



Personal Financial Statement

This statement is provided in conjunction with an application/renewal for financing for _____ for which I/we am/are
 Owner Guarantor

Owner/Guarantor Information

Name(s):	Social Security #	Date of Birth	Title	% of Ownership	# of yrs. of ownership		
Home Address (Street, City, State, Zip)				Phone #			
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent		Mortgage Payment/ Monthly Rent \$	Mortgage holder/Landlord:				
Employer/Position:			Address				
Annual Salary (Gross) \$	List other sources of income: (child support or alimony received, etc.)		1.(type)	\$	Per wk/mth/yr		
			2.(type)	\$	Per wk/mth/yr		
	List other sources of expenses: (child support, alimony paid, etc.)		1.(type)	\$	Per wk/mth/yr		
			2.(type)	\$	Per wk/mth/yr		
Assets (Do not include assets of doubtful value)	In dollars (omit cents) [individual]	[joint]	If joint, with whom?	Liabilities	In dollars (omit cents) [individual]	[joint]	If joint, with whom?
Cash,Checking & Savings, CD's				Credit Cards			
U.S. Gov't & marketable securities				Student Loans			
Real estate owned				Real estate mortgages payable			
Automobiles				Auto Loans			
Cash Surrender Value-Life Insurance				Notes payable to banks & others			
Retirement assets 401K's, IRA's, etc.							
Business ventures							
Other assets/personal property itemize							
				Total Liabilities			
				Net Worth			
Total Assets				Total Liabilities and Net Worth			

Cash in Banks

Name of Bank	Type (checking, savings, IRA, CD)	Average Balance
		\$
		\$
		\$

Marketable Securities (stocks, bonds, mutual funds, etc.)

Number of Shares of Stock or Face Value of Bonds	Description	In Name of	Are These Registered, Pledged as Collateral or Held by others?	Market Value
				\$
				\$
				\$

Residence and Other Real Estate (partially or wholly owned)

Address and Type of Property	Title in name of	% of Owner ship	Date Acquired	Cost	Market Value	Monthly Pmt (incl. Escrow)	Rate	Mortgage Amount	Mortgage Maturity

Life Insurance Carried, including Group Insurance

Name of Insurance Co.	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy Loans	Cash Surrender Value

Other Assets (auto, accounts/notes receivable, ownership in other business ventures, personal property etc.)

Description	Owned By	Market Value

Outstanding Debt

Name of Creditor	Type of Debt	Date of Loan	Original Amount	Monthly Pmt (incl. Escrow)	Balance Remaining	Maturity Date	Unsecured or Secured (List Collateral)

Other Liabilities (leases, unpaid taxes, judgements etc.)

Description	In Name of	Amount	Monthly Payment

Contingent Liabilities

Are you co-maker or guarantor on any other lease, loan or contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes...For whom? And in what amount?	1.	\$
		2.	\$
		3.	\$

Other Information

Please answer the following:

- Have you ever filed for Bankruptcy? No Yes If yes, when? _____
- Are there any outstanding judgements, tax liens, garnishments or other legal proceedings against you? No Yes If yes, provide attached explanation.
- Have you ever defaulted on a loan? No Yes If yes, when? _____
- Do you have any other credit applications pending with Embassy Bank or any other credit provider? No Yes If yes, provide attached explanation.
- Have you ever borrowed from or been co-maker of a loan made by Embassy Bank? No Yes If yes, provide attached explanation.
- Have your tax returns ever been audited? No Yes If yes, when? _____
- Do you own or have an interest in any other business? No Yes If yes, provide attached description..
- Do you have a will? No Yes
- Do you have disability insurance? No Yes If yes, please list a monthly benefit amount \$ _____

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the FDIC Consumer Response Center, 2345 Grand Blvd., Suite 100, Kansas City, MO 64108.

By signing below, I (meaning each person who signs this Statement) (1) warrant to the Bank that all of the information set forth in this Statement is true, accurate and complete; (2) warrant that this loan, if approved/renewed, the proceeds thereof will be used only for business or commercial purposes and not for personal, family or household purposes; and (3) authorized the Bank to obtain credit reports and make other inquiries to check my individual credit and business credit of the business applicant.

Owner(s)/Guarantor(s)			
Signature	Date	Signature	Date

* This statement must be completed and signed before the loan request can be processed. *