

Personal Financial Statement as of _____

Applicant	
PERSONAL INFORMATION	Name _____
	Address _____
	City St Zip _____
	Social Security Number _____ Date of Birth _____
Home Phone _____ Marital Status _____	
EMPLOYER	Employer Name _____
	EmployerAddress _____
	City St Zip _____
	Bus Phone _____ Years _____ Title _____
PREVIOUS EMPLOYER	Employer Name _____
	EmployerAddress _____
	City St Zip _____
	Bus Phone _____ Years _____ Title _____
PROFESSIONAL SERVICES	Accountant _____ Phone _____
	Attorney _____ Phone _____
	Financial Advisor _____ Phone _____
	Insurance Agent _____ Phone _____

Co-Applicant	
Name _____	
Address _____	
City St Zip _____	
Social Security Number _____ Date of Birth _____	
Home Phone _____ Marital Status _____	
Employer Name _____	
EmployerAddress _____	
City St Zip _____	
Bus Phone _____ Years _____ Title _____	
Employer Name _____	
EmployerAddress _____	
City St Zip _____	
Bus Phone _____ Years _____ Title _____	
Accountant _____ Phone _____	
Attorney _____ Phone _____	
Financial Advisor _____ Phone _____	
Insurance Agent _____ Phone _____	

Cash Income & Expenditure Statement for the year ending _____

Annual Income (Whole Dollars - Omit Cents)	Source	Amount
Salary (Applicant)	_____	\$ _____
Salary (Co-Applicant)	_____	\$ _____
Bonuses & Commissions (Applicant)	_____	\$ _____
Bonuses & Commissions (Co-Applicant)	_____	\$ _____
Rental Income	_____	\$ _____
Interest Income	_____	\$ _____
Dividend Income	_____	\$ _____
Proceeds from Sales	_____	\$ _____
Partnership Income	_____	\$ _____
Other Investment Income	_____	\$ _____
Other Income	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Total Income		\$ _____

Annual Expenditures (Whole Dollars - Omit Cents)	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 and Principal Payments on Loans	\$ _____
Insurance (Home, Health, Vehicles)	\$ _____
Investments (Including Tax Shelters)	\$ _____
Alimony/Child Support	\$ _____
Meals and Food	\$ _____
Tuition	\$ _____
Contributions & Gifts	\$ _____
Medical Expenses	\$ _____
Other Living Expenses	\$ _____
Other Expenses	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
Total Expenditures	\$ _____

Assets (Whole Dollars Only - Omit Cents)		Amount
Cash in Lakeland Bank (Including Money Markets, CDs, etc.)		\$ _____
Cash in Other Banks		\$ _____
		\$ _____
		\$ _____
Readily Marketable Securities (Complete Section A)		\$ _____
Non-Readily Marketable Securities (Complete Schedule A)		\$ _____
Accounts and Notes Receivable		\$ _____
Cash Surrender Value of Life Insurance (Complete Schedule B)		\$ _____
Residential Real Estate (Complete Schedule C)		\$ _____
Real Estate Investments (Complete Schedule C)		\$ _____
Partnerships/PC Interests/S Corporations (Complete Schedule D)		\$ _____
IRA, Keogh, Profit Sharing and Other Vested Retirement Accounts		\$ _____
Deferred Income		\$ _____
Personal Property (Including Automobiles)		\$ _____
Sole Proprietorship Assets	Accounts Receivable	\$ _____
	Inventory	\$ _____
	Fixed Assets	\$ _____
Other Assets		\$ _____
		\$ _____
		\$ _____
		\$ _____
Total Assets		\$ _____

Liabilities (Whole Dollars Only - Omit Cents)		Amount
Notes Payable to Lakeland Bank	Secured	\$ _____
	Unsecured	\$ _____
Notes Payable to Other Banks (Complete Schedule E)	Secured	\$ _____
	Unsecured	\$ _____
Accounts Payable (Including Credit Cards)		\$ _____
Margin Accounts		\$ _____
Notes Due - Partnership (Complete Schedule D)		\$ _____
Life Insurance Loans (Complete Schedule B)		\$ _____
Taxes Payable		\$ _____
Mortgage Debt (Complete Schedule C)		\$ _____
Other Liabilities		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
Total Liabilities		\$ _____
NET WORTH		\$ _____

Contingent Liabilities		Amount
Are you a guarantor, co-maker or endorser for any debt of an individual, corporation or partnership?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Do you have any outstanding letters of credit or surety bonds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Are there or any suits or legal actions pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Are you contingently liable on any lease or contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Are any of your tax obligations past due?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Are you obligated to pay alimony and/or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
What would be your total estimated tax liability if you were to sell your major assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
If yes for any of the above, give details:		

Schedule A - All Securities (Including Non-Money Market Mutual Funds)

# of Shares (Stock) or Face Value (Bonds)	Description	Owners(s)	Where Held	Cost	Current Market Value	Pledged
Readily Marketable Securities (including U.S. Government and Municipals)						
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Readily Marketable Securities (Closely Held, Thinly Traded or Restricted Stock)						
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Schedule B - Insurance

Life 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 Address	Legal Owner(s)	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Investment Property Address	Legal Owner(s)	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Schedule D - Partnership and S Corporations (Less than Majority Ownership for Real Estate Partnerships) *

Type of Investment	Date of Initial Investment	Cost	% Owned	Current Market Value	Balance Due on Partnerships; Notes, Cash Call	Current Year Investments
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
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____

* For investments that represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments or S Corporations, Schedule K-1s.

Additional Questions

Income tax returns files through (enter date): _____

Are any tax returns currently being audited or contested? If so, what year: _____

Yes No

Have (either of) you or any firm in which you were are a major owner declared bankruptcy?

Yes No

If yes, please provide details:

Have you ever drawn a will?

Yes No

If yes, please furnish the name of the executor(s) and year it was drawn:

Number of dependents (excluding self) and relationship to applicant: _____

Do you live in a community property state?

Yes No

Have you ever had a financial plan prepared or you?

Yes No

Did you include two (2) years federal and state tax returns?

Yes No

Do (either of) you have a line of credit or unused credit facility at any other financial institution?

Yes No

If yes, please provide amount, bank name, and bank contact:

Do you have ownership of an LLC, trust or other assets protection device?

Yes No

Do you anticipate any substantial inheritance?

Yes No

If yes, please explain:

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 creditworthiness 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.

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

(If you are requesting the financial accommodation jointly)