

	PERSO	NAL FINANC	IAL STATEMENT									
DATE OF FINANCIAL CONDITION:												
			If Joint Applicant									
Name (Individual 1)			Name (Individual 2)									
Address			Address									
Phone	SSN	I	Phone	SSN								
Email	Date of Birth	!	Email	Date of Birth								
			Relationship to Individual 1									
PERSONAL INFORMATION												
Employer:		Т	ïtle / Position	# of ye	ears							
Number of Dependents:	Ages:	N	lame of Accountant									
Do you have a will? Yes I	No If yes, who	vill serve as Execu	utor/trix									
Have you personally, or any business in which you were an officer, principal or partner ever filed a petition in bankruptcy or has one been filed individually against you? Yes No If yes to bankruptcy, describe												
Have you ever been convicted of a fe	lony?	Yes No If y	ves, describe									
Are you a defendant in any suits or le	gal actions?	Yes No If y	ves, describe									
Do you have any Tax Claims or Dispos	utes	Yes No If y	ves, describe									
Are you an Executive Officer, Directo	r, or Principal Sha	reholder of a banl	k? Yes No If yes, bank	name								
Are you a US Citizen? Yes	No If No, Sta	atus:										
SOURCES OF ANNUAL INCOME			ANNUAL EXPENDITURES									
	INDIVIDUAL 1	INDIVIDUAL 2		INDIVIDUAL 1	INDIVIDUAL 2							
Wages and Salaries			Mortgage/Rent-Residence(s)									
Bonuses, Commissions, etc.			All other Debt Service									
Interest & Dividends			State & Federal Income Taxes									
Rental Income (Net of Expense)			Alimony/Child Support*									
Partnership Draws, Distributions			Tuition									
Other Trust Accts	Insurance											
			Living Expenses									
			Other									
TOTAL CASH INCOME			TOTAL ANNUAL EXPENSES									

PLEASE COMPLETE THE BELOW SCHEDULES AND THEY WILL POPULATE THE PERSONAL FINANCIAL STATEMENT. Be sure to check the appropriate box for Individual 1, Individual 2 or Joint.

SCHEDULE 1 – CASH IN BANKS (includes CD's, Money Markets)

	0	wned By	<i>/</i> :	TYPE OF ACCOUNT		
NAME OF BANK	Ind 1	Ind 2	Joint	(checking, savings, CD, etc.)	BALANCE	PLEDGED?
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
TOTAL			•			



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^{*}Note: Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for obtaining credit.

(i	nclude s				PUBLICLY TRADED INVESTMENTS nutual funds – Do NOT include retir)	
INVESTMENT NAME OF			wned By					
INSTITUTION HELD		lnd 1	Ind 2	Joint	DESCRIPTION	BAL	ANCE	PLEDGED?
								☐ Yes ☐ No
								☐ Yes ☐ No
								☐ Yes ☐ No
								☐ Yes ☐ No
TOTAL		Į.			<u> </u>			
TOTAL			9	CHEDI	ULE 3 - LIFE INSURANCE			
	(Owned		JOHED	SEE O - EII E INGGRANGE	FACE	CASH	
INSURANCE COMPANY	Ind 1	Ind 2	2 Joint	t	BENEFICIARIES	AMOUNT	VALU	E LOANS
				\perp				
TOTAL		1	1					
							I .	
					NON-MARKETABLE SECURITIES			
COMPANY / INVESTMEN NAME		O۱ Ind 1	wned By Ind 2	/: Joint	DESCRIPTION	DAL	ANCE	PLEDGED?
NAIVIE		nu i	inu Z	JOINT	DESCRIPTION	DAL/	TNCE	PLEDGED? ☐ Yes ☐ No
							 	
							☐ Yes	
							☐ Yes ☐	
								☐ Yes ☐ No
TOTAL								
			SCHE	DULE	5 - RETIREMENT ACCOUNTS			
		O۱	wned By	/ :				
ACCOUNT TYPE		nd 1	Ind 2	Joint	DESCRIPTION / FIRM WHERE IN	IVESTMENTS	HELD	BALANCE
TOTAL				<u> </u>	<u> </u>			
					TES AND ACCOUNTS RECEIVABL	<u>.E</u>		
NAME OF DEBTOR		Ind 1	wned By Ind 2	/: Joint	DESCRIPTION	BAL	ANCE	PLEDGED?
		HIG I	THU Z	- OOII IL	BESOM HON	— DALI	THOL	☐ Yes ☐ No
								☐ Yes ☐ No
								☐ Yes ☐ No
								☐ Yes ☐ No
TOTAL								



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SCHEDULE 8 - REAL ESTATE

(If partially owned, give total property information, not just your share)

DECORPTION ALCOATION	Owned By:		%	DATE		MARKET	MORTGAGE	MONTHLY	
DESCRIPTION & LOCATION	Ind 1	Ind 2	Joint	OWNED	ACQUIRED	COST	VALUE	BALANCE	PAYMENT

If the above space is not sufficient, additional schedules may be attached.

