

Personal Financial Statement



Confidential

Please leave no blank spaces. Insert the word "none" in the absence of any amount.

Furnished as of _____, 19 _____

I/We understand that the United Savings Bank will rely on all the information herein in determining whether or not to extend me/us credit from time to time. I/We warrant the following to be a true and accurate statement of my/our financial condition as of the above date. I/We further agree that if any change occurs which would materially lessen my/our means or ability to pay all claims or demand against me/us, I/we will immediately and without delay give written notice to the Bank. In absence of written notice to the contrary received by the Bank from me/us, this Personal Financial Statement shall be deemed to constitute a continuing warranty that there have been no material changes in such financial condition.

Personal Information - Applicant

Name _____

Date of Birth _____ Social Security Number _____

Present Address (number and state) _____

City _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____
() ()

Business/Occupation _____

Employer _____ Position _____ Number of Years _____

Partner or Officer in any other Venture _____

Number of Dependents (including Applicant) _____

Personal Information - Co-Applicant

Name _____

Date of Birth _____ Social Security Number _____

Present Address (number and state) _____

City _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____
() ()

Business/Occupation _____

Employer _____ Position _____ Number of Years _____

Partner or Officer in any other Venture _____

Number of Dependents (including Co-Applicant) _____

Additional Information - Applicant/Co-Applicant

If you answer yes to any of the following questions, please detail below.

	Applicant	Co-Applicant
1. Are any assets pledged? If yes, indicate on schedules A through G on following pages.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are there any unsatisfied judgements or legal claims against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been through bankruptcy or made settlement with creditors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contingent Assets		
4. Do you have a vested pension or other deferred compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have earned, but unpaid commissions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contingent Liabilities		
6. Are you an endorser, co-maker, or guarantor for another party?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you obligated on leases or contracts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you obligated for any federal income tax claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you filed Federal tax return for the most recent year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you paid all related taxes? Date of last IRS audit _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Other Contingencies	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Detail - Applicant

Please specify above question number(s)

Detail - Co-Applicant

Please specify above question number(s)

Balance Sheet

Assets			Liabilities		
	Schedule	Amount		Schedule	Amount
Cash on Hand and in Financial Institutions	A	\$	Notes Payable	H	\$
U.S. Government Securities	B	\$	Notes Payable	H	\$
Listed Securities	B	\$	Notes Payable to other Financial Institutions - Secured	H	\$
Un-listed Securities	B	\$	Notes Payable to other Financial Institutions - Unsecured	H	\$
Accounts and Notes Receivable Due From Relatives and Friends	C	\$	Notes Payable to Relatives and Friends	H	\$
Accounts and Notes Receivable Due From Others	C	\$	Notes Payable to Others	H	\$
Real Estate Residence (Cost)	D	\$	Accounts and Bills Payable	H	\$
Other Real Estate (Cost)	D	\$	Life Insurance Loans	E	\$
Real Estate Mortgages Receivable	C	\$	Income Tax and Penalties Payable		\$
Cash Surrender Value, Life Insurance	E	\$	Other Taxes and Penalties Payable		\$
Limited Partnership Investments (Cost)	F	\$	Real Estate Mortgages Payable	D	\$
Ownership in Private Companies	G	\$	Other Debts		\$
Personal Property		\$			
Automobiles		\$			
Other Assets (Itemize)		\$			
			Total Liabilities		\$
			Net Worth		\$
Total Assets		\$	Total Liabilities and Net Worth		\$

Schedule A - Cash on Hand and in Financial Institutions

Financial Institution	Account Title	Type and Maturity	Balance	Pledged to Whom

Schedule B - Securities (attach separate sheet if necessary)

Name of Security	Title	Number of Shares/Bonds	Cost/Share	Market Value/Share	Pledged To Whom

Schedule C - Receivables

Due From	Due To	Original Date	Maturity Date	Repayment Terms	Balance	Security

Schedule D - Real Estate

Location and Description	Title (Exact)	Date Acquired	Cost	Market Value	Insurer and Amount of Insurance
1.					
2.					
3.					
4.					

