



Personal Financial Statement

Name _____ Telephone (____) _____

Address _____
 Street City State Zip

All persons whose current/future assets and net worth are to support the applied for extension of credit must complete and sign this statement. Please review the entire form before completing any section. Leave no section blank - if an area does not apply to you, write N/A.

A STATEMENT OF ASSETS AND LIABILITIES AS OF ____/____/____

Assets: List only assets titled directly in above name(s). List contingent and indirect assets in Section B.

Liabilities: List all direct liabilities in Section A. List contingent and indirect liabilities in Section B.

Joint obligation: Indicate in Column J if the asset or liability is held by (1) first party alone; (2) second party alone; (J) first and second party jointly; or (N) joint with another party who is not listed.

Direct Assets		Amount	J
Cash or Equivalent	Checking Account		
	Savings Account		
	Money Market Accounts/ Savings Certificates		
Cash value life ins. - from Schedule 1 (not face value - do not deduct loans)			
Fully Marketable Securities (from Schedule 2)			
Non-marketable securities (from Schedule 3)			
Accounts/notes receivable (from Schedule 4)			
Real Estate for personal use (from Schedule 5)			
Real Estate investments (from Schedule 6)			
Ownership in privately owned business (from Schedule 7)			
Automobiles*			
Personal Effects			
Other Assets (Please Describe)*			
TOTAL ASSETS			

Direct Liabilities		Amount	J
Life Insurance Loans (from Schedule 1)			
Loans owing banks and others (from Schedule 8)			
Accounts and Bills Owing			
Taxes Owing			
Mortgages Owing - Personal Real Estate (from Schedule 5)			
Mortgages Owing - Investment Real Estate (from Schedule 6)			
Deferred Tax Liability on Market Value of Assets			
Other Liabilities			
TOTAL LIABILITIES			
NET WORTH (Total assets minus total liabilities)			
TOTAL LIABILITIES & NET WORTH			

B Contingent and (Indirect) Assets:

Such as trusts, vested pensions, renewal commissions, etc.

Description	Amount	J
TOTAL		

Contingent and (Indirect) Liabilities:

Lease obligations, legal claims, contracts, surety, endorser/guarantor for debts of others.

Description	Amount	J
TOTAL		

The information contained in this statement is provided to induce United Bank to extend or to continue the extension of credit to the undersigned or to others upon the surety of the undersigned. The undersigned acknowledge and understand that United Bank is relying on the information provided herein in deciding to grant, continue credit or to accept a surety 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 United Bank 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 the undersigned or (3) in the ability of the undersigned to perform their obligations to United Bank. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. United Bank is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned.

The undersigned authorize United Bank to answer questions about its credit experience with the undersigned. The undersigned understand that United Bank will retain this statement and the information therein whether or not credit is extended.

Signature - First Party

Signature - Second Party

Printed Name - First Party

Printed Name - Second Party

Date

Date

Name _____
 Name _____

Account Number _____

Indicate in Column J if the asset or liability is held by (1) first party alone; (2) second party alone; (J) first and second party jointly; or (N) joint with another party who is not listed.

SCHEDULE 1 Life Insurance Carried (include "GI" and group insurance)							
Insurance Company	Name of Insured	Face Amt. Of Policy	Cash Surrender Value	Policy Loans	Policy Owner	J	If assigned, to whom?
TOTAL							*

SCHEDULE 2 Fully Marketable (i.e., registered and traded) Stocks, Bonds, Treasury Bills, etc. (use additional sheet if necessary)							
Bond Par or No. of Shares	Description of Security	Cost	Registered Owner(s)		J	Mkt. Value on Statement Date	Exchange Where Traded
TOTAL							*

SCHEDULE 3 Non-Marketable Securities						
Bond Par or No. of Shares	Description of Security	Cost	Registered Owner(s)		J	Mkt. Value on Statement Date
TOTAL						*

SCHEDULE 4 Accounts and Notes Receivable						
Date of Note or Account	Due From	Original Amount	Present Balance	Repayment Terms		Security Held for this Debt Description Cost
TOTAL						*

* Enter Totals in Table on Page 1

Name _____

Account Number _____

Name _____

Indicate in Column J if the asset or liability is held by (1) first party alone; (2) second party alone; (J) first and second party jointly; or (N) joint with another party who is not listed.

