

# FINANCIAL STATEMENT - INDIVIDUAL

 INDIVIDUAL

 JOINT W/ SPOUSE

DATE OF STATEMENT

**TO FINANCIAL INSTITUTION NAMED:**
**NAME OF INDIVIDUAL:**

## Trinity Bank, N.A.

HOME ADDRESS

HOME PHONE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

**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 (Schedule J)	
Money Market Accounts (Schedule A)		Loans Secured by Real Estate (Schedule F)	
Notes and Loans Receivable (Schedule B)		Life Insurance Policy Loans (Schedule E)	
Other Accountns De Me (Schedule B)		Taxes (Federa, State, Local) Due and Unpaid	
Stocks and Bonds - Marketable (Schedule C)		Credit Card Indebtedness	
Other Stocks and Bonds (Schedule C)		Due to Brokers in Margin Accounts (Schedule K)	
Partnership and Proprietorship Interest (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)			
		<b>TOTAL LIABILITIES</b>	\$ -
		<b>NET WORTH</b>	\$ -
<b>TOTAL ASSETS</b>	\$ -	<b>TOTAL LIABILITIES and NET WORTH</b>	\$ -

PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING SOURCES AND USES OF CASH DURING THE CALENDAR YEAR AND YOUR PROJECTIONS FOR THE CURRENT YEAR. IF A CASH FLOW DEFICIT EXISTS EXPLAIN HOW THE EXISTING OR REQUESTED DEBT WILL BE SERVICED.

**SOURCES OF CASH**
**USE OF CASH**

	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Joint		Prior Year	Current Year	<input type="checkbox"/> Individual <input type="checkbox"/> Joint		Prior Year	Current Year
	Salaries, Commissions, Bonuses, or other income from Employment (Net)					Personal Expenses (Utilities, Rent, Household, Etc.)		
Rents Received					Bank Loans - Principal and Interest			
Dividends					Other Loans - Principal and Interest			
Interest Income					Insurance Payments			
Sale of Assets					Income Taxes not Covered by Withholding			
Royalties					Other Uses of Cash			
Distributions from Estates & Trusts								
Cash Distribution from Business								
Partnerships or Joint Ventures								
Income Tax Refund								
Other Sources of Cash								
Spouse								
					<b>TOTAL CASH OUTLAYS</b>	\$ -	\$ -	\$ -
<b>TOTAL CASH RECEIVED</b>	\$ -	\$ -	\$ -	\$ -	<b>CASH FLOW SURPLUS (DEFICIT)</b>	\$ -	\$ -	\$ -

**CONTINGENT LIABILITIES**

NATURE OF LIABILITY	DESCRIPTION	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 Judgements, etc.		

Federal Income Tax Return Filed Through :

Any Additional Assessments?

 Yes

 No

Amount \$ \_\_\_\_\_



SCHEDULE E: LIFE INSURANCE							
INSURANCE COMPANY	POLICY #	POLICY OWNER	BENEFICIARY	TYPE OF POLICY	FACE AMOUNT	CASH VALUE	LOANS AGAINST POLICY

SCHEDULE F: REAL ESTATE OWNED							
PARCEL NUMBER	LOCATION and DESCRIPTION OF IMPROVEMENTS	YEAR ACQUIRED	COST	APPRAISAL			NAME OF TITLE HOLDER
				BY WHOM	DATE	AMOUNT	
Homestead							
1.							
2.							
3.							
4.							

  

PARCEL NUMBER	MORTGAGE OR OTHER LIEN	PAYABLE TO:	ORIGINAL AMOUNT	PRESENT BALANCE	INTEREST RATE	AMOUNT PAYABLE PER MONTH	AMOUNT OF INSURANCE
Homestead	1st						
	2nd						
1.	1st						
	2nd						
2.	1st						
	2nd						
3.	1st						
	2nd						
4.	1st						
	2nd						

SCHEDULE G: OIL and GAS INTERESTS							
LEGAL DESCRIPTION	WI OR RI	NET REVENUE INTEREST	MONTHLY INCOME	MONTHLY EXPENSE	PRESENT VALUE	PURCHASER OF PRODUCT	

SCHEDULE H: VESTED PENSIONS, RETIREMENT FUNDS, IRA, KEOUGH				SCHEDULE I: OTHER PERSONAL ASSETS			
DESCRIPTION		AMOUNT		DESCRIPTION		AMOUNT	

**SCHEDULE J: NOTES PAYABLE TO FINANCIAL INSTITUTIONS AND OTHERS**

DUE TO WHOM	AMOUNT	HOW PAYABLE	MATURITY	COLLATERAL PLEDGED

**SCHEDULE K: OTHER ACCOUNTS and BILLS PAYABLE INCLUDING AMOUNTS DUE TO BROKERS**

DESCRIPTION	AMOUNTS	DESCRIPTION	AMOUNTS

**SCHEDULE L: BUSINESS IN WHICH UNDERSIGNED IS A PRINCIPAL OR PARTNER**

NAME AND ADDRESS OF BUSINESS	TYPE OF BUSINESS	% OWNERSHIP	POSITION / TITLE	FINANCIAL INSTITUTION OF ACCOUNT

Has Undersigned executed a will disposing of estate in event of death?  Yes  No If yes, name of Executor \_\_\_\_\_

Have you made an assignment for benefit of creditors or been involved in bankruptcy proceedings during the past fourteen years?  Yes  No

If yes, please state details: \_\_\_\_\_

Marital Status (Do not complete if applying for individual unsecured credit):

Married  Separated  Un-married (including single, divorced or widowed) Number of Dependents \_\_\_\_\_

EMPLOYER NAME AND ADDRESS \_\_\_\_\_ POSITION/TITLE \_\_\_\_\_ YEARS EMPLOYED \_\_\_\_\_

**SIGNATURES**

This Financial Statement, supporting schedules and information are submitted by the Undersigned to the herein named Financial Institution for the purpose of establishing, obtaining, or maintaining credit. It is a true, complete, and correct representation of the Undersigned's financial condition as of the date shown above. The Financial Institution is authorized by the Undersigned to check credit and employment history, or verify the accuracy of the information contained herein, and to answer questions about its credit experience with the Undersigned.

\_\_\_\_\_  
SIGNATURE DATE SIGNED

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SIGNATURE DATE SIGNED

\_\_\_\_\_  
WITNESS