Mortgages

Mortgagee	Amount	Current Balance	Maturity	Amount of Payment	Lease/Rental Income
1.					
2.					
3.					
4.					

Schedule E - Life Insurance

Face Amount	Issuing Company	Policy Owner(s)	Insured	Cash Surrender Value	CSV Loans

Schedule F - Limited Partnership Investments

Name of Partnership	Title and Type of Investment	% of Ownership	Original Investment	Annual Cashflow	Letter or Credit or Note Due

Schedule G - Ownership in privately Held Companies

Name and Nature of Business	Title	% Ownership	\$ Value	Value Approach	% of Time Devoted to Company (if any)

Schedule H - Notes Payable

To Whom	From Whom	Original Amount	Payment Terms	Current Balance	Due Date	Security

Credit References

Please list other Financial Institutions which you previously have had or currently have accounts.

Name of Financial Institution	Location
Name of Financial Institution	Location
Name of Financial Institution	Location

Income Statement

Income from alimony, child support, or separate maintenance payments need not be revealed if you do not rely on such income in applying for credit. If you are relying on income from alimony, child support, or separate maintenance; is this by:

- Applicant:**
 Court Order Written Agreement Verbal Agreement
- Co-Applicant:**
 Court Order Written Agreement Verbal Agreement

Annual Income

Current Year

Next Year Projection

Please complete or attach the most recent Federal Income Tax returns of Applicant and Co-Applicant. Complete "Projected" column for the next year.

Fiscal Year Ended _____, 19 _____

Fiscal Year Ended _____, 19 _____

	Applicant	Co-Applicant	Applicant	Co-Applicant
Salaries	\$	\$	\$	\$
Bonuses and Commissions	\$	\$	\$	\$
Dividends	\$	\$	\$	\$
Interest	\$	\$	\$	\$
Capital Gains	\$	\$	\$	\$
Rents and Royalties	\$	\$	\$	\$
Partnership Distributions	\$	\$	\$	\$
Business Income	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total	\$	\$	\$	\$

Annual Expenses

Current Year

Next Year Projection

	Applicant	Co-Applicant	Applicant	Co-Applicant
Income Taxes	\$	\$	\$	\$
Other Tax Assessments	\$	\$	\$	\$
Interest	\$	\$	\$	\$
Payment On Mortgages	\$	\$	\$	\$
Contracts	\$	\$	\$	\$
Installment Debts	\$	\$	\$	\$
Real Estate Maintenance	\$	\$	\$	\$
Personal Living Expense	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total	\$	\$	\$	\$

Authorization to Check Credit and Financial Status

This Statement of Financial Condition is presented for the purpose of procuring and maintaining credit in any form whatsoever with United Savings Bank (the "Bank"), Philadelphia, PA. The undersigned hereby certify(ies) to United Savings Bank that this statement is a true statement of his/her/their financial condition as of the _____ day of _____

The information contained in this statement is provided to induce United Savings Bank ("the Bank") to extend or to continue the extension of credit to the undersigned or to others upon the surety of the undersigned. The undersigned acknowledge and understand that the Bank is relying on the information provided herein in deciding to grant or continue credit or to accept a surety thereof. Each of the undersigned represents, warrants and certifies that the information provided herein in deciding to grant or continue credit or to accept a surety thereof. Each of the undersigned represents, warrants, and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify the Bank 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 the Bank in the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. United Savings Bank is authorized to make all inquiries the Bank deems necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned. Each of the undersigned authorizes United Savings Bank to answer questions about United Savings Bank's credit experience with the undersigned. The undersigned understand that the Bank will retain this statement and information contained therein whether or not credit is extended.

I/We fully understand that it is a FEDERAL CRIME punishable by FINE or IMPRISONMENT, or both, to knowingly make any false statements concerning any of the above facts.

Signature	Date	Signature	Date
X		X	

Optional Data (This information is requested but not required)

	Applicant		Co-Applicant	
Do you have a will? (If yes, who is the executor?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you expect to receive a distribution from a trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No