



Personal Financial Statement

PERSONAL FINANCIAL STATEMENT AS OF DATE: _____

INDIVIDUAL CREDIT – IF RELYING ON YOUR OWN INCOME AND ASSETS AND NOT THE INCOME AND ASSETS OF A SPOUSE OR ANOTHER PERSON AS A BASIS FOR EXTENSION AND/OR REPAYMENT OF CREDIT, COMPLETE THE FINANCIAL STATEMENT BELOW ONLY AS IT APPLIES TO YOU, INDIVIDUALLY. DO NOT PROVIDE ANY INFORMATION ABOUT A SPOUSE OR OTHER PERSON.

JOINT CREDIT OR **INDIVIDUAL RELYING ON INCOME OR ASSETS OF A SPOUSE OR ANOTHER PERSON.** IF RELYING ON THE INCOME OF A SPOUSE OR ANOTHER PERSON FOR EXTENSION AND/OR REPAYMENT OF CREDIT REQUESTED, COMPLETE THE FINANCIAL STATEMENT BELOW. INCLUDE INFORMATION ABOUT INCOME, ASSETS AND LIABILITIES OF THE SPOUSE OR OTHER PERSON. BOTH APPLICANT AND SPOUSE OR JOINT APPLICANT MUST SIGN THIS STATEMENT.

APPLICANT

NAME: _____ PH: _____ CELL: _____
STREET ADDRESS: _____ HOW LONG: _____ OWN RENT
CITY: _____ ST: _____ ZIP: _____ MONTHLY PMT: \$ _____
DOB: ____/____/____ SSN: ____-____-____
LICENSE #: _____ STATE: _____ EXP DATE: ____/____/____

JOINT APPLICANT

NAME: _____ PH: _____ CELL: _____
STREET ADDRESS: _____ HOW LONG: _____ OWN RENT
CITY: _____ ST: _____ ZIP: _____ MONTHLY PMT: \$ _____
DOB: ____/____/____ SSN: ____-____-____
LICENSE #: _____ STATE: _____ EXP DATE: ____/____/____

ASSETS / LIABILITIES

ASSETS		SCHED.	TOTAL	LIABILITIES		TOTAL
CASH ON HAND AND IN BANK	(A)	\$	_____	NOTES PAYABLE -FEDERAL TRUST	\$	_____
US GOV'T SECURITIES	(B)	\$	_____	NOTES PAYABLE -OTHER BANKS (A)	\$	_____
LISTED SECURITIES	(B)	\$	_____	NOTES PAYABLE – RELATIVES	\$	_____
UNLISTED SECURITIES	(B)	\$	_____	NOTES PAYABLE - OTHERS	\$	_____
OTHER EQUITY INTERESTS	(B)	\$	_____	ACCOUNTS AND BILLS DUE	\$	_____
ACCTS/NOTES RECEIVABLE		\$	_____	UNPAID TAXES	\$	_____
REAL ESTATE OWNED	(C)	\$	_____	MORTGAGES PAYABLE (C OR D)	\$	_____
MTGS/LAND RECEIVABLE	(D)	\$	_____	LAND PAYABLE (C OR D)	\$	_____
CASH VALUE LIFE INSURANCE (E)		\$	_____	LIFE INSURANCE LOANS (E)	\$	_____
OTHER ASSETS: ITEMIZE		\$	_____	OTHER LIABILITIES: ITEMIZE	\$	_____
_____		\$	_____	_____	\$	_____
_____		\$	_____	_____	\$	_____
_____		\$	_____	_____	\$	_____
_____		\$	_____	TOTAL LIABILITIES	\$	_____
_____		\$	_____	NET WORTH	\$	_____
TOTAL ASSETS		\$	_____	TOTAL LIABILITIES	\$	_____





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SOURCES OF INCOME

SALARY \$ _____
 BONUS/COMMISSION \$ _____
 DIVIDENDS \$ _____
 REAL ESTATE INCOME \$ _____
 OTHER INCOME*: ITEMIZE \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
TOTAL: \$ _____

GENERAL INFORMATION

EMPLOYER: _____
 POSITION/PROFESSION: _____
 EMPLOYER'S ADDRESS : _____
 CITY: _____ ST: _____ PH: _____
 PARTNER, OFFICER OR OWNER IN OTHER VENTURE?
 YES NO IF YES, PLEASE EXPLAIN: _____

ANY ASSETS PLEDGED? YES NO IF YES, EXPLAIN IN SCHEDULE A INCOME TAXES SETTLED THROUGH DATE: _____

*ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS NEED NOT BE DISCLOSED UNLESS RELIED UPON AS A BASIS FOR EXTENSION OF CREDIT. IF DISCLOSED, PAYMENTS ARE RECEIVED UNDER: COURT ORDER WRITTEN AGREEMENT ORAL UNDERSTANDING.

CONTINGENT LIABILITIES

AS ENDORSER/CO-MAKER/GUARANTOR \$ _____
 ON LEASES \$ _____
 LEGAL CLAIMS \$ _____
 PROVISION FOR FEDERAL INCOME TAX \$ _____
 OTHER SPECIAL DEBT, RECOURSE, OR
 REPURCHASE LIABILITY \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
TOTAL: \$ _____

GENERAL INFORMATION (CON'T.)

