



Corporate & Private Banking • Northeast Pennsylvania Region  
12 E. Broad Street • Hazleton, PA 18201-6591

**PERSONAL FINANCIAL STATEMENT**

Attention: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT: Please read these directions before completing this statement.**

- If you are applying for individual credit in your own name and are relying on your own income or assets, and not the income or assets of another person, as the basis for repayment of the credit requested, or if this statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s), complete only Sections 1, 3, 4, 5, and 7.
- If you are applying for individual credit but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections. Provide information in Section 2 and 6 about the person whose alimony, support, or maintenance payments or income or assets you are relying on. Alimony, child support, or separate maintenance income, need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

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 guaranty of the undersigned. The undersigned acknowledges and understands that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants and certifies that (1) the information provided herein is true, correct and complete and gives a correct and complete showing of the financial condition of the undersigned, (2) the undersigned has no liabilities direct, indirect, or contingent except as set forth in this statement, and (3) legal and equitable title to all assets listed herein is in the undersigned's sole name, except as may be herein otherwise noted. 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 a notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned and the undersigned hereby authorizes all persons of whom you make such inquiries to respond thereto in full. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Applicant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**SECTION 1: Applicant Information (Type or Print)**

Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Position/Occupation: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Length of Present Business Address: \_\_\_\_\_ year(s)  
 Length of Employment: \_\_\_\_\_ year(s)  
 Email Address: \_\_\_\_\_

**SECTION 2: Co-Applicant Information (Type or Print)**

Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Position/Occupation: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Length of Present Business Address: \_\_\_\_\_ year(s)  
 Length of Employment: \_\_\_\_\_ year(s)  
 Email Address: \_\_\_\_\_

Have (either of) you or any firm in which you were a major owner ever declared bankruptcy, or settled any debts for less than the amounts owed? If yes, please provide details on a separate sheet.  Yes  No

Are (either of) you a defendant in any suit or legal action?  Yes  No

Are (either of) you presently subject to any unsatisfied judgments or tax liens?  Yes  No

When, if ever, have (either of) you been audited by the IRS? \_\_\_\_\_

**SECTION 3: Statement of Financial Condition as of: \_\_\_\_\_ (month/day/year)**

<b>Assets</b>	<b>In dollars (omit cents) Individual</b>	<b>If joint account, then with whom?</b>	<b>Liabilities</b>	<b>In dollars (omit cents) Individual</b>	<b>If joint account, then with whom?</b>
Cash, Checking, Savings, CD's - See Schedule A			Notes Payable to Banks & Others (Secured) -See Schedule H		
U.S. Government & Marketable Securities - See Schedule B			Notes Payable to Banks & Others (Unsecured) -See Schedule H		
Non-Marketable Securities - See Schedule C			Due to Brokers		
Other Investment Real Estate - See Schedule D			Other Accounts Payable		
Personal Residential & Real Estate Owned - See Schedule D			Contingent or Unpaid Income Tax		
Accounts, Loans & Notes Receivable			Other Unpaid Taxes & Interest		
Automobiles			Real Estate Mortgages Payable - See Schedule D		
Cash Surrender Value-Life Insurance - See Schedule E			Liens & Assets Payable		
Vested Interest in Deferred Compensation/ Profit Sharing Plans (IRA/401K/Keogh Plan) - See Schedule F			Other Debts—Itemize		
Business Ventures – See Schedule G					
Other Assets/Personal Property—Itemize					
			<b>Total Liabilities</b>		
			<b>Net Worth (Total Assets Minus Total Liabilities)</b>		
<b>Total Assets</b>			<b>Total Liabilities Plus Net Worth</b>		

**SECTION 4: Annual Income For Year Ended:** \_\_\_\_\_ **(month/day/year)**

Annual Income	Applicant	Co-Applicant	Annual Expenditures	Applicant	Co-Applicant	Contingent Liabilities Estimated Amounts	Applicant	Co-Applicant
Salary, Bonuses & Commissions	\$	\$	Mortgage/Rental Payments	\$	\$	Do you have any.... Yes No	\$	\$
Dividends & Interest			Real Estate Taxes & Assessments			Contingent Liabilities (as endorser, co-maker or guarantor?) <input type="checkbox"/> <input type="checkbox"/>		
Rental/Lease Income (Net)			Taxes—Federal, State & Local			(On Leases? On Contracts?) <input type="checkbox"/> <input type="checkbox"/>		
Other Income (Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.)			Insurance Payments			Involvement in pending legal actions? <input type="checkbox"/> <input type="checkbox"/>		
			Other Contract Payments (car, credit cards, etc.)			Contested income tax liens? <input type="checkbox"/> <input type="checkbox"/>		
			Alimony, Child Support, Maintenance			Any estimated capital tax gains on the unrealized asset appreciation? <input type="checkbox"/> <input type="checkbox"/>		
			Other Expenses			Other special debt or circumstances? <input type="checkbox"/> <input type="checkbox"/>		
<b>Total Income</b>	\$	\$	<b>Total Expenditures</b>	\$	\$	If "yes" to any question(s), describe:		
						<b>Total Contingent Liabilities</b>	\$	\$

**SECTION 5: Additional Applicant Contact Information**

Accountant Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ - \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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Attorney Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ - \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**SECTION 6: Additional Co-Applicant Contact Information**

Accountant Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ - \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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Attorney Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ - \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**SECTION 7 – Detail For Statement of Financial Condition**

SCHEDULE A: CASH, CHECKING AND SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, MONEY MARKET FUNDS, ETC.					
Name of Financial Institution	Type of Account	Owner	(J)	If Pledged, To Whom?	Balance

SCHEDULE B: U.S. GOVERNMENT & MARKETABLE SECURITIES (Use additional sheet if necessary.)					
No. of Shares or Face Value of Bonds	Description	In Name Of	Are these Registered, Pledged, or Held By Others?	Market Value	Exchanges Where Traded

**SCHEDULE C: NON-MARKETABLE SECURITIES (Use additional sheet if necessary.)**

Number of Shares	Description	In Name Of	Are these Registered, Pledged, or Held By Others?	Market Value	Exchanges Where Traded

**SCHEDULE D: REAL ESTATE - PERSONAL & INVESTMENT (Use additional sheet if necessary.)**

Description/Location of Real Estate Owned	Date of Original Investment/Amount	% Owned By You	Market Value of Your % of Investment	Present Mortgage Balance	Mortgage Maturity Date	Mortgage Owed To

**SCHEDULE E: LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE**

Name of Insurance Company	Owner of Policy	Beneficiary / Relationship	Face Amount	Policy Loans	Cash Surrender Value

**SCHEDULE F: VESTED INTEREST IN DEFERRED COMPENSATION/PROFIT SHARING PLANS (IRA, 401K, KEOGH PLAN)**

% Vested	Company Name	Account Number	Manner of Payout (Annuity, Lump Sum, etc.)	Distribution Date	Beneficiary	Amount

**SCHEDULE G: BUSINESS VENTURES (Use additional sheet if necessary.)**

List Name & Address of Any Business Venture in Which You Are a Principal or Partner	Your Position / Title In The Business	Line of Business	Years in Business	Total Assets	Your % of Ownership	Net Worth Of Business	Present Net Value of Your Investment

**SCHEDULE H: LOANS OWING BANKS, BROKERS, FINANCE COMPANIES AND OTHER (MASTERCARD, VISA, ETC.)**

Name of Lender	Type	Original Borrowing Date	Original Borrowing Amount	Present Balance	Monthly Payment	Maturity Date	Secured By