SCHEDULE 9 - OTHER ASSETS

PERSONAL PROPERTY /	Owned By:		/ :			
OTHER ASSETS	Ind 1	Ind 2	Joint	DESCRIPTION	BALANCE	PLEDGED?
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
TOTAL						

SCHEDULE 10 - CREDIT CARDS OR UNSECURED NOTES PAYABLE

NAME OF BANK OR	Liable By:			DESCRIPTION	CREDIT		MONTHLY
CREDITOR	Ind 1	Ind 2	Joint	DESCRIPTION	LIMIT	BALANCE	PAYMENT
TOTAL							

SCHEDULE 11 - SECURED NOTES PAYABLE (Include any secured, non-real estate collateral)

	Liable By:								
NAME OF BANK OR	Ind 1	Ind 2	Joint	COLLATERAL	ORIGINAL		MONTHLY		
CREDITOR				0022/112/012	BALANCE	BALANCE	PAYMENT		

SCHEDULE 12 - OTHER LIABILITIES (Include any other liabilities, such as Income Taxes Payable or other direct obligations)

	Liable By:				ORIGINAL		
NAME OF CREDITOR	Ind 1	Ind 2	Joint	PURPOSE	BALANCE	BALANCE	PAYMENT

SCHEDULE 13 - CONTINGENT LIABILITIES (This schedule must be completed. If none, then indicate "none" below.)

		L	Liable By:		, , , , , , , , , , , , , , , , , , , ,	
BORROWING ENTITY	NAME OF CREDITOR	Ind 1	Ind 2	Joint	COLLATERAL	BALANCE

If the above space is not sufficient, additional schedules may be attached.



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PERSONAL FINANCIAL	STATEMEN	T SUMMARY		
ASSETS	SOLELY	OWNED	JOINTLY	
	INDIVIDUAL 1	INDIVIDUAL 2	OWNED	TOTAL
Cash (includes CD's, Money Markets) (Schedule 1)				
Publicly Traded Investments (Schedule 2)				
Cash Value of Life Insurance (Schedule 3)				
Non-marketable Securities (Schedule 4)				
Retirement Funds (Schedule 5)				
Notes and Accounts Receivable (Schedule 6)				
Personal Residence(s) (Schedule 7)				
Investment Real Estate (Schedule 8)				
Other Assets (Schedule 9)				
TOTAL ASSETS				
LIABILITIES & NET WORTH	SOLEL	Y LIABLE	JOINTLY	
	INDIVIDUAL 1	INDIVIDUAL 2	LIABLE	TOTAL
Credit Cards and Unsecured Notes Payable (Schedule 10)				
Notes Payable to Banks – Secured (Schedule 11)				
Residence(s) Mortgage Payable (Schedule 7)				
Other Real Estate Mortgages Payable (Schedule 8)				
Other Liabilities (Schedule 12)				
TOTAL LIABILITIES				
	1			
NET WORTH				
CERTIFICATION: This information and the information provided on the purpose of obtaining or maintaining credit for the Applicant(s) for acknowledge that representation made in this Statement will be relied This Statement is true and correct in every detail and accurately rep The Creditor is authorized to make all inquiries deemed necessary to the creditworthiness of the undersigned. Applicant(s) will promptly not of this Statement. Creditor is further authorized to answer any question declares that he/she has read and understands the statements above	the purpose of Ap d on by Tandem Ba resents the financi- verify the accuracy ify Creditor of any s ns about Creditor's	plicant(s) guarantee ink (the "Creditor") in al condition of the A of the information of subsequent changes	e of credit for othen its decision to gra pplicant(s) on the ontained herein ar s which would affe	rs. Applicant(s) ant such credit. date provided. nd to determine ct the accuracy

SIGNATURE (if joint applicant)

DATE



SIGNATURE

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DATE