ARE YOU A DEFENDANT IN ANY SUITS OR LEGAL ACTION?
 YES NO IF YES, PLEASE EXPLAIN: _____
 HAVE YOU EVER TAKEN BANKRUPTCY? YES NO
 IF YES, PLEASE EXPLAIN: _____

 DO YOU HAVE A WILL? YES NO IF YES, WITH WHOM?

 DO YOU HAVE A TRUST? YES NO IF YES, WITH WHOM?

 NUMBER OF DEPENDENTS: _____ AGES: _____

SCHEDULE A: BANKS, BROKERS, SAVINGS & LOAN ASSOCIATIONS, FINANCE COMPANIES OR CREDIT UNIONS. LIST HERE THE NAMES OF ALL THE INSTITUTIONS AT WHICH YOU MAINTAIN A DEPOSIT ACCOUNT AND/OR WHERE YOU HAVE OBTAINED LOANS.

NAME OF INSTITUTION	NAME ON ACCT	DEPOSIT BAL	HIGH CREDIT	AMT OWED	MO.PAYMENT.	COLLATERAL?
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
TOTALS:		\$ _____	\$ _____	\$ _____	\$ _____	_____





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SCHEDULE B: U.S. GOVERNMENTS, STOCKS (LISTED AND UNLISTED), BONDS (GOVERNMENT AND COMMERCIAL) AND PARTNERSHIP INTERESTS (GENERAL AND LIMITED).

NUMBER OF SHARES, BONDS % OWNERSHIP	INDICATE 1) AGENCY/COMPANY ISSUING SECURITY 2) NAME OF PARTNERSHIP AND/OR 3) TYPE OF INVESTMENT OR EQUITY CLASS	IN NAME OF	MKT VALUE	BASIS	PLEGDED
_____	_____	_____	\$ _____	_____	<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
_____	_____	_____	\$ _____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	\$ _____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
			TOTAL: \$ _____		

SCHEDULE C: REAL ESTATE OWNED AND RELATED DEBT IF APPLICABLE.

DESCRIPTION OR ADDRESS OF PROPERTY	TITLE IN NAME OF	PURCH. DATE	COST+ IMPROVEMENTS	MARKET VALUE	MORTGAGE OR LAND CONTRACT PAYABLE BAL. OWING	MO. PMT.	HOLDER
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
TOTALS:			\$ _____	\$ _____	\$ _____	\$ _____	

SCHEDULE D: REAL ESTATE: MORTGAGES AND LAND CONTRACTS RECEIVABLE AND RELATED DEBT, IF APPLICABLE.

DESCRIPTION OR ADDRESS OF PROPERTY	TITLE IN NAME OF	PURCH. DATE	COST PLUS IMPROVEMENTS	MARKET VALUE	MORTGAGE OR LAND CONTRACT PAYABLE BAL. OWING	MO. PMT.	HOLDER
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
TOTALS:			\$ _____	\$ _____	\$ _____	\$ _____	





SCHEDULE E: LIFE INSURANCE CARRIED

INSURANCE COMPANY	FACE AMOUNT	CASH SURRENDER VALUE	LOANS	BENEFICIARY
_____	<input type="checkbox"/> \$ _____	\$ _____	\$ _____	_____
_____	<input type="checkbox"/> \$ _____	\$ _____	\$ _____	_____
_____	<input type="checkbox"/> \$ _____	\$ _____	\$ _____	_____
_____	<input type="checkbox"/> \$ _____	\$ _____	\$ _____	_____
_____	<input type="checkbox"/> \$ _____	\$ _____	\$ _____	_____
TOTALS:	\$ _____	\$ _____	\$ _____	

I / WE HAVE CAREFULLY READ AND SUBMITTED THE FORGOING INFORMATION PROVIDED ON ALL PAGES OF THIS STATEMENT. THE INFORMATION IS PRESENTED AS A TRUE AND ACCURATE STATEMENT OF MY / OUR FINANCIAL CONDITION ON THE DATE INDICATED. I / WE AGREE THAT IF ANY MATERIAL CHANGE(S) OCCUR(S) IN MY / OUR FINANCIAL CONDITION THAT I / WE WILL IMMEDIATELY NOTIFY **FEDERAL TRUST BANK** OF SAID CHANGE(S) AND UNLESS **FEDERAL TRUST BANK** IS SO NOTIFIED IT MAY CONTINUE TO RELY UPON THIS FINANCIAL STATEMENT AND THE REPRESENTATIONS MADE HEREIN AS A TRUE AND ACCURATE STATEMENT OF MY / OUR FINANCIAL CONDITION.

I / WE AUTHORIZE **FEDERAL TRUST BANK** TO MAKE WHATEVER CREDIT INQUIRIES IT DEEMS NECESSARY TO VERIFY THE INFORMATION CONTAINED IN THIS PERSONAL FINANCIAL STATEMENT.

EQUAL CREDIT OPPORTUNITY NOTICE

THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO 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 OFFICE OF THE THRIFT SUPERVISION REGIONAL DIRECTOR, SOUTHEAST REGION, PO Box 105217, ATLANTA, GA 30348-5217

 APPLICANT'S SIGNATURE DATE: _____

 SPOUSE'S/JOINT APPLICANT'S SIGNATURE DATE: _____

IF FURTHER EXPLANATIONS ARE NEEDED CONCERNING THE ABOVE INFORMATION, PLEASE PROVIDE THAT INFORMATION ON ADDITIONAL SHEETS OF PAPER AND ATTACH THEM TO THIS PERSONAL FINANCIAL STATEMENT.

