



PERSONAL FINANCIAL STATEMENT AS OF: _____
Date

SUBMITTED TO: SB ONE BANK

PERSONAL INFORMATION					
APPLICANT (NAME):			CO-APPLICANT (NAME):		
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:	Title/Position:
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:
E-mail Address:			E-mail Address:		
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: _____

ANNUAL INCOME	AMOUNT (\$)
Salary (applicant)	\$
Salary (co-applicant)	
Bonuses & Commissions (applicant)	
Bonuses & Commissions (co-applicant)	
Rental Income	
Interest Income	
Dividend Income	
Capital Gains	
Partnership Income	
Other Investment Income	
Other Income (List)**	
TOTAL INCOME	\$

(Omit cents)

ANNUAL EXPENDITURES	AMOUNT (\$)
Federal Income and Other Taxes	\$
State Income and Other Taxes	
Rental Payments, Co-op, or Condo Maintenance	
Mortgage Payments Residential Investment	
Property Taxes Residential Investment	
Interest & Principal Payments on Loans	
Insurance	
Investments (including tax shelters)	
Alimony/Child Support	
Tuition	
Other Living Expense	
Medical Expenses	
Other Expense (List)	
TOTAL EXPENDITURES	\$

Any significant changes expected in the next 12 months? ____ Yes ____ No (If yes, attach information)

Balance Sheet as of: _____

ASSETS	AMOUNT (\$)	LIABILITIES	AMOUNT (\$)
Cash in this Bank (including money market accounts, CDs)	\$	Notes Payable to this Bank	X X X
		Secured	\$
Cash in Other Financial Institutions (List) (including money market accounts, CDs)		Unsecured	
		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)			
Partnerships / PC Interests (Schedule D)			
IRA, Keogh, Profit-Sharing & Other Vested Retirement Accts.			
Deferred Income (number of years deferred _____)			
Personal Property			
Other Assets (List):			
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS	\$	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)							
No. of Shares (Stock) or Face Value (Bonds)	DESCRIPTION	OWNER(S)	WHERE HELD	COST	CURRENT MARKET VALUE	PLEGGED	
						YES	NO
READILY MARKETABLE SECURITIES (including U.S. Governments and Municipals)							
NON-READILY MARKETABLE SECURITIES (closely held, thinly traded, or restricted stock)							

Schedule B – Insurance						
Life Insurance (use additional sheet if necessary)						
Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership

Disability Insurance	Applicant	Co-Applicant
Monthly Distribution if Disabled		
Number of Years Covered		

Schedule C – Personal Residence & Real Estate Investments, Mortgage Debt (Majority Ownership Only)									
Personal Residence Property Address	Legal Owner	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						
Investment Property Address	Legal Owner	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						

Schedule D – Partnerships (less than majority ownership for real estate partnerships)

Type of Investment	Date of Initial Investment	Cost	Percent Owned	Current Market Value	Balance Due on Partnerships: Notes, Cash Call	Final Contribution Date
Business/Professional (Indicate name):						
Investments (Including Tax Shelters):						

Schedule E – Notes Payable

Due to	Type of Facility	Amount of Line	Secured		Collateral	Interest Rate	Maturity	Unpaid Balance
			Yes	No				

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.

Date

Applicant’s Signature

Date

Co-Applicant’s Signature
(if you are requesting the financial accommodation jointly)