FINANCIAL STATEMENT - INDIVIDUAL		Individual Credit J If Joint Credit, initial here: _	oint Credit DATE OF STATEMENT						
TO FINANCIAL INSTITUTION NAMED:		NAI							
		NAME OF INDIVIDUAL:							
HOME ADDRESS		HOME PHONE SOCIAL SECURITY NUMBER DATE OF I							
ASSETS (Omit Cents)		LIABILITIES (Omit Cents)							
Cash in This Financial Institution (Schedule A)		Notes Payable to Financial Institutions (Schedule J)							
Cash in Other Financial Institutions (Schedule A)		Other Notes Payable (Sch	nedule J)						
Money Market Accounts (Schedule A)		Loans Secured by Real E							
Notes and Loans Receivable (Schedule B)		Life Insurance Policy Loa							
Other Accounts Due Me (Schedule B)		Taxes (Federal, State, Lo	ocal) Due and Unpaid						
Stocks and Bonds - Marketable (Schedule C)		Credit Card Indebtedness							
Other Stocks and Bonds (Schedule C)		Due to Brokers in Margin	n Accounts (Schedule K)						
Partnership and Proprietorship Interests (Schedule D)		Other Accounts and Bills	Payable (Schedule K)						
Cash Surrender Value Life Insurance (Schedule E)									
Real Estate Owned (Schedule F)									
Oil and Gas Interests (Schedule G)									
Vested Pension and Retirement Funds (Schedule H)									
IRA and Keough Plans (Schedule H)									
Other Personal Assets (Schedule I)			TOTAL LIABILITIES						
			NET WORTH						
		TOTAL LIA	ABILITIES and NET WORTH						
TOTAL ASSETS									
INCOME A	ND EXPEN	ISE for year ending							
Salaries and Wages		Interest Paid							
Commissions and Bonuses		Rent Paid							
Interest Income		Federal and State Income	Taxes						
Dividend Income		Other Taxes							
Business Income		Alimony, Child Support a	and Separate Maintenance Paid						
Pensions, Annuities, Retirement and Social Security									
Rents									
Alimony, Child Support and Separate Maintenance: (Exclude if you do not wish this income to be considered as a basis for repaying any obligation)									
Other Income									
TOTAL ALL INCOME			TOTAL						
Federal Income Tax Return has been Filed Through .	Any A	dditional Assessments?	No ☐ Yes Amount \$						
redetal meome tax retain has been fied through	7 1119 7 1	additional 7155c55ments.	Timount <u>a</u>						
CON	TINGENT	LIABILITIES							
NATURE OF LIABILITY		DESCRIP	ΓΙΟΝ	AMOUNT					
Liabilities as Endorser, Co-Maker or Guarantor									
Liabilities on Leases and Contracts									
Liabilities on Letters of Credit									
Contested Tax Liens									
Involvement in Pending Legal Actions, Claims, Judgments, etc.									

SCHEDULE A:	CASH IN I	FINANCIA	L INSTITUT	IONS A	ND MON	EY MARK	KET A	CCOUNT	rs		
NAME OF FINANC		ACCOUNT IN NAME OF:				YPE OF ACCO			UNT NUMBER	CURRENT BALANCE	
-											
SCHEDULE B:			NS RECEIVA			T		DUE ME			
ORIGINAL AMOUNT	DUE FROM	BAI	ANCE OWING	PAYMENT	SCHEDULE	MATURI	TY		COLLATE	RAL	
SCHEDULE C:			STOCE	KS AND	BONDS						
	DE GEGETTE DE		NO. OF SHARES OR FACE AMT.		ALUE						
ISSUING COMPANY	REGISTERED IN	NAME OF:	OR FACE AMT. OF BONDS*	Pe	r Share	Total	!	IF PLEDG	ED, TO WHOM?	WHERE TRADED?	
	<u> </u>		<u> </u>					1			
*Indicate whether Stocks are C											
SCHEDULE D:		PARTNE	RSHIP AND 1	PROPRI	ETORSH	IIP INTER	ESTS				
NAME OF PARTNE	RSHIP OR PROPRIETORSH	HIP	PERCENT OWN	ERSHIP	ORIGINA	L COST	PRESEN	T VALUE	IF PLEDO	GED, TO WHOM?	

