dence & Rea	l Estate Inve			age De	bt (majo			hip or		ı		
Personal Residence Property Address	Leg Own	al	Pur Year	chase Price		rket	Pres Lo	an	est	Loan Maturity	Mont		Landan
Property Address	Own	er	Teal	FIICE	Va	iue	Bala	ince	Rate	Date	Paym	nent	Lender
Investment			Pur	chase			Pres		Inter-	Loan			
Property Address	Leg Own	al er	Year	Price		rket lue	Lo Bala		est Rate	Maturity Date	Mont Paym	thly nent	Lender
	1	<u> </u>										•	
Schedule D - Businesses/Partne	erships	Date of									Polonos	Due on	Final
Name		Initial Investment		Address	3	Percent Owned			ent Mark Value	et	Busine	esses: Cash Call	Contributio Date
Businesses:													
Partnerships:													
Note: For investments which repartnership investments or S-c				total assets	, pleas	e include	the rel	evant f	inancia	al stateme	ents or tax	returns or in	the case of
Schedule E - Notes Payable	ļ												
Due to	Type of	Facility		Amount of Lin	ne	Secui Yes	red No	(Collatera	1	Interest Rate	Maturity	Unpaid Balance
						162							
							H						

Schedule B - Insurance

Life Insurance (use additional sheet if necessary)

Please Answer The Following Questions: Yes No
1 . Income tax returns filed through (date): Are any returns currently being audited or contested? If yes, what year(s)?
2. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy?
If yes, please provide details:
3. Have you drawn a will? Yes No
If yes, please furnish the name of the executor(s) and year will was drawn:
4. Number of dependents (excluding self) and relationship to applicant:
5. Have you ever had a financial plan prepared for you?
6. Did you include three years federal tax returns?
7. Do (either of) you have a line of credit or unused credit facility at any other institution(s)?
If so. please indicate where, how much, and name of banker:
8. Do you anticipate any substantial inheritances?
If yes, please explain:
Denves systetians and Warrantias
Representations and Warranties
The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant
or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any
material adverse Change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability
of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information herein
should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned as the case may be, immediately due and payable. You are authorized to make all inquiries you deem necessary to verify the accuracy of the
information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the
undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial
statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.
- Vous Circulus
Date Your Signature
Date Co-Applicant's Signature
(10)