

**PERSONAL FINANCIAL STATEMENT**

**DATE OF FINANCIAL CONDITION:** \_\_\_\_\_

If Joint Applicant

Name (Individual 1) \_\_\_\_\_ Name (Individual 2) \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ SSN \_\_\_\_\_ Phone \_\_\_\_\_ SSN \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relationship to Individual 1 \_\_\_\_\_

**PERSONAL INFORMATION**

Employer: \_\_\_\_\_ Title / Position \_\_\_\_\_ # of years \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Ages: \_\_\_\_\_ Name of Accountant \_\_\_\_\_

Do you have a will? Yes No If yes, who will serve as Executor/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 felony? Yes No If yes, describe \_\_\_\_\_

Are you a defendant in any suits or legal actions? Yes No If yes, describe \_\_\_\_\_

Do you have any Tax Claims or Disputes Yes No If yes, describe \_\_\_\_\_

Are you an Executive Officer, Director, or Principal Shareholder of a bank? Yes No If yes, bank name \_\_\_\_\_

Are you a US Citizen? Yes No If No, Status: \_\_\_\_\_

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		
<b>TOTAL CASH INCOME</b>			<b>TOTAL ANNUAL EXPENSES</b>		

\*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.

**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)

NAME OF BANK	Owned By:			TYPE OF ACCOUNT (checking, savings, CD, etc.)	BALANCE	PLEGDED? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Ind 1	Ind 2	Joint			
						<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
<b>TOTAL</b>						

**SCHEDULE 2 – PUBLICLY TRADED INVESTMENTS**  
*(include stocks, bonds, ETFs, mutual funds – Do NOT include retirement funds)*

INVESTMENT NAME OR INSTITUTION HELD	Owned By:			DESCRIPTION	BALANCE	PLEGDED? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Ind 1	Ind 2	Joint			
						<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
<b>TOTAL</b>						

**SCHEDULE 3 - LIFE INSURANCE**

INSURANCE COMPANY	Owned By:			BENEFICIARIES	FACE AMOUNT	CASH VALUE	POLICY LOANS
	Ind 1	Ind 2	Joint				
<b>TOTAL</b>							

**SCHEDULE 4 - NON-MARKETABLE SECURITIES**

COMPANY / INVESTMENT NAME	Owned By:			DESCRIPTION	BALANCE	PLEGDED? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Ind 1	Ind 2	Joint			
						<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
<b>TOTAL</b>						

**SCHEDULE 5 – RETIREMENT ACCOUNTS**

ACCOUNT TYPE	Owned By:			DESCRIPTION / FIRM WHERE INVESTMENTS HELD	BALANCE
	Ind 1	Ind 2	Joint		
<b>TOTAL</b>					

**SCHEDULE 6 - NOTES AND ACCOUNTS RECEIVABLE**

NAME OF DEBTOR	Owned By:			DESCRIPTION	BALANCE	PLEGDED? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Ind 1	Ind 2	Joint			
						<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
<b>TOTAL</b>						

**SCHEDULE 7 – RESIDENCE(S)**

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





## PERSONAL FINANCIAL STATEMENT SUMMARY

ASSETS	SOLELY OWNED		JOINTLY OWNED	TOTAL
	INDIVIDUAL 1	INDIVIDUAL 2		
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)				
<b>TOTAL ASSETS</b>				

LIABILITIES & NET WORTH	SOLELY LIABLE		JOINTLY LIABLE	TOTAL
	INDIVIDUAL 1	INDIVIDUAL 2		
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)				
<b>TOTAL LIABILITIES</b>				

<b>NET WORTH</b>				
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**CERTIFICATION:** This information and the information provided on all accompanying financing statements and schedules is provided for the purpose of obtaining or maintaining credit for the Applicant(s) for the purpose of Applicant(s) guarantee of credit for others. Applicant(s) acknowledge that representation made in this Statement will be relied on by Tandem Bank (the "Creditor") in its decision to grant such credit. This Statement is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the date provided. The Creditor is authorized to make all inquiries deemed necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this Statement. Creditor is further authorized to answer any questions about Creditor's credit experience with Applicant(s). The undersigned declares that he/she has read and understands the statements above.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE (if joint applicant)

\_\_\_\_\_  
DATE

