

# Personal Financial Statement (PFS) - Individual

## IMPORTANT: Read these directions before completing this Statement

- If you are applying for individual credit in your own name and are relying on your own income, or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete Sections 1, 3 and 4.
- If you are applying for joint credit with another person, complete all Sections and provide information in Section 2 about the joint applicant. If appropriate, the joint applicant may complete a separate personal financial statement (C-100), and the applications may be submitted together.
- If you are applying for individual credit but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections. Provide information in Section 2 about the person whose alimony, support or maintenance payments or income or assets you are relying on. Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
- If this statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s), completes Sections 1, 3 and 4.

| Section 1 – Individual Information (type or print) |                | Section 2 – Other Party Information (type or print) |                |
|--|----------------|---|----------------|
| Name   |                | Name  |                |
| Address  |                | Address   |                |
| City, state & zip                                  |                | City, state & zip                                   |                |
| Position of occupation                             |                | Position of occupation                              |                |
| Business name                                      |                | Business name                                       |                |
| Business address                                   |                | Business address                                    |                |
| City, state & zip                                  |                | City, state & zip                                   |                |
| Length of employment                               |                | Length of employment                                |                |
| Res. Phone   | Business phone | Res. Phone  | Business phone |

| Section 3 – Statement of Financial Condition as of _____, 20__ |                            |  |                            |
|--|----------------------------|--|----------------------------|
| Assets<br>(Do not include assets of doubtful value)            | In dollars<br>(omit cents) | Liabilities  | In dollars<br>(omit cents) |
| Cash on hand and in this bank                                  |                            | Notes payable to banks – see Schedule E                  |                            |
| Cash in other banks  |                            | Notes payable to other institutions – see Schedule E     |                            |
| US Gov't & marketable securities – see Schedule A              |                            | Due to brokers   |                            |
| Non-marketable securities – see Schedule B                     |                            | Amounts payable to others – secured                      |                            |
| Securities held by broker in margin accounts                   |                            | Amounts payable to others – unsecured                    |                            |
| Restricted, control or margin account stocks                   |                            | Accounts and bills due                                   |                            |
| Real estate owned – see Schedule C                             |                            | Unpaid income tax  |                            |
| Accounts, loans, and notes receivable                          |                            | Real estate mortgages payable – see Schedule C & E       |                            |
| Automobiles  |                            | Other debts (car payments, credit cards, etc.) - itemize |                            |
| Other personal property  |                            |  |                            |
| Cash surrender value – life insurance – see Schedule D         |                            |  |                            |
| Other assets – itemize – see Schedule F if applicable          |                            |  |                            |
|  |                            |  |                            |
|  |                            |  |                            |
|  |                            | <b>Total Liabilities</b>                                 |                            |
|  |                            | <b>Net Worth</b>   |                            |
| <b>Total Assets</b>  |                            | <b>Total Liabilities and Net Worth</b>                   |                            |

| Section 4 – Annual Income<br>For Year Ended _____, 20__   | Annual Expenditures                                      | Contingent Liabilities              | Estimated<br>Amounts |
|---|--|-------------------------------------|----------------------|
| Salary, bonuses & commissions      \$   | Mortgage/rental payments                                 | Do you have any...                  |                      |
| Dividends & interest                      \$  | Real estate taxes & assessments                          |                                     |                      |
| Real estate income                          \$  | Taxes – federal, state & local                           |                                     |                      |
| Other income<br>(alimony, child support, or separate<br>maintenance income need not be revealed if you<br>do not wish to have it considered as a basis for<br>repaying this obligation) | Insurance payments<br>(car payments, credit cards, etc.) |                                     |                      |
|   | Alimony, child support, maintenance                      |                                     |                      |
|   | Other Expenses   |                                     |                      |
| <b>Total Income</b>   | <b>Total Expenditures</b>                                | <b>Total Contingent Liabilities</b> |                      |

(COMPLETE SECHDULES AND SIGN ON REVERSE SIDE)

**SCHEDULE A - U.S. GOVERNMENTS AND MARKETABLE SECURITIES**

| No. of Shares or Face Value (Bonds) | Description | In Name of | Are These Registered, Pledged or Held by others? | Market Value |
|-------------------------------------|-------------|------------|--|--------------|
|                                     |             |            |  |              |
|                                     |             |            |  |              |
|                                     |             |            |  |              |
|                                     |             |            |  |              |

**SCHEDULE B - NON MARKETABLE SECURITIES**

| Number of Shares | Description | In Name of | Are These Registered, Pledged or Held by others? | Value | Source of Value |
|------------------|-------------|------------|--|-------|-----------------|
|                  |             |            |  |       |                 |
|                  |             |            |  |       |                 |
|                  |             |            |  |       |                 |
|                  |             |            |  |       |                 |

**SCHEDULE C – RESIDENCES AND OTHER REAL ESTATE (PARTIALLY OR WHOLLY OWNED)**

| Address and Type of Property | Title in Name of | % Ownership | Date Acquired | Cost | Market Value | Monthly Payment | Mortgage Amount | Mortgage Maturity |
|------------------------------|------------------|-------------|---------------|------|--------------|-----------------|-----------------|-------------------|
|                              |                  |             |               |      |              |                 |                 |                   |
|                              |                  |             |               |      |              |                 |                 |                   |
|                              |                  |             |               |      |              |                 |                 |                   |
|                              |                  |             |               |      |              |                 |                 |                   |

**SCHEDULE D – LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE**

| Name of Insurance Company | Owner of Policy | Beneficiary and Relationship | Face Amount | Policy Loans | Cash Surrender Value |
|---------------------------|-----------------|------------------------------|-------------|--------------|----------------------|
|                           |                 |                              |             |              |                      |
|                           |                 |                              |             |              |                      |
|                           |                 |                              |             |              |                      |
|                           |                 |                              |             |              |                      |

**SCHEDULE E – BANK AND OTHER INSTITUTIONAL RELATIONSHIPS**

| Name and Address of Creditor | Original Loan/Line Amount | Date of Loan | Maturity Date | Unsecured or Secured (List Collateral) | Amount Owed |
|------------------------------|---------------------------|--------------|---------------|--|-------------|
|                              |                           |              |               |  |             |
|                              |                           |              |               |  |             |
|                              |                           |              |               |  |             |
|                              |                           |              |               |  |             |

**SCHEDULE F - BUSINESS VENTURES**

| Line Name and Address of Any Business Venture in Which You Are a Principal or Partner | Total Assets Listed in Section 3 | Your % Ownership | Your Position/Title in the Business | Total Assets of Business | Line of Business | Years in Business |
|---|----------------------------------|------------------|-------------------------------------|--------------------------|------------------|-------------------|
|   |                                  |                  |                                     |                          |                  |                   |
|   |                                  |                  |                                     |                          |                  |                   |
|   |                                  |                  |                                     |                          |                  |                   |
|   |                                  |                  |                                     |                          |                  |                   |

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 guaranty 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 guaranty 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. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained here in, and to determine the credit-worthiness of the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Date Signed \_\_\_\_\_, 20\_\_\_\_

Date Signed \_\_\_\_\_, 20\_\_\_\_

Signature (individual) \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Signature (other party) \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_