



TO:

Call (800) 711-1823 to visit with
one of our lending specialists.

CONFIDENTIAL FINANCIAL
STATEMENT FOR INDIVIDUALS
ONLY.

NAME (FIRST, MIDDLE, LAST)			SOCIAL SECURITY NUMBER
HOME ADDRESS (NUMBER AND STREET)			HOME PHONE OR CELL
CITY	STATE	ZIP CODE	DATE OF BIRTH
BUSINESS NAME			OCCUPATION
BUSINESS ADDRESS (NUMBER AND STREET)			BUSINESS PHONE
CITY	STATE	ZIP CODE	NO. OF DEPENDENTS

FINANCIAL STATEMENT OF CONDITION AS OF _____

ASSETS (OMIT CENTS)		LIABILITIES (OMIT CENTS)	
CASH IN OUR BANK		NOTES PAYABLE - AUTOMOBILES (Schedule G)	
CASH IN OTHER BANKS & SAVINGS AND LOANS		NOTES PAYABLE (Schedule I)	
NOTES RECEIVABLE (Schedule A)		TAXES OWING:	
OTHER ACCOUNTS RECEIVABLE:		INCOME TAXES	
PROFESSIONAL ACCTS. REC.		OTHER TAXES	
OTHER COLLECTIBLE AMOUNTS		OWING ON REAL ESTATE (Schedules E AND F)	
STOCKS & BONDS (TRADED), AND RETIREMENT ACCOUNTS (Schedule C)		LIFE INSURANCE POLICY LOANS (Schedule K)	
STOCKS AND BONDS (CLOSELY HELD) (Schedule D)		CONTINGENT LIABILITIES (Schedule B)	
CASH SURRENDER VALUE - LIFE INSURANCE (Schedule K)		OTHER LIABILITIES (VISA, MC, Open Accounts	
AUTOMOBILES (Schedule G)			
REAL ESTATE (Schedules E & F)			
OIL INTERESTS (Schedule H)			
PRODUCING PROPERTIES		TOTAL LIABILITIES	
OTHER OIL INTERESTS		TOTAL ASSETS	
MISCELLANEOUS ASSETS (Schedule J)		LESS: TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	

TOTAL CONTINGENT LIABILITIES (Schedule B)

INCOME INFORMATION FOR
THE YEAR ENDING

☐ CO-APPLICANT INCOME

SALARIES		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 debt.	
COMMISSIONS		OTHER (DESCRIBE)	
DIVIDENDS		TOTAL ALL INCOME	

TAX RETURN HAS BEEN FILED THROUGH (DATE)	ANY ADDITIONAL ASSESSMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, AMOUNT
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AMOUNT OF INCOME TAXES PAID LAST YEAR

SCHEDULE A. NOTES DUE ME

DUE FROM	ORIGINAL AMOUNT	BALANCE OWING	PAYMENTS	MATURITY	COLLATERAL
TOTAL					

SCHEDULE B. CONTINGENT LIABILITIES

	DUE TO	BALANCE OWING	PAYMENTS	MATURITY	COLLATERAL
ENDORSER OR COSIGNER?					
GUARANTOR					
LEASES OR CONTRACTS					
LEGAL CLAIMS OR JUDGEMENTS					
OTHER (DESCRIBE)*					
TOTAL					

* ALIMONY, CHILD SUPPORT, ETC.

SCHEDULE C. STOCKS & BONDS (traded)

DESCRIPTION	NO. OF SHARES	REGISTERED IN NAME OF	SOURCE OF VALUATION	DATE	PRICE PER SHARE	PURCHASED ON MARGIN OR PLEDGED	TOTAL VALUE

RETIREMENT ACCOUNTS

DESCRIPTION	NO. OF SHARES	REGISTERED IN NAME OF	SOURCE OF VALUATION	DATE	PRICE PER SHARE	TOTAL VALUE
TOTAL						

SCHEDULE D. STOCK (Partnership Interests) - CLOSELY HELD

NO. OF SHARES	PERCENT OF OWNERSHIP	NAME OF COMPANY	ORIGINAL COST	PRESENT VALUE	HOW VALUE WAS DETERMINED
	%				
	%				
	%				
TOTAL					

SCHEDULE E. REAL ESTATE [Supplemental Schedule Available]

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 - RECREATIONAL.

R/E USE	DESCRIPTION AND LOCATION	ORIGINAL COST	PRESENT VALUE	MONTHLY INCOME	MORTGAGE PAYABLE TO	MORTGAGE AMOUNT	AMT. PER MONTH
TOTAL							

SCHEDULE F. UNDIVIDED INTEREST IN REAL ESTATE [Supplemental Schedule Available]

R/E USE	DESCRIPTION AND LOCATION	% OWN.	ORIGINAL COST	PRESENT VALUE	MONTHLY INCOME	MORTGAGE PAYABLE TO	MORTGAGE AMOUNT	AMT. PER MONTH
		%						
		%						
		%						
		%						
TOTAL								

SCHEDULE G. AUTOMOBILES AND MISCELLANEOUS RECREATIONAL VEHICLES

DESCRIPTION OF VEHICLE (MAKE, MODEL, YEAR, COLOR, ETC.)	NAME OF OWNER(S)	PAID OFF YES/NO	LOAN AMOUNT	MONTHLY PAYMENTS	CURRENT VALUE
TOTAL					

SCHEDULE H. OIL INTEREST - PRODUCING PROPERTIES [Supplemental Schedule Available]

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

DUE TO WHOM	BALANCE	PAYMENT AMT.	MATURITY	SOURCE OF LIQUIDATION	COLLATERAL PLEDGED
TOTAL					

ITEM DESCRIPTION	NAME OF OWNER(S)	INSURED YES/NO	APPRAISED VALUE
TOTAL			

INSURING COMPANY NAME	POLICY NUMBER	FACE AMOUNT	CASH VALUE	LOAN AGAINST POLICY IF YES, LIST AMOUNT	ASSIGNED YES/NO	BENEFICIARY
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		

IF YES, WHEN?

NAME OF BUSINESS	BANK OF ACCOUNT

x