SCHEDUL	<u>E E:</u>				L	IFE INS	URANC	CE								
INSURAN	INSURANCE COMPANY POLICY NUMBER POL		POLI	LICY OWNER BEN			EFICIARY		TYPE OF P	OLICY	FACE AMOUNT		T CASH VALUE		LOANS AGAINST POLICY	
SCHEDUL	E F:				REA	L ESTA	TE OW	NED	( 🗸 Indi	cates	Homeste	ad)				
PARCEL	1	N and DESCRIPTIC	DN		YEAR				APPRAISAL						NAME OF	
NUMBER		<i>MPROVEMENTS</i>			ACQUIRE				By Whom		Date	Amount			TLE HOLDER	
									-							
1.																
2.																
				+												
3.																
4.																
5.																
PARCEL	MORTGAGE OR	PAVA	PAYABLE TO:		ORIGINAL		PRESE		ESENT INT				T PAYABLE		AMOUNT OF	
NUMBER	OTHER LIEN	IAIA	BLE 10.			AMOUNT	_	BAL	4NCE	RA	TE	PER .	MONTH		INSURANCE	
1.	1st															
	2nd															
2.	1st															
	2nd															
<i>3</i> .	1st															
	2nd															
4.	1st															
	2nd															
5.	1st															
	2nd															
SCHEDUL	E G:				OIL	and GAS	INTE	REST	`S							
	LEGAL DES	SCRIPTION			WI	NET REV			MONTHLY INCOME		MONTHLY		PRESENT VALUE		PURCHASER	
					OR RI	INTER	ESI	IN	COME	Eλ	KPENSE			-	OF PRODUCT	
-				-			+							1		
						<u> </u>								<u> </u>		
SCHEDULE	Е Н:						SCHE	DULE	E I:							
VESTE	D PENSIONS, I	RETIREMENT	FUNDS	s, IR	A, KEO	UGH	OTHER PERSONAL ASSETS									
	DESCRIPTION AM				MOUNT				DESC	CRIPTION			$\Box \top$	AMOUNT		

			INANCIAL INST			ND OTH					
DUE TO WHOM	AMO	UNT	HOW PAYABLE		MATURITY		COLLATERAL PLE	DGED			
SCHEDULE K: OTHER ACCO	LINTS and	RILIC	DAVARI	I F INCI	LIDING AM	OUNTS I	NIE RROKER				
DESCRIPTION	CIVIS and	T	OUNTS		ZODING AM	DESCRIPT		AMOUNTS			
							TOTAL				
					A PRINCIP						
NAME AND ADDRESS OF BUSINESS	TYPE O	F BUSINE	ESS %	OWNERSHI	P POSITIO	N/TITLE	FINANCIAL INSTITUTIO	ON OF ACCOUNT			
Has Undersigned executed a will disposing of	estate in eve	nt of dea	ath?	Yes [	☐ No If yo	es, name	of Executor				
Has Undersigned made an assignment for ben	efit of credito	ors or be	en involv	ed in ban	kruptcy procee	edings du	ring the past ten years?	☐ Yes ☐ No			
If yes, please state details:											
Marital Status (Do not complete if applying for											
					ed or widowed	1/	Number of Dependents				
EMPLOYER NAME AND ADDRESS	Ullillattic	u (Iliciu	unig singi	e, uivoic		OSITION/TIT		YEARS EMPLOYED			
EMPLOTER NAME AND ADDRESS					r	03111010/111	LE	TEARS EMPLOTED			
				TURES							
This Financial Statement, supporting schedule purpose of establishing, obtaining, or maintain of the date shown above. The Financial Institute information contained herein, and to answ	s and inform ning credit. I aution is author er questions	ation are It is a tru orized by about its	e submitte ue, compl y the Und credit ex	ed by the lete, and d lersigned perience	Undersigned to correct represe to check credit with the Unde	o the here entation of t and emp rsigned.	in named Financial Instit the Undersigned's financ loyment history, to verify	ution for the cial condition as the accuracy of			
SIGNATURE			DATE SIGNED				WITNESS				
SIGNATURE	_	DATE SIG	CNED			WITNESS					