SCHEDULE 5 Real Estate for Personal Use									
Address: Street, City, Township, County, State	Titled in the Name of:	J	Date Purchased	Original Cost	Market Value	Mortgage			
						Present Balance	Monthly Payment	Maturity Date	Owed To
TOTAL									

SCHEDULE 6 Investments in Real Estate							
Description/Location of Real Estate Investment	Titled in the Name(s) of:	J	Original Investment Year	Your Original \$ Investment	Total Mortgage	% owned by you	Market Value of Your % of Investment
TOTAL							

SCHEDULE 7 Ownership in Privately Held Business(es)						
Business Name and Address	Form of Ownership **	Nature of Business	Date of Investment	Original Investment Cost	% of Ownership	Present Net Value of Your Investment
TOTAL						

** Indicate: Proprietor, general partner, limited partner or corporation

SCHEDULE 8 Loans Owing Banks, Brokers, Finance Companies and Others (Visa, MasterCard, etc.)							
Owing To: (Show Account No.)	J	Original Amount	Date Borrowed	Present Balance Due	Monthly Payment	Date of Final Payment	Secured By
TOTAL							

* Enter Totals in Table on Page 1

Personal Information - First Party

Name _____

Address _____

Address _____
Street

City _____ State _____ Zip _____

Social Security No. _____ Date of Birth ____/____/____

Number of Dependents: _____

Telephone _____

e-mail _____
Day Evening

Employer _____

Address _____

Position _____ No. of Years _____

Personal Information - Second Party

Name _____

Address _____

Address _____
Street

City _____ State _____ Zip _____

Social Security No. _____ Date of Birth ____/____/____

Number of Dependents: _____

Telephone _____

e-mail _____
Day Evening

Employer _____

Address _____

Position _____ No. of Years _____

Personal Bank Accounts - First Party

Bank	Type of Account	Account No.	Balance
TOTAL			

Personal Bank Accounts - Second Party

Bank	Type of Account	Account No.	Balance
TOTAL			

Sources of Annual Income - First Party

Salary (amount reported on W-2) or professional net income	
Bonuses and commissions	
Interest and Dividends	
Alimony, Child Support, and Separate Maintenance Payments ¹	
Net Real Estate Income	
Other Income (describe):	
¹ Disclosure not necessary if you do not want this income considered in determining creditworthiness	
TOTAL ANNUAL INCOME	

Sources of Annual Income - Second Party

Salary (amount reported on W-2) or professional net income	
Bonuses and commissions	
Interest and Dividends	
Alimony, Child Support, and Separate Maintenance Payments ¹	
Net Real Estate Income	
Other Income (describe):	
¹ Disclosure not necessary if you do not want this income considered in determining creditworthiness	
TOTAL ANNUAL INCOME	

Information Concerning Will

Date of Will _____ No will No Executor

Name and Address of Executor _____

Information Concerning Will

Date of Will _____ No will No Executor

Name and Address of Executor _____

General Information

	Yes	No
Are you a defendant in any suit or legal action?	<input type="radio"/>	<input type="radio"/>
Have you ever filed for bankruptcy or settled any debts for less than the amount owed?	<input type="radio"/>	<input type="radio"/>
Have you filed federal tax returns for the most recent year?	<input type="radio"/>	<input type="radio"/>
Have you paid all related taxes?	<input type="radio"/>	<input type="radio"/>

If you answered yes to questions 1 or 2 above, please explain:

General Information

	Yes	No
Are you a defendant in any suit or legal action?	<input type="radio"/>	<input type="radio"/>
Have you ever filed for bankruptcy or settled any debts for less than the amount owed?	<input type="radio"/>	<input type="radio"/>
Have you filed federal tax returns for the most recent year?	<input type="radio"/>	<input type="radio"/>
Have you paid all related taxes?	<input type="radio"/>	<input type="radio"/>

If you answered yes to questions 1 or 2 above, please explain:
