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|  | PERSONAL FINANCIAL STATEMENT | | | | **AS OF** | | |
| **PERSONAL INFORMATION** | | | | | | | |
| FULL NAME(S) | | |  | MOTHER’S MAIDEN NAME: | | DATE(S) OF BIRTH | |
| HOME ADDRESS – Street City, State Zip Code | | |  | NUMBER OF YEARS | | OWN  RENT | |
| HOME TELEPHONE NUMBER | | |  | SOCIAL SECURITY NUMBER(S) | |  | |
| (       ) | | |  |  | |  | |
| CELL PHONE NUMBER  (      ) | | |  | PERSONAL EMAIL ADDRESS: | |  | |
| EMPLOYER | | |  | BUSINESS TELEPHONE NUMBER | |  | |
|  | | |  | (     ) | |  | |
| EMPLOYER’S ADDRESS | | |  | BUSINESS EMAIL ADDRESS: | |  | |
|  | | |  |  | |  | |
| TITLE/POSITION | | NUMBER OF YEARS | | NAME OF PREVIOUS EMPLOYER (IF CURRENT EMPLOYER IS LESS THAN 3 YEARS) | | |  |

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| **GENERAL INFORMATION** | | |
| ACCOUNTANT’S NAME | TELEPHONE NUMBER | Have you or any entity in which you have an ownership interest ever had to settle on a debt with a bank or financial institution or not paid the loan in full as agreed? YES  NO |
|  | (       ) | Have you or any entity in which you have an ownership interest ever declared bankruptcy? YES  NO |
| ATTORNEY’S NAME | TELEPHONE NUMBER  (     ) | Have you ever been convicted of or pleaded guilty to a criminal offense, other than a minor traffic violation? YES  NO |
| INVESTMENT ADVISOR/BROKER’S NAME | TELEPHONE NUMBER | Details: |
|  | (     ) | Income taxes filed through |
| INSURANCE ADVISOR’S NAME | TELEPHONE NUMBER | Are any tax returns under audit? YES  NO |
|  | (     ) | If yes, what year(s)? |
| Do you have a will? YES  NO  Do you have a trust? YES  NO |  | Are you the beneficiary of any Trust currently funded but not yet available for your use? YES  NO |
| Are you a U.S. Citizen? YES  NO  If No, which of the following applies to you? Check one  Permanent Resident Alien (passport & Alien registration receipt card)  Non-Permanent Resident Alien (Passport, Visa)  Are you a U.S. Veteran? YES  NO | | Are you or are you related to or a close associate of a person who holds a government office or works for a government controlled entity in any foreign country? YES  NO |

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| **STATEMENT OF INCOME AND EXPENDITURES** | | | | |
| **\*Income from alimony, child support, or separate maintenance income need not be revealed if the applicant does not wish to have it considered as a basis for repaying this obligation.** | | | | |
| **ANNUAL INCOME** | **AMOUNT ($)** | **ANNUAL EXPENDITURES** | **AMOUNT ($)** | |
| Salary | **$** | Federal or State Income and Other Taxes | $ | |
| Bonuses & Commissions |  | Mortgage Payments Residential |  | |
| Rental Income |  | Investment |  | |
| Interest Income |  | Property Taxes - Residential |  | |
| Dividend Income |  | Investment |  | |
| Capital Gains |  | Interest & Principal Payments on Loans |  | |
| Partnership Income |  | Insurance |  | |
| Other Investment Income |  | Investments (Including tax shelters) |  | |
| Other Income (List) \* |  | Alimony/Child Support |  | |
|  |  | Tuition |  | |
|  |  | Other Living Expenses |  | |
|  |  | Medical Expenses |  | |
|  |  | Other Expense (List) |  | |
| * **TOTAL INCOME**   **See next page for \* explanation** | $ | **TOTAL EXPENDITURES** | $ | |
| **ASSETS** | **IN DOLLARS** | **LIABILITIES** | | **IN DOLLARS** |
| Cash in Banks from Schedule 1 | $ | Unsecured Loans from Schedule 8 | | $ |
| Cash Value Life Insur. From Schedule 2 |  | Secured Loans from Schedule 8 | |  |
| Marketable Securities - Total from Schedule 3 |  | Life Insurance Loans from Schedule 2 | |  |
| Non-Marketable Securities |  | Mortgages   * Residence from Schedule 4 | |  |
| Accounts/Notes Receivable |  | * Other wholly owned real estate from Schedule 4 & 5 | |  |
| Residence from Schedule 4 |  | * Partially owned real estate from Schedule 5 | |  |
| Real Estate Investments - Total from Schedule 5 |  | Taxes Owing | |  |
| Ownership in Privately Owned Business-From Schedule 6 |  | Automobile and Boat Loans | |  |
| Automobiles |  | Credit Card balances outstanding | |  |
| Personal Effects |  | Other Liabilities (Describe) | |  |
| Retirement Plans from Schedule 7 |  | Debt Schedule Estimated Tax Liabilities if Major Assets Sold | |  |
| Other Assets (Describe) |  |  | |  |
|  |  | **TOTAL LIABILITIES** | | $ |
|  |  | **NET WORTH**  (Total Assets minus Total Liabilities) | | $ |
| **TOTAL ASSETS** | $ | **TOTAL LIABILITIES and NET WORTH** | | $ |

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| **CONTINGENT LIABILITIES** | |
|  | **AMOUNT** |
| Are you a guarantor, co-maker, or endorser for any debt of an individual, a  Corporation or a partnership?  Yes  No | $ |
| Do you have any outstanding letters of credit or surety bonds?  Yes  No | $ |
| Are there any suits or legal actions pending against you or any  entity in which you have an ownership interest?  Yes  No | $ |
| Are you contingently liable on any lease or contract?  Yes  No | $ |
| Are any of your tax obligations past due?  Yes  No | $ |
| What would be your total estimated tax liability if you were to sell your major assets? | $ |

If yes for any of the above, please provide details:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| AGREEMENT |

This financial statement, and any schedules, explanations or additional information attached is submitted on behalf of the undersigned for the purpose of procuring, establishing and maintaining credit from time to time with Ives Bank (the “Lender”). The undersigned has carefully read the information contained herein and warrants it to be complete, true and correct as of the following date and that the Lender may continue to rely upon this statement as continuing to be true and correct until a written notice of change is given to Lender by the undersigned.

Further, the undersigned agrees that this statement shall remain the property of the Lender regardless if credit is extended. The Lender is authorized to make any inquiries deemed necessary to verify the accuracy of the information herein including, but not limited to: procuring consumer reports from consumer reporting agencies; obtaining credit information from other financial institutions and extenders of credit, present and past employers, and references.

Applicant 1:      Date:

Applicant 2:      Date:

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| **SCHEDULE 1 - CASH IN BANKS** | | | | | | |
| **NAME OF BANK** | **TYPE OF ACCOUNT** | **ACCOUNT NUMBER** | **NAME ON ACCOUNT** | **BALANCE** | **PLEDGED**  Yes No | |
|  |  |  |  |  |  |  |
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|  |  | **TOTAL (ASSETS - ABOVE)**  **(IF MORE ACCOUNTS, ATTACH SCHEDULE)** | | **$** |  |  |

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| **SCHEDULE 2 - LIFE INSURANCE CARRIED** | | | | | |
| **INSURANCE** | **POLICY OWNER** | **FACE AMOUNT** | **CASH SURRENDER** | **BENEFICIARY** | **POLICY LOANS** |
| **COMPANY** |  | **OF POLICY** | **VALUE** |  |  |
|  |  |  |  |  |  |
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|  | **TOTAL (ASSETS - ABOVE)** | | **$** | **TOTAL (LIABILITIES - ABOVE)** | **$** |

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| **SCHEDULE 3 - FULLY MARKETABLE (i.e., Registered and Traded) STOCKS, BONDS, TREASURY BILLS, ETC.** | | | | | | |
| **NO. OF SHARES** | **DESCRIPTION OF SECURITY** | **REGISTERED OWNER** | **MARKET VALUE** | **WHERE TRADED?** | **PLEDGED** | |
|  |  |  |  |  | **YES** | **NO** |
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| **(Use additional sheets if necessary)** | | **TOTAL** | **$** |  |  | |
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| **SCHEDULE 4 – RESIDENCE** | | | | | **Mortgages** | | | |
| **ADDRESS** | **TITLED IN NAME(S) OF** | **DATE BOUGHT** | **ORIGINAL COST** | **MARKET VALUE** | **AMOUNT OF MORTGAGE** | **MORTGAGOR** | **MONTHLY PAYMENT** | |
|  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  | |
|  |  |  | **TOTAL** | **$** | **$** |  |  |

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| **SCHEDULE 5 – REAL ESTATE INVESTMENTS** | | | | | | | | |
| **PROPERTY ADDRESS** | **TITLE IN NAME OF**  **% OF OWNERSHIP** | **PURCHASE DATE** | **ORIGINAL COST** | **MARKET VALUE** | **ANNUAL NET INCOME** | **MORTGAGE LENDER** | **BALANCE OF MORTGAGE** | **MONTHLY PAYMENT** |
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| **SCHEDULE 6 - OWNERSHIP IN PRIVATELY HELD BUSINESS(ES)** | | | | | |
| **BUSINESS NAME AND ADDRESS\*** | **NATURE OF BUSINESS** | **DATE OF INVESTMENT** | **ORIGINAL INVESTMENT COST** | **% OF OWNERSHIP** | **ESTIMATED VALUE OF YOUR INVESTMENT** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| \*INDICATE ONE OF THE FOLLOWING: PROPRIETOR, GENERAL PARTNER , LIMITED PARTNER OR CORPORATION | | | | **TOTAL** | **$** |
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| **SCHEDULE 7 - RETIREMENT PLANS (Individual Retirement Accounts, Keogh Accounts, Profit Sharing)** | | | | | | |
| **INSTITUTION** | **TYPE OF PLAN** | **ACCOUNT NO.** | **NAME OF OWNER** | **NAME OF BENEFICIARY** | **MARKET VALUE** | **AMT. CONTRIB. ANNUALLY** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | **TOTAL** | **$** |  |

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| **SCHEDULE 8 - LOANS OWING BANKS, BROKERS, FINANCE COMPANIES AND OTHERS** | | | | | | |
| **OWING TO** | **ORIGINAL AMT.** | **PRESENT BALANCE DUE** | **MONTHLY PAYMENT** | **MATURITY DATE** | **COLLATERAL DESCRIPTION OR UNSECURED** | **PURPOSE** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Use additional sheets if necessary** | **TOTAL** | **$** |  |  |  |  |