

Personal Financial Statement

This statement is p ☐ Owner ☐ Gua			junction v	with an app	lication/ren	ewal for	financ	cing for		_ for \	which I/we a	am/are		
Owner Gua	lianioi			Owne	er/Guaran	tor Info	ormat	ion						
Name(s):			Social S	Security #					% of Ownership		# of yrs. of ownership			
												•		
Home Address (St	reet C	ity Stat	a 7in)						Dh					
	• •	Mortgage F)ovmont/	Phone # Mortgage holder/Landlord:										
Do you: Own Rent				Monthly Re										
Employer/Position:				\$		Address								
Annual Salary			rces of in		1.(type			\$	nth/yr					
(Gross)	(child support or alimo					2.(type)			\$		Per wk/mth/yr Per wk/mth/yr			
\$					1.(type)						_			
Assets	(Crinic	(child support, alimony		paid, ctc.)	If	2.(type)		Ψ		Per wk/mth/yr				
(Do not include		In dollars (omit cents)			joint,				In dollars			joint,		
assets of doubtfu	ıl			F	with				(omit cent		F: 1 43	with		
value) Cash,Checking &		[indivi	dualj	[joint]	whom?	Liabilities Credit Cards			[individual	ij	[joint]	whom?		
Savings, CD's						Credit	Carus	•						
U.S. Gov't &						Student Loans								
marketable securities						Dealestates								
Real estate owned						Real estate mortgages payable								
Automobiles						Auto Loans								
Cash Surrender Va Life Insurance					Notes payable to banks & others									
Retirement assets						Danie a carero								
401K's, IRA's, etc.														
Business ventures														
Other assets/person property itemize	onai													
						Total Liabilities								
						Net Worth								
Total Assets						Total Liabilities and Net Worth								
Cash in Banks														
Name of Bank Type (checking						saving	s, IRA,	, CD)	Average Balance					
									\$					
					\$									
						\$								
Marketable Secur	rities (:	stocks,	bonds, n	nutual fund	ds, etc.)									
						Are Thes								
Number of Shares								Registered, Pledged						
Stock or Face Value of Bonds	ne	ח	escription	,	In No	ame of		as Collater by others?			Market Value			
טווטט		<u> </u>	escription	<u> </u>	111 1112	iiiie Ul		by others?		Φ.				
									\$ \$					

Residence and Other	Real Estate	(partiall	ly or wh	olly ow	/ned)										
Address and Type of Property	Title in name of	% of Owner ship	Date Acquir			Market Value		Monthly Pmt (incl. Escrow)		Rate	Mortgag ate Amoun		Mortgage Maturity		
Life Insurance Carrie	d, including	Group I	Insurance			·									
Name of Insurance Co.	olicy				Face Amount Police				cy Loans Ca			n Surrender Value			
Other Assets (suts, assessments) mates respirable surroughlin in other hypings, surroughling in a start hypings.															
Other Assets (auto, accounts/notes receivable, ownership in other business ventures, personal property etc.) Description Owned By Market Value												·-)			
Descrip	otion		Owned By						Market Value						
Outstanding Debt		Į.							I.						
Name of Creditor	_	Date of Origi Loan Amo			Monthly Pmt (incl. Escrow			Balance emaining				Insecured or Secured (List Collateral			
Other Liabilities (leas	ses, unpaid t	axes, ju	dgemen	ts etc.)											
Descriptio	n		In Name of				Amount				Monthly Payment				
Contingent Liabilities															
Are you co-maker or	□Yes	If ye	If yesFor whom?								\$				
guarantor on any othe							2.					\$			
lease, loan or contract	?	And	And in what amount?				3.					\$			
				Othe	er Inforr	natior	1								
Please answer the following: 1. Have you ever filed for Bankruptcy? No Yes If yes, when? 2. Are there any outstanding judgements, tax liens, garnishments or other legal proceedings against you? No Yes If yes, provide attached explanation. 3. Have you ever defaulted on a loan? No Yes If yes, when? 4. Do you have any other credit applications pending with Embassy Bank or any other credit provider? No Yes If yes, provide attached explanation. 5. Have you ever borrowed from or been co-maker of a loan made by Embassy Bank? No Yes If yes, provide attached explanation. 6. Have your tax returns ever been audited? No Yes If yes, when? 7. Do you own or have an interest in any other business? No Yes If yes, provide attached description 8. Do you have a will? No Yes If yes, please list a monthly benefit amount \$															
			(Owner(s)/Guar										
Signature	Date Signature							Date							
<u></u>	•												•		
* Th	is statement	must be	e compl	eted an	nd signe	ed bef	ore th	ne Ioan	request	can be	proc	essed.	*		